

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 02/03/2025
NAME OF PROVIDER OR SUPPLIER GENTLE MEADOW CARE HOME LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3712 SPITZE DR., LAS VEGAS, NEVADA ,89103	

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0000	<p>Initial Comments</p> <p>Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey and complaint investigation initiated at your facility on 01/21/25 and completed on 02/03/25, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness, (4) Category I and (6) Category II residents. The census at the time of the survey was eight. The sample size was nine resident files and five employee files. The facility received a grade of A. There were five complaints investigated: Substantiated: 1. Complaint #NV00073326 was substantiated. (See TAG Y565) Unsubstantiated: 1. Complaint #NV00072724 could not be substantiated. No regulatory deficiencies could be identified. 2. Complaint #NV00072836 could not be substantiated. No regulatory deficiencies could be identified. 3. Complaint #NV00072879 could not be substantiated. No regulatory deficiencies could be identified. 4. Complaint #NV00073034 could not be substantiated. No regulatory deficiencies could be identified. The investigation of the Complaints included: Observation of grooming and physical appearance for residents, residents receiving care and assistance, resident rooms, residents freely moving about in the facility and tour of the facility. Interviews were conducted with residents, the resident of concern's former roommate, two Caregivers, the Facility Coordinator and the Owner. Clinical Record Review of 9 records, which included the residents of concern. Five employee files were reviewed. Document review included resident Automated Teller Machine (ATM) receipts, facility policy and procedures and admission documents. The findings and</p>	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: SUSAN SOWERS Title: Administrator Date: 02/19/2025

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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0178 SS= F	<p>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> <p>Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained.</p> <p>Inspector Comments: Based on observation and interview, the facility failed to ensure the exterior of the facility was clean and well maintained. Findings include: On 01/21/25 in the morning, the following items were observed in the backyard: - 3 commodes. - 3 walkers. - A bedframe. - 3 wheelchairs - An electric scooter. - A broken roof tile. - Tumbleweeds accumulated in one corner of the property. - Weeds in the planter and patio area which were approximately 12 inches high. On 01/21/25 in the morning, the Caregiver acknowledged the backyard was not well maintained. Severity: 2 Scope: 3</p>	0178	<ol style="list-style-type: none"> 1. Administrator will ensure that maintenance and sanitation of the facility is cleaned both interior and exterior including landscaping of the environment. 2. Administrator will ensure assign staff of cleaning every day and check landscaping regularly. 3. Administrator will ensure in every visit to keep an eye of the premises and environment by reminding the staff of well maintained cleaning. 4. Administrator and manager of the facility will be responsible of the monitoring. 5. Corrective action done on 1/24/25 	01/24/2025

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0565 SS= D	<p>Money and Property of Residents - NAC 449.267 Money and property of residents. (NRS 449.0302) 1. An employee of a residential facility shall not handle a resident ' s money without first being requested to do so in writing by the resident or his or her representative.</p> <p>Inspector Comments: Based on interview, record review and document review, the facility failed to ensure a written agreement by the facility and the resident and/or resident's responsible party was completed prior to the facility's Owner handling money for one resident (Resident #7). Findings include: Resident #7 (R7) R7 was admitted to the facility on 05/21/24 with a diagnosis of a cerebral infraction affecting the left side. An Automated Teller Machine (ATM) receipt dated 01/04/25 at 5:26 PM documented \$1000.00 was withdrawn from R7's account. An ATM receipt dated 01/05/25 at 2:59 PM documented \$700.00 was withdrawn from R7's account. On 02/03/25 at 9:22 AM, the Owner verbalized R7's responsible party gave the facility verbal permission to utilize R7's debit card to pay R7's rent at the facility. According to the Owner, R7's responsible party had mailed the facility R7's debt card sometime between June, July or August of 2024. The Owner confirmed the facility had used the card to pay R7's rent for at least 6 to 7 months. The Owner acknowledged the facility did not have written permission from R7's responsible party to utilize the card. Facility Resident Money and Personal Property Policy (no date) documented the facility will not be responsible for money or personal property. Severity: 2 Scope: 1 Complaint #NV00073326</p>	0565	<ol style="list-style-type: none"> 1. Facility Administrator will ensure that documentation of allowing to handle the money of the resident will be on file signed by the resident. 2. Administrator will ensure to check the capability of the resident in handling the finances to make sure a proper written binder agreement is signed and on file. 3. Facility administrator is monitoring the Comprehensive Capability of all residents in regular visitation. 4. Administrator will ensure all necessary agreement is updated and on file. 5. Agreement was signed and on file 2/5/25 	02/05/2025
0853 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) 3. A written record of all</p>	0853	<ol style="list-style-type: none"> 1. Administrator will ensure staff will do and keep an Incident Report on any kind of medical & illness intervention. 2. Administrator will ensure to assist staff dealing Patient that are in need of calling medical assistance and behavioral needs to 	02/13/2025

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	<p>accidents, injuries and illnesses of the resident which occur in the facility must be made by the caregiver who first discovers the accident, injury or illness. The record must include: (a) The date and time of the accident or injury or the date and time that the illness was discovered; (b) A description of the manner in which the accident or injury occurred or the manner in which the illness was discovered; and (c) A description of the manner in which the members of the staff of the facility responded to the accident, injury or illness and the care provided to the resident. This record must accompany the resident if he or she is transferred to another facility.</p> <p>Inspector Comments: Based on interview, record review and document review, the facility failed to comply with their established policies and procedures regarding documentation of incidents in the facility for 1 of 9 sampled residents (Resident #9) Findings include: Resident #9 (R9) R9 was admitted on 12/05/24 with diagnoses including schizoaffective disorder and osteoarthritis. On 01/21/25 in the morning, a Caregiver reported on 12/26/24 at approximately 1:30 AM, R9 contacted 911 to receive pain medication from the hospital. The Caregiver verbalized R9 chose to leave the facility and go to the hospital voluntarily. On 01/21/25 in the morning, Resident #8 (R8) verbalized R9 contacted 911 sometime around 1:30 AM or 2:00 AM on 12/26/24. R8 reported allowing police officers into the facility. According to R8, R9 wanted pain medication and wanted to be transported to the hospital. First responders then transported R9 to the hospital as per R9's request. On 01/21/25 in the morning, the Facility Coordinator acknowledged the facility failed to document the incident involving R9 and should have. R9's file lacked documented evidence of the incident in which R9 contacted 911 on 12/26/24. Facility policy (no date) documented resident's personal</p>		<p>do an Incident Report. 3. Administrator will ensure to follow on any Incident Report done is kept in resident files. 4. Administrator and manager will ensure to check files on all Incident Report. 5. Corrective action 2/13/25</p>	

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	physician will be notified in cases of illness, injury or accident. This will be recorded in the resident file. Severity: 2 Scope: 1			