

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 364	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/10/2025
NAME OF PROVIDER OR SUPPLIER HEALTHY HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1812 STARBUCK DRIVE, LAS VEGAS, NEVADA ,89108		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey completed at your facility on 03/10/25 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for eight Residential Facility for Group beds for elderly and disabled persons and/or individuals with mental illness, and/or individuals with intellectual disabilities, Category II residents. The census at the time of the survey was four. Four resident files and three employee files were reviewed. The facility received a grade of A. 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:	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
1825 SS= D	Designation/Training persons for IC Program - NAC 449.0109 Designation and training of person responsible for infection control. 3. The program to prevent and control infections within the facility for the dependent developed pursuant to paragraph (a) of subsection 1 must provide for the designation of: (a) A primary person who is responsible for infection control; and (b) A secondary person who is responsible for infection control when the primary person is absent to ensure that someone is responsible for infection control at all times. 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not	1825	1. Administrator took an infection prevention class given by DPBH- HCQC. 2. Administrator will be responsible for checking employee files monthly to ensure that trainings are up to date. 3. 4/18/25	04/18/2025

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 Name: CRISANTA A. PASION Title: Administrator
REPRESENTATIVE'S SIGNATURE

Date: 04/18/2025

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	<p>later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training.</p> <p>Inspector Comments: Based on record review and interview, the facility failed to ensure the secondary infection control staff completed 15 hours of infection control training annually (Employee #3). Findings include: Employee #3 (E3) E3 was hired as the Administrator on 09/25/19. On 03/10/25 in the morning, E3 was identified as the current secondary infection control person for the facility. E3's file contained documentation of initial infection control training completed in August of 2023. E3's file lacked documented evidence of 15 hours of annual infection control training regarding the control and prevention of infections from an approved organization in the year 2024 or 2025. On 03/10/25 in the afternoon, the Caregiver acknowledged E3's file did not contain documented evidence of 15 hours of approved infection control training completed annually. Severity: 2 Scope: 1</p>			

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NAME OF PROVIDER OR SUPPLIER HEALTHY HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1812 STARBUCK DRIVE, LAS VEGAS, NEVADA ,89108		
(X4) ID PREFIX TAG 1840 SS= D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 1840	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE 04/18/2025
	<p>UNL Caregiver Training - R063-21 Sec. 4 1. An unlicensed caregiver who provides care to residents, patients or clients at a facility described in section 3 of this regulation shall annually complete evidence-based training provided by a nationally recognized organization concerning the control of infectious diseases. The training must include, without limitation, instruction concerning: (a) Hand hygiene; (b) The use of personal protective equipment, including, without limitation, masks, respirators, eye protection, gowns and gloves; (c) Environmental cleaning and disinfection; (d) The goals of infection control; (e) A review of how pathogens, including, without limitation, viruses, spread; and (f) The use of source control to prevent pathogens from spreading. 2. Each unlicensed caregiver who completes the training required by subsection 1 must provide proof of completion of that training to the administrator or other person in charge of the facility in which the unlicensed caregiver provides care.</p> <p>Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 3 employees completed the initial required infection control training for unlicensed caregivers (Employee #2). Findings include: Employee #2 (E2) E2 was hired on 10/20/05 as a Caregiver. E2's employee file lacked documented evidence of training concerning the control and prevention of infections from the approved nationally recognized organizations. On 03/10/25 in the afternoon, the Caregiver and E2 confirmed E2 had not completed the required initial infection control and prevention training. Severity: 2 Scope: 1</p>		<p>1. Employee 2 took a CDC training course pertaining to infection prevention. 2. Administrator will require new employees to take all the necessary trainings including infection control prior to hiring. Administrator will be responsible in implementing and ensuring that this requirement is met. 3. 4/14/2025</p>	