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	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**11/29/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING VALLEY ALZ CARE CENTER	**6428 CRYSTAL DEW DRIVE, LAS VEGAS, NEVADA ,89118**

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0000	Initial Comments - Inspector Comments: This Statement of Deficiencies was generated as a result of a complaint investigation initiated in your facility on 11/29/17 and concluded on 12/08/17. This complaint investigation was conducted by the authority of NRS 449.0307, Powers of the Division of Public and Behavioral Health. The census at the time of the survey was ten. The sample size was five. There was one complaint investigated. Complaint #NV00051223 with one allegation was substantiated. Allegation #1 - The facility failed to provide protective supervision to a resident was substantiated. (See TAG Y 0050 and TAG Y 0515) Deficiencies unrelated to the complaint were identified during the investigation (See TAG Y 0074, TAG Y 0103, TAG Y 0105, TAG 0106, TAG 0503 and TAG 0993). 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 regulatory deficiencies were identified:	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | Name: CRISTINA ABU DAYYEH | Title: Owner | Date: 02/13/2018

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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0050 SS= G	449.194(1) - Administrator's Responsibilities-Oversight - NAC 449.194 Responsibilities of administrator. The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.27706, inclusive, and chapter 449 of NRS. Inspector Comments: Based on observation, document review, record review and interview, the Administrator failed to ensure residents received protective supervision and failed to provide supervision and direction to employees to ensure the facility is in compliance with the regulations as evidenced by: See TAGs: Y0074, Y0103, Y0105, Y0106, Y503, Y0515, and Y0993. Severity: 3 Scope: 1 Complaints #51223	0050	1) The Administrator will continue to ensure that resident's safety is provided. 2) The Administrator will continue to ensure that facility is compliant with the regulations in order to provide protective services and maintain a safe environment to all residents. 3) The Administrator will continue to educate all the facility staff, provide training and constant reminders to implement the corrective actions and to maintain resident's safety at all times. 4) The Administrator and facility owner is responsible to ensure implementation of the corrective actions to prevent incident to recur. 5) 01/15/18	01/15/2018
0074 SS= D	NRS 449.093 - Elder Abuse Training - NRS 449.093 Training to recognize and prevent abuse of older persons: Persons required to receive; frequency; topics; costs; actions for failure to complete 4. An administrator or other person in charge of a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the facility, agency or home provides care to a person and annually thereafter. 5. An employee who will provide care to a person in a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the employee provides care	0074	1) Employee #1 is hired as part time employee who submitted a file that was different from her name.After the survey, Employee#1 has been terminated. 2) The proper identification of the employee has to be properly checked when hiring staff so that authenticity of documents submitted are correct. 3) Employee file checklist has bee updated to require proper identification of the employee as requirement. 4) The facility owner and Administrator are the on responsible to ensure plan of correction is implemented. 5) 01/15/2018	01/15/2018

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	to a person in the facility, agency or home and annually thereafter. Inspector Comments: Based on record review and interview, the administrator/owner failed to ensure 1 of 3 employees received initial and/or annual training in the recognition, prevention and response to elder abuse per Nevada Revised Statutes (NRS) 449.093 (Employee #1). Findings include: On 11/29/17, review of the employee files revealed the following: Employee #1 Employee #1 was present in the facility during the survey and identified themselves as a caregiver. Employee #1's file was requested from the facility Owner for review. The documents in the file provided did not match the name, date of birth, address and spouse that Employee #1 reported. The facility Owner and Employee refused to respond to the discrepancies observed in the file and reported by Employee #1. Employee #1 reported they did not have identification with them to verify their identity. Employee #1 lacked documented evidence of elder abuse training. Severity: 2 Scope: 1			

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0103 SS= D	449.200(1)(d) - Personnel File - NAC 441A / Tuberculosis - NAC 449.200 Staffing requirements; limitations on number of residents; written schedule required for each shift. 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. Inspector Comments: Based on observation, record review and interview, the facility failed to ensure 1 of 3 employees met the requirements concerning tuberculosis (TB) testing and pre-employment physical examination (Employee #1). Findings include: On 11/29/17, review of the employee files revealed the following: Employee #1 Employee #1 was present in the facility during the survey and identified themselves as a caregiver. Employee #1's file was requested from the facility Owner for review. The documents in the file provided did not match the name, date of birth, address and spouse that Employee #1 reported. The facility Owner and Employee refused to respond to the discrepancies observed in the file and reported by Employee #1. Employee #1 reported they did not have identification with them to verify their identity. Employee #1 lacked documented evidence of TB testing and pre-employment physical examination. Severity: 2 Scope: 1	0103	1) Employee #1 started her orientation on that day and said she would submit her TB test result when she get it from the doctor the following Monday. Employee #1 left the facility after the day of the survey. 2) As per facility policy, the employee requirements stated on the employee file checklist must be submitted upon hiring of the employee. The facility owner will strictly implement the completeness of the employee files. 3) The facility owner and the Administrator will work more strict on demanding employment requirements from the employees without grace periods. 4) The Administrator and the facility owner are responsible to ensure facility compliance with the regulations. 5)01/15/2018	01/15/2018

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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0105 SS= D	449.200(1)(f) - Personnel File - Background Check - NAC 449.200 Staffing requirements; limitations on number of residents; written schedule required for each shift. 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 3 employees met background check requirements of NRS 449 (Employee #1). Findings include: On 11/29/17, review of the employee files revealed the following: Employee #1 Employee #1 was present in the facility during the survey and identified themselves as a caregiver. Employee #1's file was requested from the facility Owner for review. The documents in the file provided did not match the name, date of birth, address and spouse that Employee #1 reported. The facility Owner and Employee refused to respond to the discrepancies observed in the file and reported by Employee #1. Employee #1 reported they did not have identification with them to verify their identity. Employee #1 lacked documented evidence of proof of fingerprinting or background check determination indicated from the Nevada Automated Background Check System (NABS). Search for Employee #1 on the NABS system revealed no application or fingerprinting completed. Severity: 2 Scope: 1	0105	1) When the employee started on that day 11/28/17, it was scheduled already that fingerprint will be done the following Monday. But unfortunately employee #1 did not continue her employment with the facility. 2) The facility policy regarding employment requirements must be implemented more strictly to prevent recurring of deficient practice. 3) Strict implementation of the employee file checklist has to be followed at all times. 4) The Administrator and the facility owner are responsible to ensure that facility is compliant with the regulations. 5) 01/15/2018	01/15/2018

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0106 SS= D	449.200(2)(a) - Personnel File - 1st aid & CPR - NAC 449.200 Staffing requirements; limitations on number of residents; written schedule required for each shift. 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 3 employees were trained in first aid and cardiopulmonary resuscitation (CPR) (Employee #1). Findings include: On 11/29/17, review of the employee files revealed the following: Employee #1 Employee #1 was present in the facility during the survey and identified themselves as a caregiver. Employee #1's file was requested from the facility Owner for review. The documents in the file provided did not match the name, date of birth, address and spouse that Employee #1 reported. The facility Owner and Employee refused to respond to the discrepancies observed in the file and reported by Employee #1. Employee #1 reported they did not have identification with them to verify their identity. Employee #1 lacked documented evidence of CPR or first aid training. Severity: 2 Scope: 1	0106	1) On the day of the survey,11/28/17, it was the first orientation day of the caregiver in which she is scheduled to take the CPR class and the other required training for caregivers on 12/04/17. Employee #1 did not continue employment and left the facility on that same day. 2) The facility has an employee file checklist in which the list of requirements are stated and that must be completed within the allowed period as per regulation. 3) The facility must ensure strict compliance of regulation by requiring employees to submit documents before employment. 4) The Administrator and the facility owner is responsible to ensure compliance and will double efforts to check on employee files on a regular basis. 5) 01/30/18	01/15/2018
0503 SS= D	449.258(4) - Employee Compliance with Written Policies - NAC 449.258 Written policies for facility; policy on visiting hours; residents' mail; compliance with policies. 4. The employees of the facility shall comply with the policies developed pursuant to this section. Inspector Comments: Based on document review, record review and interview, the Administrator failed to ensure employees followed established facility policies and procedures. Findings include: On 11/29/17, page 2 of the facility document "Policies	0503	1) Employees are briefed to be more watchful and aware of residents whereabouts especially to those who are flight risk. To check their whereabouts every now and then. 2) Staffs on duty are directed to do physical check on residents every 30 min or as needed and be always aware and check the door when door alarms sounded. 3) Emphasize to caregivers and constant reminders to all the facility staffs to be more vigilant and watchfull to every resident's whereabouts. Instructed caregivers to follow Facility's policy and procedures on	01/25/2018

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	and Procedures for the Care and Management of Residents with Alzheimer's Disease" (undated) read, in part, "...Incident/Accident Report. Whenever an incident or accident occurs involving a resident, employee or visitor, an incident report must be completed. Resident incident reports will be part of the resident's file..." Resident #1 was admitted on 3/16/17 with a primary diagnosis of Alzheimer's dementia. The resident's file lacked documentation of the resident eloping from the facility on 11/13/17. On 11/29/17, the Owner denied that any residents had eloped from the facility since the last incident occurred when Resident #1 eloped from the facility on 04/08/17. Caregiver #1 reported a resident had eloped from the facility approximately 10 days ago but could not remember the resident's name. On 12/08/17, review of Las Vegas Metropolitan Police Department (LVMPD) Event #171113 -2382 revealed that Resident #1 was found disoriented and alone by an individual who contacted the police on 11/13/17 at 3:02 PM to report Resident #1 did not know where they lived. The Owner of the facility called LVMPD on 11/13/17 at 4:44 PM to report Resident #1 had eloped from the facility and could not be located. The police advised the Owner that Resident #1 had been found and provided the address of the individual who found Resident #1. The Owner picked up Resident #1 and returned to the facility. Also, see TAG Y515. Severity: 2 Scope: 1		Elopement(attached). 4) The Administrator and the facility owner are responsible to ensure incident will not happen again and that staffs are more watchful. 5) 01/15/2018	
0515 SS= G	449.259(1)(a) - Supervision of Residents - NAC 449.259 Supervision and treatment of residents generally. 1. A residential facility shall: (a) Provide each resident with protective supervision as necessary. Inspector Comments: Based on document review, record review and interview the facility failed to ensure a resident was provided necessary protective supervision (Resident #1). Findings include: Review of undated facility policy - Safety Procedures read in part..."Residents must be given	0515	1) The Administrator had acted promptly upon learning of the incident by giving training and instruction to be more watchful of every resident's whereabouts. 2) The administrator had specifically assigned the staff to do physical check of all residents every 30 min or as needed and to check right away on the door where an alarm went off. 3) To make physical observation on how the staff responds when alarms sounds off and observe how they do physical check on every resident's whereabouts.	01/15/2018

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	protective supervision 24 hours a day, 7 days a week. This means that caregivers are ever mindful and conscious of the residents' whereabouts and movements. When one caregiver is busy doing kitchen or laundry duties, the other caregiver must be charged with the responsibility of keeping an eye on residents...someone must be responsible for checking residents, particularly if they are in their room or in the bathroom". Resident #1 Resident #1 was admitted on 3/16/17 with a primary diagnosis of Alzheimer's dementia. The resident's file lacked documentation of the resident eloping from the facility on 11/13/17. On 11/29/17, the Owner denied that any residents had eloped from the facility since the last incident occurred when Resident #1 eloped from the facility on 04/08/17. Caregiver #1 reported a resident had eloped from the facility approximately 10 days ago but could not remember the resident's name. On 12/08/17, review of Las Vegas Metropolitan Police Department (LVMPD) Event #171113-2382 revealed that Resident #1 was found disoriented and alone by an individual who contacted the police on 11/13/17 at 3:02 PM to report Resident #1 did not know where they lived. The Owner of the facility called LVMPD on 11/13/17 at 4:44 PM to report Resident #1 had eloped from the facility and could not be located. The police advised the Owner that Resident #1 had been found and provided the address of the individual who found Resident #1. The Owner picked up Resident #1 and returned to the facility. This is a repeat deficiency from the 05/03/17 complaint investigation. Severity: 3 Scope: 1 Complaint #NV00051223		4) The Administrator and the facility owner are responsible that incident will not recur. 5) 01/15/18	

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0993 SS= D	449.2756(1)(d) - Alzheimer's training - NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (d) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, successfully completes the training and continuing education required pursuant to NAC 449.2768. Inspector Comments: Based on record review and interview, the facility failed to ensure that 1 of 3 employees received required Alzheimer's training (Employee #1). Findings include: On 11/29/17, review of the employee files revealed the following: Employee #1 Employee #1 was present in the facility during the survey and identified themselves as a caregiver. Employee #1's file was requested from the facility Owner for review. The documents in the file provided did not match the name, date of birth, address and spouse that Employee #1 reported. The facility Owner and Employee refused to respond to the discrepancies observed in the file and reported by Employee #1. Employee #1 reported they did not have identification with them to verify their identity. Employee #1 lacked documented evidence of Alzheimer's training. Severity: 2 Scope: 1	0993	1) Employee #1 was her first day of orientation on the day of the survey. The Administrator had scheduled her to take classes and training required the on 12/5/2018. Unfortunately, employee #1 has left after the day of the survey. 2) The facility employee file checklist had been implemented at all times and follow strict compliance to prevent recur of deficient practice. 3) The Administrator and facility owner will ensure completeness of employee requirements by closely checking of files for all employees and aware of the renewal dates of training certificates. 4) The Administrator is responsible to ensure all employee files are updated. 5) 01/15/18	01/15/2018