

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>3363</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/11/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>SPRING VALLEY ALZ CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>6428 CRYSTAL DEW DRIVE, LAS VEGAS, NEVADA ,89118</b>		
(X4) ID PREFIX TAG  <b>0000</b>	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG  <b>0000</b>	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Initial Comments -  Inspector Comments: This Statement of Deficiencies was generated as a result of a State licensure annual survey conducted in your facility on 01/10/19. This State licensure survey was conducted in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed to provide care to ten elderly and/or disabled residents with endorsements for Alzheimer's disease and/or chronic illness, Category II beds. The census at the time of the survey was nine. Nine resident files were reviewed and five employee files were reviewed. The facility received a grade of B. 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. The following deficiencies were identified:			
<b>0040</b> <b>SS= C</b>	NRS 449.186 - Administrator Required - NRS 449.186 Supervision of residential facility for groups. A residential facility for groups must not be operated except under the supervision of an administrator of a residential facility for groups licensed pursuant to the provisions of chapter 654 of NRS.  Inspector Comments: Based on observation, interview and record review, the facility failed to ensure there was a current license on display for the facility Administrator. Findings include: On 01/11/19 at 8:45 AM, the displayed facility Administrator's license was observed to be expired as of 11/30/18. The facility owner/caregiver confirmed the license was expired and indicated she would contact the facility Administrator to inquire if there was a current license to display. A review of the facility Administrator's personnel file did not reveal a current license. Severity: 1 Scope: 3	<b>0040</b>	1) The Administrator had been notified to submit the Administrator's Certificate and had been posted. 2) The facility owner will require and the administrator to submit certificate in a timely manner. 3) The Administrator is responsible to ensure that the facility is compliant with the regulations. 4) 02/01/2019	<b>02/01/2019</b>

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: CRISTINA P ABU DAYYEH Title: Owner Date: 02/05/2019

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(X4) ID PREFIX TAG  <b>0051 SS= C</b>	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  <b>449.194(2) - Administrator's Responsibilities-Designation - NAC 449.194 Responsibilities of administrator. The administrator of a residential facility shall: 2. Designate one or more employees to be in charge of the facility during those times when the administrator is absent. Except as otherwise provided in this subsection, employees designated to be in charge of the facility when the administrator is absent must have access to all areas of and records kept at the facility. Confidential information may be removed from the files to which the employees in charge of the facility have access if the confidential information is maintained by the administrator. The administrator or an employee who is designated to be in charge of the facility pursuant to this subsection shall be present at the facility at all times. The name of the employee in charge of the facility pursuant to this subsection must be posted in a public place within the facility during all times that the employee is in charge.</b>  <b>Inspector Comments: Based on observation and interview, the facility failed to ensure a designee Administrator was assigned and publicly posted within the facility. Findings include: On 01/11/19 at 8:45 AM, it was observed there was no posting of a designee Administrator in the facility. The facility owner/caregiver confirmed the observation and indicated she would assign a designee and post it in the facility to correct this error as soon as possible. Severity: 1 Scope: 3</b>	ID PREFIX TAG  <b>0051</b>	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  <b>1. The facility administrator had signed and posted the designated In-Charge. 2. The Administrator had written a checklist every visit to the facility. 3. The Administrator will consistently check the facility requirements to comply with the regulations. 4. The Administrator is responsible to ensure that the facility is compliant with the regulations 5. 01/11/2019</b>	(X5) COMPLETION DATE  <b>01/11/2019</b>

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(X4) ID PREFIX TAG  <b>0178 SS= F</b>	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  <b>449.209(5) - Health and Sanitation-Maintain Int/Ext - NAC 449.209 Health and sanitation. 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.</b>  Inspector Comments: Based on observation and interview, the facility failed to ensure the premises were kept clean and well maintained. Findings include: On 01/11/19 at 10:00 AM, the following were identified during a tour of the facility: -There was heavy dust build-up on the heating, ventilation and air conditioning (HVAC) intake duct located in the facility's main hallway. -There was heavy dust build-up on the ceiling fan located in the TV room. - There was heavy dust build-up and a missing light panel cover on the main light fixture in the kitchen. The facility owner/caregiver confirmed the findings and explained she is the primary person who does most of the cleaning in the facility on a daily basis. The facility owner/caregiver indicated the HVAC air filter had last been changed in early November, 2018 when the heat was first turned on and the intake duct had been cleaned at that time as well. The facility owner/caregiver explained the kitchen light panel cover had broken in December, 2018 while changing a light bulb in the fixture and it hadn't been replaced as of yet. Severity: 2 Scope: 3	ID PREFIX TAG  <b>0178</b>	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  <b>1. The facility owner had cleaned up the cited deficiencies. 2. The facility employees will have a routine check and clean up of the facility in a regular weekly basis and as needed. Filters of the HVAC will be replaced every 3months. 3. The Administrator will monitor cleanliness and good shape of the whole building and it's surrounding. 4 The Administrator is the one responsible to ensure that the facility is compliant with the regulations. 5. 01/21/2019</b>	(X5) COMPLETION DATE  <b>01/21/2019</b>

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0253 SS= F	<p>449.217(4) - Adequate Supplies of Food - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. 4. The administrator of a residential facility shall ensure that there is at least a 2-day supply of fresh food and at least a 1-week supply of canned food in the facility at all times.</p> <p>Inspector Comments: Based on observation and interview, the facility failed to ensure there was at least a two day supply of fresh food and at least a one week supply of canned food in the facility at all times. Findings include: On 01/11/19 at 8:45 AM, during the initial tour of the facility, there were no fresh eggs, no fresh fruit or vegetables and approximately a half gallon of milk observed in the refrigerator. There were no fresh fruits or vegetables on the kitchen counters or in the cupboards. There were no frozen vegetables or any other fresh frozen food in the freezer. There were three large cans of soup and four cans of vegetables in the kitchen cupboard. The owner/caregiver confirmed these findings and indicated she kept her main supply of food in the facility located across the street which she also owned and which served as her main residence. The owner/caregiver explained she had more storage space in the facility across the street and brought food from there to this facility as needed. On 01/11/19 at 11:00 AM, the cook/caregiver was observed bringing a flat of fresh eggs and a frozen bone-in ham to this facility's kitchen from the facility across the street. Severity: 2 Scope: 3</p>	0253	<p>1. Adequate Facility food supplies had been transferred from the other house as required.</p> <p>2. The facility owner will keep adequate food supplies at the facility instead of keeping it at the other house across the street.</p> <p>3. The Administrator will monitor that food supplies is adequate at the facility.</p> <p>4. The Administrator will ensure that the facility is compliant with the regulations on food supplies.</p> <p>5. 02/11/2019</p>	01/11/2019

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(X4) ID PREFIX TAG  <b>1070 SS= C</b>	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  <b>449.27704 - Placard Display - Placard: Issuance and display. 2. The administrator shall, within 24 hours after receipt of the placard, display or cause the placard to be displayed conspicuously in a public area of the residential facility.</b>  <b>Inspector Comments: Based on observation and interview, the facility failed to ensure the most recent survey grade placard was displayed. Findings include: On 01/11/19 at 8:45 AM, during a tour of the facility, it was observed the grade placard being displayed was dated 10/14/15 and did not reflect the most recent survey of the facility which was on 01/10/18. The owner/caregiver confirmed this finding and indicated she would correct this error as soon as possible. Severity: 1 Scope: 3</b>	ID PREFIX TAG  <b>1070</b>	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  <b>1. Latest placard that was issued had been posted. 2. The facility administrator included in her checklist to monitor compliance. 3.The facility Administrator will monitor thru her checklist to ensure deficiency will not recur. 4. The Administrator is responsible to ensure that the facility is compliant with the regulations. 5. 01/26/2019</b>	(X5) COMPLETION DATE  <b>01/26/2019</b>