

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/19/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>WINWOOD HOME CARE LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE  <b>2516 WINWOOD STREET, LAS VEGAS, NEVADA ,89108</b>	
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0000	<p>Initial Comments</p> <p>Inspector Comments: This Statement of Deficiencies was generated as the result of a complaint investigation initiated at your facility on 01/17/22 and finalized on 01/19/23, in accordance with Nevada Administrative Code, Chapter 449, Requirements for Residential Facilities for Groups. The census at the time of the survey was seven. The sample size was three. The facility received a grade of A. There was one complaint investigated. Substantiated: Complaint #NV00067477 was substantiated. (See TAG Y850) The investigation of the complaint included: - Observation of physical appearance of residents. -Interviews were conducted with the Manager, two Caregivers, and one Home Health Registered Nurse. -Record review of three residents, which included the resident of concern. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified:</p>	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: MARIANITA GEE Title: Administrator

Date: 04/21/2023

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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0001 SS= D	<p>Licensing - Remodel Plans &amp; Approval - NAC 449.179 Submission and approval of plan for new construction or remodeling; inspection; evidence of compliance. 1. Except for a residential facility with less than 11 beds, before a residential facility is constructed or an existing facility is remodeled, the facility must: (a) Submit the plan for construction or remodeling to the entity designated to review such plans by the Division pursuant to the provisions of NAC 449.0115; (b) Notify the Bureau of a tentative date for the completion of the construction or remodeling; and (c) Obtain approval of the plan from the Division. 2. The plan for construction or remodeling must include a description of the materials that will be used to complete the project.</p> <p>Inspector Comments: Based on observation and interview, the facility failed to submit the plan for remodeling part of the facility to the Bureau. Findings include: On 01/17/23 at 1:30 PM, there was evidence of remodeling and construction at the rear of the house. The sliding glass door which previously led to the back yard was marked with an exit sign. The exit was blocked by the additional constructed rooms. On 01/17/23 at 2:00 PM, the Manager indicated the facility was adding two rooms and one bathroom to the house. The Manager verbalized not being aware the construction plans were to be submitted to the Bureau for approval prior to construction. Severity: 2 Scope 1</p>	0001	Two of the primary exits have been restored. Please see attached photo. Application for bed increase is cancelled and will not be pursued until building permit for remodeling the house is accomplished. The facility hired a license contractor United Pacific Construction to start all applications needed in remodeling the house. Please see attached assurance/guarantee letter from United Pacific Construction in pursuance of building permit. The facility was instructed and guided to stop any construction for remodeling the house until the State Licensing Department plans to add another structure to the facility has been completed.	04/21/2023

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0620 SS= D	<p>Written Policy on Admissions - NAC 449.2702 Written policy on admissions; eligibility for residency. (NRS 449.0302) 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast; (b) Requires restraint; (c) Requires confinement in locked quarters; or (d) Requires skilled nursing or other medical supervision on a 24-hour basis.</p> <p>Inspector Comments: Based on observation and interview, the facility failed to ensure residents were free from restraints for 2 of 3 sampled residents (Resident #2 and #3). Findings include: Resident #2 (R2) R2 was admitted to the facility on 06/30/21 with diagnoses including Alzheimer's disease, Parkinson's disease, and history of falls. On 01/17/23 at 1:45 PM, R2 was observed in bed with bilateral raised half side rails. R2 was not able to lower the side rails. Resident #3 (R3) R3 was admitted to the facility on 05/06/21 with diagnoses including chronic kidney disease and dementia. On 01/17/23 at 1:50 PM, R3 was observed in bed with bilateral raised half side rails. R3 was not able to lower the side rails. On 01/17/23 at 2:00 PM, the Caregivers indicated they put raised side rails on R2's and R3's bed so the residents could not get out of bed and fall, or try to elope. On 01/17/23 at 2:15 PM, the Manager verified R2 and R3 had side rails on their beds to keep them from getting out of bed. If they got out of bed they could fall or try to elope from the facility. The Manager indicated being unaware the facility was not allowed to restrain residents due to falling or issues with elopement. Severity: 2 Scope: 1</p>	0620	<p>Double rails were removed upon inspections on 01/17/23. Please see attached photo. This was completed on 01/18/2023.</p> <p>Refresher about the use of bed rails was conducted on 01/18/23. All employees including manager were educated and instructed that the rails are being used to help the residents in turning or moving. Refresher and review of Alzheimer's Policy (Handling Behaviors) and Wandering Prevention was conducted and completed on 01/18/23. Sign off sheet secured and completed on 01/18/23</p>	01/18/2023

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0850 SS= D	<p>Medical Care of Resident After Illness - NAC 449.274 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. (NRS 449.0302) 1. If a resident of a residential facility becomes ill or is injured, the resident ' s physician and a member of the resident ' s family must be notified at the onset of illness or at the time of the injury. The facility shall: (a) Make all necessary arrangements to secure the services of a licensed physician to treat the resident if the resident ' s physician is not available; and (b) Request emergency services when such services are necessary.</p> <p>Inspector Comments: Based on interview and record review, the facility failed to notify the family member of a resident's injuries from falls for 1 of 3 sampled residents (Resident #1). Findings include: Resident #1 (R1) R1 was admitted to the facility on 05/01/22 with diagnoses including muscle weakness and anemia. R1 was discharged to the Hospital Emergency Room (ER) on 09/24/22 per the Wound Care Doctor's orders. The Home Health Agency documentation indicated R1 was assessed on 08/26/22 and had six wounds: Wound #1: Left trochanter (hip area) Wound #2: Right trochanter Wound #3: Right medial knee Wound #4: Left medial knee Wound #5: Left proximal forearm Wound #6: Right proximal forearm. On 01/17/23 at 1:00 PM, the Caregiver and the Manager indicated R1 sustained wounds as a result of multiple falls. On 01/17/23 in the afternoon, The Caregiver and the Manager verified they did not notify the Power of Attorney regarding R1's wounds and discharge to the ER. Severity: 2 Scope: 1 Complaint #NV00067477</p>	0850	<p>Reiteration of incident report usage was conducted on 01/18/23. Any incident should completely be documented, secured and reported to primary care physicians, administrator, relatives and guardian or POA real time. This was completed on 01/18/2023. Please see attached file. Encourage the usage of narrative reports on a daily basis. Administrator to check and validate on a weekly basis.</p>	01/18/2023

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0991 SS= F	<p>Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility.</p> <p>Inspector Comments: Based on observation and interview, the facility failed to ensure exit doors had audible alarms upon opening. Findings include: On 01/17/23 at 1:30 PM, there was no audible alarm upon opening the front door. On 01/17/23 at 1:30 PM, The Caregivers verified the alarm was not turned on. Severity: 2 Scope: 3</p>	0991	Administrator will conduct a monthly spot check of all doors in the facility to ensure audible alarms are functioning properly. Administrator, owner/manager and caregiver will make sure the alarm is turned ON and is fully functioning and is making sound when the door is opened. Reminder was placed in the alarm switch to make sure it is on all the time and to prevent it from turning off. Please see attached file. This was completed on 01/18/2023.	01/18/2023