

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 01/13/2025
NAME OF PROVIDER OR SUPPLIER DESERT INN RESIDENTIAL CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 2845 BURNHAM AVENUE, LAS VEGAS, NEVADA ,89109	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
0000	<p>Initial Comments</p> <p>Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey completed at your facility on 1/13/25 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for four Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was three. Three resident files and four employee files were reviewed. The facility received a grade of A. There was one complaint investigated. Substantiated without deficiencies: 1. Complaint #NV00072448 was substantiated without deficiencies. No regulatory deficiencies could be identified. The investigation of the complaint included: Observations of grooming and physical appearance of residents, cleanliness of the facility, utilization of storage areas in the facility, interactions between staff and residents, responsiveness of staff to the doorbell, and food handling in the kitchen. Interviews were conducted with residents, caregiver staff, and the Administrator. Clinical Record Review of three records, which included the resident of concern. Document review included physician orders, the resident agreement, and facility policies. 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 investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. There were no regulatory deficiencies identified. No further action is necessary. Please retain a copy for your records.</p>	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER Name: JASMINE CASTILLO Title: Administrator
REPRESENTATIVE'S SIGNATURE

Date: 02/13/2025

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.

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 01/13/2025	
NAME OF PROVIDER OR SUPPLIER DESERT INN RESIDENTIAL CARE				STREET ADDRESS, CITY, STATE, ZIP CODE 2845 BURNHAM AVENUE, LAS VEGAS, NEVADA ,89109			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE			
0178 SS= D	<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 a resident's room was free of stored furniture for 1 of 3 residents (Resident #3). Findings include: Resident #3 (R3) R3 was admitted on 04/05/24 with diagnoses including Moderate late onset Alzheimer's Dementia, Senile purpura, altered mental status, hypertension, and depression. On 01/13/25 in the morning, a bare mattress was observed leaning vertically up against the wall in R3's room. R3 did not have a roommate. The Administrator explained the room was meant to house two residents, and the mattress was in the room in case the facility received another resident. The Administrator verbalized they did not want to store the mattress outside. On 01/13/25 in the afternoon, the Administrator acknowledged the extra mattress leaning up against the wall was inappropriately stored in R3's room and would be better placed in another area of the home. Severity: 2 Scope: 1</p>	0178	<p>1. The facility address the issue by arranging the room for 2 beds and keep the room organized as if for two residents.</p> <p>2. In order the issue will not recur ,the facility will just keep the room organized for two beds since the room is really for 2 beds.</p> <p>3. The facility will monitored to ensure the deficiency will not recur that never let the mattress placing on the wall for the safety of the resident and always set the mattress aside place where it should be.</p> <p>4. Administrator will monitoring</p> <p>5. 1/14/25</p> <p>6. Please see the attachment</p>	02/07/2025			
0876 SS= D	<p>Medication Administration - NRS 449.0302 - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of: (a) Controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.0302 are met. (b) Insulin using an auto-injection device only if the conditions prescribed in NRS 449.0304 and NAC</p>	0876	<p>1. The administrator will correct the specific finding by having R1 sign a statement that he is the one administering his insulin , responsible storing his diabetic medication and administering his medication.</p> <p>2. The administrator ensure that the deficiencies will not recur, any resident who are self administered diabetic medication must have resident sign an statement agreement and must be on file.</p> <p>3. The administrator will monitored to ensure the deficiencies practice doesn't recur that all new resident who are in insulin must sign statement of agreement of self administered medication and on file at all</p>	02/07/2025			

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 01/13/2025	
NAME OF PROVIDER OR SUPPLIER DESERT INN RESIDENTIAL CARE				STREET ADDRESS, CITY, STATE, ZIP CODE 2845 BURNHAM AVENUE, LAS VEGAS, NEVADA ,89109			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE	
	449.1985 are met. Inspector Comments: Based on record review, document review and interview, the facility failed to ensure a signed agreement was in place for 1 of 2 residents with diabetes who self-tested their blood glucose level and self-administered their insulin (Resident #1). Findings include: On 01/13/25 in the afternoon, several boxes of insulin labeled for R1 were observed in the kitchen refrigerator. In an interview on 01/13/25 in the afternoon, the Caregiver verbalized R1 self-administered their insulin based on their blood sugar levels. In an interview on 01/13/25 in the afternoon, the Administrator confirmed R1 was responsible for administering their own insulin. In an interview on 01/13/25, R1 reported they checked their blood glucose three times a day with a glucometer and administered fast or slow-acting insulin based on the glucose result. R1's January Medication Administration Record (MAR) did not document the usage of insulin. The Administrator obtained an order from R1's physician dated 01/14/25 which documented the resident may self-administer Lantus (insulin). R1's file lacked documented evidence the facility had obtained a signed agreement from R1 which documented how R1 took responsibility for the storage and administration of R1's diabetes medication. Severity: 2 Scope: 1		time. 4. The administrator 5. 2/13/2025 6. Please see attachment				