Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	3671	A. BUILDING _____ B. WING _____	01/11/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALZHEIMERS LUXURY CARE	2951 VIKING ROAD, LAS VEGAS, NEVADA ,89121

(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	Initial Comments - Inspector Comments: This Statement of Deficiencies was generated as a result of an annual state licensure survey initiated at your facility from 01/10/19 to 01/11/19, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for nine 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 eight. Eight resident files were reviewed and three employee files were reviewed. The facility received a grade of D. 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 deficiencies were identified:	0000		
0175 SS= F	449.209(4)(b) - Health and Sanitation-Hazards - NAC 449.209 Health and sanitation. 4. To the extent practicable, the premises of the facility must be kept free from: (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure the facility was free from a fire hazard. Findings include: On 01/10/19 at 8:00 AM, during a tour of the facility, a broken lamp was had a lampshade made from a paper magazine cover. The lamp shade had accumulation of dust and was hot to the touch. The lamp stand's base contained cardboard paper towel tubing. On 01/10/19 in the morning, a Caregiver indicated the lamp had been broken for years. The Caregiver acknowledged the lamp needed to be repaired. The caregiver indicated the lamp could create a fire hazard because some of the parts were made from paper. Severity: 2 Scope: 3	0175	1. The lamp in question was removed and replaced with a new one. 2. The Caregivers were reminded to report if a certain appliance or furniture needed repair or replacement to ensure deficient practice does not recur. 3. The Administrator instructed the caregivers to report as soon as possible any appliance or furniture that needs repair or immediate attention. 4. The Administrator will monitor. 5. Date of correction: 1/10/2019 Old lamp was removed.	01/10/2019

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0177 SS= F	449.209(4)(d) - Health and Sanitation-Dirt, Garbage, Refuse - NAC 449.209 Health and sanitation. 4. To the extent practicable, the premises of the facility must be kept free from: (d) Accumulations of dirt, garbage and other refuse. Inspector Comments: Based on observation and interview, the facility failed to ensure the facility's premises was free from accumulation of dirt. Findings include: On 01/10/19 at 8:00 AM, during a tour of the facility, the facility had the following items accumulated with dirt: -Window blinds in the family room, dining room and 3 of 8 resident bedrooms; -File cabinets located in the family room; -A broken lamp in the family room; -Window sills in the family room, dining room, and 3 of 8 resident bedrooms; -Outdoor furniture including tables, chairs and planters; -Outdoor microwave; and -Outdoor fryer. On 01/10/19 in the morning, a Caregiver and the Administrator indicated the facility's premises was supposed to be cleaned every two weeks by a house cleaner. The Caregiver and the Administrator acknowledged the items had not been cleaned and were not free from accumulation of dirt. Severity: 2 Scope 3	0177	1. Window blinds in the family room, dining room have been removed and replaced with curtains. Blinds in 3 resident's bedrooms have been removed, curtains maintained to provide privacy. File cabinets have been dusted and cleaned. Broken lamp in the family room have been removed and replaced with a new one. Outdoor furniture, microwave and fryer have been cleaned. 2. Administrator instructed Caregivers to maintain cleanliness by dusting regularly/daily and to clean small appliances like microwave and cooking equipment immediately after use to prevent dirt from accumulation. 3. Administrator will monitor daily all Caregivers to maintain cleanliness inside and outside the facility. 4. Administrator and Caregivers. 5. Date of correction: From 1/11/2019	01/11/2019
0178 SS= F	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. Inspector Comments: Based on observation and interview, the facility failed to ensure the facility's premises was clean and well-maintained. Findings include: On 01/10/19 at 8:00 AM, during a tour of the facility, a sticky residue was on the family room floor near the refrigerator and two piles of dog feces, several piles of dead branches and an uncoiled hose were in the back yard. A ripped recliner with tape across it was located in the family room, multiple floor tiles leading from the kitchen to the dining room were cracked or broken, a broken lamp located in the family room, five bar chairs had torn padding and were ripped, a	0178	1. Floor in the family room was wiped clean. Dog feces and dead branches in the backyard were removed. Uncoiled hose was recoiled and stored properly. Ripped recliner in the family room was removed and replaced with new chairs. Multiple cracked floor tiles in the family room was removed and replaced with new tiles. Broken lamp in the family room was removed and replaced. Five bar chairs with torn padding were reupholstered. Three blinds in Resident's bedroom were removed. Cracked window in the family room was fixed by awindow treatment. Backyard: The window screen, box of branches, 2 boxes of clothing, one box of papers, exercise machine, clothing and leaves were removed and disposed. 2. The Administrator will instruct the Caregivers to maintain cleanliness and order inside and outside surrounding the facility.	01/12/2019

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	cracked window in the family room, a dining table with cracks and tape across the top in the family room, and three blinds in a resident's bedroom were bent/broken. The following equipment was observed in the back yard: -A screen from a window; -A box of branches; -Two boxes of clothing; -One box of papers; -An exercise machine; -Clothing and leaves stuffed in a planter; -A wheelchair; -Two mirrors; -A bedframe; -An empty television box; -Four sets of piping; and -Multiple bread carts. On 01/10/19 in the morning, a Caregiver indicated the facility had a handyman and the handyman was supposed to keep the premises well-maintained. The Caregiver indicated the ripped recliner and bar chairs had been damaged for two to three weeks, the floor tiles had been cracked for months, the lamp had been broken for years and all needed to be fixed. On 01/10/19 in the morning, a second Caregiver indicated the cracked window, dining room table and blinds needed to be fixed. On 01/10/19 in the morning, the Administrator indicated the facility's premises was supposed to be cleaned and maintained every two weeks by a house cleaner. The Administrator indicated the house cleaner had been sick. The Administrator indicated several of the boxes in the back yard were supposed to be moved by residents family members. The Administrator indicated the excess equipment should have been removed. The Administrator acknowledged the facility had not been cleaned and was not well-maintained. Severity: 2 Scope: 3		3. The Administrator will monitor daily the maintenance of the cleanliness and orderliness inside the facility and its surroundings. 4. The Administrator. 5. Date of correction: From 1/12/2019	

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0222 SS= D	449.213(2) - Laundry-Linen - Adequate accommodations - NAC 449.213 Laundry and linen services. 2. A residential facility that provides its own laundry and linen service shall have accommodations which are adequate for the proper and sanitary washing and finishing of linen and other washable goods. Inspector Comments: Based on observation and interview, the facility failed to ensure linen was kept clean and stored in a location free from dirt/debris. Findings include: On 01/10/19 at 8:00 AM, during a tour of the facility, a potholder in a kitchen drawer was observed dirty with grease and food stains. Linen including blankets and sheets were observed in a hallway closet on the floor. Around the edge of the linen there was an accumulation of dust. On 01/10/19 in the morning, a Caregiver indicated the potholder was dirty and needed to be laundered. At 9:45 AM, the Caregiver and the Administrator acknowledged the blankets and sheets were stored on the floor of the hallway closet. The Caregiver and the Administrator acknowledged the linens should have been stored off of the floor. Severity: 2 Scope: 1	0222	1. The potholder in question was thrown away and replaced with a new one. The unused linen and blankets stored on the floor of the linen closet were removed. Dirt and dust accumulation around the edges were vacuumed. 2. Administrator and Caregivers will ensure that potholders are clean before storing in the kitchen drawers; will ensure that no linens and blankets be stored on the bottom of the closet and must be kept free of dust and dirt accumulation. 3. Administrator will monitor daily that linen and other washable goods are stored properly and clean. 4. The Administrator. 5. Date of correction: 1/10/2019 and 1/11/2019	01/10/2019

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0250 SS= F	449.217(1) - Kitchens-Equipment works; Clean and Sanitary - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. 1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition. Inspector Comments: Based on observation and interview, the facility failed to ensure the kitchen and the equipment were kept clean to allow for sanitary preparation of food. Findings include: On 01/10/19 at 8:00 AM, during a tour of the facility, a microwave in the kitchen was sitting on top of Styrofoam. The microwave and the Styrofoam had dust build-up, a greasy film on the exteriors and contained food particles. The kitchen stove's interior and exterior had a sticky, greasy film residue. An outdoor microwave was sitting on top of Styrofoam. The outdoor microwave and the Styrofoam had dust build-up. The outdoor microwave had a greasy film on the interior and exterior. An outdoor fryer had dust build-up and a greasy residue on it's exterior. An outdoor freezer had frost build-up and a sticky residue located at the foot of the freezer. On 01/10/19 in the morning, a Caregiver acknowledged the microwave, Styrofoam and stove were not clean. The Caregiver acknowledged the freezer had frost build-up and was not clean. The Caregiver indicated the facility had a house cleaner who visited every two weeks who was supposed to clean equipment in the house. The Caregiver indicated the indoor microwave, Styrofoam and stove needed to be cleaned. On 01/10/19 in the morning, a second Caregiver acknowledged the outdoor microwave with Styrofoam and fryer were dirty and needed to be cleaned. On 01/10/19 in the morning, the Administrator indicated the house cleaner had been out sick. The Administrator acknowledged the microwaves, Styrofoam, stove, fryer and freezer were dirty and needed to be cleaned. Severity: 2 Scope: 3	0250	1. The styrofoams under the microwave in the kitchen and the outside microwave were removed; the kitchen microwave and outside microwave were degreased and cleaned. The kitchen stove's interior and exterior were degreased and cleaned. The outside fryer was degreased and washed clean. And the outdoor freezer was defrosted and wiped clean. 2. The Administrator reminded Caregivers to keep clean all kitchen appliances after each use and to ensure no frost build up is present in the freezer and no sticky residue inside. 3. The Administrator will monitor daily the Caregivers to maintain cleanliness in the kitchen, especially to clean after the use of stove and microwave and to report frost build up in the freezer and to keep the inside of the freezer clean and orderly. 4. The Administrator. 5. Date of correction: 1/12/2019	01/12/2019

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0251 SS= F	449.217(2) - Storage of Food-Perishable foods refrigerated - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. 2. Perishable foods must be refrigerated at a temperature of 40 degrees Fahrenheit or less. Frozen foods must be kept at a temperature of 0 degrees or less. Inspector Comments: Based on observation and interview, the facility failed to ensure perishable foods were refrigerated. Findings include: On 01/10/19 at 8:00 AM, during a tour of the facility, a bottle of lemon juice, a bottle of chili sauce and a jar of grape jelly were on top of the kitchen counter. The bottles and jar indicated to be refrigerated after opened. Two bowls containing four cooked sweet potatoes and three cooked potatoes were on top of the kitchen counter. On 01/10/19 in the morning, a Caregiver acknowledged the bottles of lemon juice and chili sauce, the jar of jelly and the cooked potatoes were used for resident meals and should have been refrigerated. Severity: 2 Scope: 3	0251	1. The bottle of lemon juice, chili sauce and jar of grape jelly were stored in the refrigerator. The cooked sweet potatoes and potatoes were covered and placed in the refrigerator. 2. The Administrator and Caregivers are reminded to store in the refrigerator sauces, bottled juice and jellies and other foods that are needed to be refrigerated after use. 3. The Administrator and Caregivers will ensure that food, sauces and other food items are stored properly. 4. The Administrator and Caregivers. 5. Date of correction: 1/10/2019	01/10/2019

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0252 SS= F	449.217(3) - Storage of Food-Adequate storage; Packaging - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. 3. Sufficient storage must be available for all food and equipment used for cooking and storing food. Food that is stored must be appropriately packaged. Inspector Comments: Based on observation and interview, the facility failed to ensure stored food was appropriately packaged, labeled and not past the expiration date. Findings include: On 01/10/19 at 8:00 AM, during a tour of the facility, a bag of sugar and a bag of cereal were on the kitchen counter in unsealed bags. In the outdoor refrigerator, a carton of eggs was unsealed with plastic wrap. In the kitchen refrigerator, a slice of pizza, a beef dish and a container of pasta were observed without labels and dates. In the kitchen refrigerator, a carton of half and half cream had expired on 01/03/19 and a carton of soy milk had expired on 12/27/18. On 01/10/19 in the morning, a Caregiver indicated cooked food was kept for three days and then thrown away. The Caregiver acknowledged the food in the refrigerators should have been labeled with the date in order to identify if it belonged to a Caregiver or a resident. The caregiver indicated the food should have been dated to identify how long it had been stored. The Caregiver acknowledged the food on the kitchen counter should have been sealed and the expired food items should have been thrown away. Severity: 2 Scope: 3	0252	1. The expired milk and half and half cream were disposed of. The food kept in the refrigerator will be labeled with dates and to identify if it were for the staff or for the residents. 2. The Administrator instructed the Caregivers to label food stored in the refrigerator with dates to identify how long it has been in the refrigerator; also to include in the label if it belonged to the staff or the residents; and to check expiration dates on the food items/beverage. 3. The Administrator will monitor daily if food items are stored and labeled adequately and to properly dispose any expired food items/beverage. 4. The Administrator. 5. Date of correction: from 1/10/2019	01/10/2019

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0274 SS= D	449.2175(5) - Service of Food - Substitutions - NAC 449.2175 Service of food; seating; menus; special diets; nutritional requirements; dietary consultants. 5. Any substitution for an item on the menu must be documented and kept on file with the menu for at least 90 days after the substitution occurs. A substitution must be posted in a conspicuous place during the service of the meal. Inspector Comments: Based on observation, interview and document review, the facility failed to ensure a substitution for lunch was documented and posted. Findings include: The facility's menu dated 01/10/19, documented lunch to be served was to include tomato and vegetable soup with Saltine crackers, an egg salad sandwich, shredded lettuce with Italian dressing and orange gelatin. The menu had a substitution section for 01/10/19, which was blank. On 01/10/19 at 11:00 AM, the residents were eating lunch. The lunch meal included an egg salad sandwich, noodle soup, and a piece of flan. There was no evidence of tomato and vegetable soup, Saltine crackers, shredded lettuce with Italian dressing and orange gelatin were served. On 01/10/19 at 11:00 AM, the Administrator acknowledged tomato and vegetable soup, Saltine crackers and shredded lettuce with Italian dressing had not been prepared for the 01/10/19 lunch meal. The Administrator indicated the orange gelatin had not set and flan was served in it's place. The Administrator indicated if a substitution was made for any meal, it had to be documented on the menu. The Administrator acknowledged the substitution for lunch had not been documented. Severity: 2 Scope: 1	0274	1. The Administrator/Caregiver in charge of meal preparation must document in the space provided in the menu if a meal is served other than the ones indicated in the menu. 2. The Administrator/Caregiver in charge of meal preparation will ensure that any substitution be documented in the space provided in the menu if a meal is served other than what is indicated in the menu. 3. The Administrator will monitor daily if each meal is adequately followed and to document any substitutions offered in the menu. 4. Administrator/Caregiver in charge of meal preparation. 5. Date of correction: From 1/11/2019	01/11/2019
0277 SS= E	449.2175(8) - Service of Food - Ill Resident - NAC 449.2175 Service of food; seating; menus; special diets; nutritional requirements; dietary consultants. 8. A resident must be served meals in his bedroom for not more than 14 consecutive days if he is temporarily unable to eat in the dining room because of an injury or illness. The facility may serve meals to other	0277	1. Res. #4 remained in her room for mealtime because she cannot be transferred to her customized power chair which is defective. An appointment for a new power chair customization evaluation is scheduled on March 5 at a VA facility. Res. #6 gets out of bed and sits on a recliner where she eats her meal. The facility will provide a form to document the time and	01/12/2019

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	residents in their rooms upon request. If a meal is served to a resident in his room because the resident is unable to eat in the dining room, the facility shall maintain a record of the times and reasons for serving meals to the resident in his room. Inspector Comments: Based on observation, interview and record review, the facility failed to ensure a record of times and reasons for meals served the resident's bedrooms was documented for 2 of 8 sampled residents (Resident #4 and Resident #6), who were unable to eat in the dining room. Findings include: Resident #4 (R4) R4 was admitted on 07/12/17 with diagnoses including multiple sclerosis. On 01/10/19 at 8:00 AM, during a facility tour, R4 indicated R4 did not get out of the bed and ate all meals in the bed with assistance from staff. On 01/10/19 at 11:00 AM, R4 was eating lunch in R4's bedroom. R4 remained in the bedroom throughout the day. A physical exam dated 07/02/18, documented R4 was oriented times one. An Activities of Daily Living (ADL's) assessment dated 07/12/18, documented R4 was dependent with all ADL's. A bedfast waiver dated 11/13/17, documented R4 was bedfast. The medical record lacked documented evidence a record of times and the reasons for meals served in R4's bedroom had been completed. On 01/10/19 in the morning, a Caregiver indicated R4 had been bedfast since admission and ate all meals in bed. The Caregiver was unaware the facility was required to maintain documentation of times and reasons for the meals served in R4's bedroom. Resident #6 (R6) R6 was admitted on 08/12/13 with diagnoses including dementia, atherosclerotic heart disease and chronic obstructive pulmonary disease. On 01/10/19 at 11:00 AM, R6 was eating lunch in R6's bedroom. R6 remained in the bedroom throughout the day. A physical exam dated 10/19/18, documented R6 had dementia and received Hospice services. The medical record lacked documented evidence a record of times and reasons for meals served in R6's bedroom had been completed. On 01/10/19 in the morning, a Caregiver indicated R6 had		reason why a resident has his/her meal in the room. 2. The Administrator and Caregivers will ensure that the time and reason why a resident has his/her meal in the room will be documented. 3. The Administrator will monitor daily that adequate documentation is maintained which records the time and reasons for serving meals to the resident in his/her room. 4. The Administrator and Caregivers. 5. Date of correction: 1/12/2019	

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	been bedfast for two months, received Hospice services and ate all meals in bed. The Caregiver was unaware the facility was required to maintain documentation of times and reasons for meals served in R6's bedroom. Severity: 2 Scope: 2			
0526 SS= E	449.260(1)(a) - Activities for Residents - NAC 449.260 Activities for residents. 1. The caregivers employed by a residential facility shall: (a) Ensure that the residents are afforded an opportunity to enjoy their privacy, participate in physical activities, relax and associate with other residents. Inspector Comments: Based on observation and interview, the facility failed to ensure a program of activities was provided for two bedfast residents (Resident #4 and Resident #6). Findings include: Resident #4 (R4) R4 was admitted on 07/12/17, with diagnoses including multiple sclerosis. On 01/10/19 at 8:00 AM, during a tour of the facility, R4 indicated R4 had not engaged in activities at the bedside for several months. R4 indicated R4 would enjoy activities brought to the bedside. On 01/10/19 at 11:00 AM, R4 was eating lunch in R4's bedroom. R4 remained in the bedroom throughout the day. R4 was not observed in the milieu engaged in facility activities. R4 was not observed in R4's bedroom engaged in facility activities. A physical examination dated 07/02/18, documented R4 was oriented times one. An Activity of Daily Living (ADL)'s assessment dated 07/12/18, documented R4 was dependent with all ADL's. A bedfast waiver dated 11/13/17, documented R4 was bedfast. Resident #6 (R6) R6 was admitted on 08/12/13, with diagnoses including dementia, atherosclerotic heart disease and chronic obstructive pulmonary disease. On 01/10/19 at 11:00 AM, R6 was eating lunch in R6's bedroom. R6 remained in the bedroom throughout the day. R6 was not observed in the milieu engaged in facility activities. R6 was not observed in R6's bedroom engaged in facility activities. A physical examination dated 10/19/18, documented R6 had dementia and had received Hospice services. On 01/10/19 in the morning, a Caregiver indicated R6 received Hospice	0526	1. The facility designed/picked activities specific to the needs of Res.#4 and Res.#6 and is posted in their rooms for guidance and implementation. 2. The Administrator instructed the Caregivers to engage the bedfast resident in activities provided in the list to ensure stimulation of their 5 senses if not to add to the quality of their life. 3. The Administrator will monitor daily to ensure that residents in bedfast are engaged with activities as suggested in the list posted in their room. 4. The Administrator and Caregivers. 5. Date of correction: 1/14/2019	01/14/2019

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ALZHEIMERS LUXURY CARE	2951 VIKING ROAD, LAS VEGAS, NEVADA ,89121

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	services and had been bedfast for two months. On 01/11/19 at 8:30 AM, the Administrator indicated R4 and R6 were bedfast. The Administrator acknowledged R4 and R6 had remained in their bedrooms throughout the day on 01/10/19. The Administrator acknowledged R4 and R6 had not engaged in facility activities on 01/10/19. The Administrator indicated staff talked to R4 and R6 at the bedside. The Administrator denied R4 and R6 were provided activities at the bedside. Severity: 2 Scope: 2			
0557 SS= E	449.262(3)(a) - Restriction on Use of Restraints - NAC 449.262 Provision of dental, optical and hearing care and social services; report of suspected abuse, neglect, isolation or exploitation; restrictions on use of restraints, confinement or sedatives. 3. The members of the staff of a residential facility shall not: (a) Use restraints on any resident. Inspector Comments: Based on observation, interview and record review, the facility failed to ensure 2 of 8 sampled residents (Resident #4 and Resident #6) were free from restraints. Findings include: Resident #4 (R4) R4 was admitted on 07/12/17, with diagnoses including multiple sclerosis. On 01/10/19 at 8:00 AM, during a tour of the facility, R4 was lying in bed with the left and right side rails in the up position. R4's bed was horizontal against the wall. R4 indicated R4 was unable to reach the left or right side rails to reposition. R4 indicated R4 relied on staff to assist in repositioning R4 when needed. On 01/10/19 at 11:00 AM, R4 was eating lunch in R4's bedroom. R4 was lying in bed with left and right side rails in the up position. On 01/10/19 at 3:00 PM, R4 was lying in bed with left and right side rails in the up position. A physical examination dated 07/02/18, documented R4 was oriented times one. An Activity of Daily Living (ADL)'s assessment dated 07/12/18, documented R4 was dependent with all ADL's. A bedfast waiver dated 11/13/17, documented R4 was bedfast. Resident #6 (R6) R6 was admitted on 08/12/13, with diagnoses including dementia, atherosclerotic heart disease and chronic	0557	1. Res.#4's bed is parallel to the wall, half-side rails are down on both sides for compliance. Stays in bed all day because her power chair is defective. Appointment for evaluation of power chair and customization is scheduled on March 5, 2019. Res.#6's bed is parallel to the wall, side rails are down. Res.#6 is out of bed during the day, sits in a recliner in her room. 2. Administrator will ensure that restraint is not used on any resident. 3. Administrator will monitor the restricted use of bed side rails as a form of restraint. 4. The Administrator. 5. Date of correction: 1/11/2019; 3/5/2019 for Res.#4	01/11/2019

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	obstructive pulmonary disease. On 01/10/19 at 8:00 AM, during a tour of the facility, R6 was lying in bed with left and right side rails in the up position. R4's bed was vertical against the wall. On 01/10/19 in the morning, a Caregiver indicated R6 had been bedfast and was unable to move R4's upper and lower limbs for two months. The Caregiver indicated R6's bed rails were up on both the left and right sides because R6 was a fall risk. On 01/10/19 at 11:00 AM, R6 was eating lunch in R6's bedroom. R6 was lying in bed with left and right side rails in the up position. On 01/10/19 at 3:00 PM, R6 was lying in bed with left and right side rails in the up position. A physical exam dated 10/19/18, documented R6 had dementia and was receiving Hospice services. On 01/11/19 at 8:30 AM, the Administrator indicated R4 and R6 were bedfast and unable to move upper and lower limbs. The Administrator indicated R4 and R6 had no history of falls at the facility. The Administrator was unaware of the reason for side rails being up for R4 and R6 when they had no history of falls at the facility and had not moved their upper and lower limbs. The Administrator acknowledged R4 and R6's beds should have been moved away from the walls and side rails should have been down. Severity: 2 Scope: 2			

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0592 SS= D	449.268(1)(c) - Resident Rights - NAC 449.268 Rights of residents; procedure for filing grievance, complaint or report of incident; investigation and response. 1. The administrator of a residential facility shall ensure that: (c) The residents are treated with respect and dignity. Inspector Comments: Based on observation, interview, record review and document review, the facility failed to ensure 1 of 8 sampled residents (Resident #5) was treated with respect and dignity. Findings include: Resident #5 (R5) R5 was admitted on 09/16/17, with diagnoses including dementia. A physical exam dated 09/21/18, documented R5 was confused and non-verbal. An Activities of Daily Living (ADL's) assessment dated 09/13/18, documented R5 was ambulatory. On 01/10/19 at 8:00 AM, during a tour of the facility, a Caregiver explained R5 was Korean and did not speak English. The Caregiver indicated the staff had a list of words in the Korean language which assisted in communicating with R5. The Caregiver indicated R5 was ambulatory and walked around the facility frequently. On 01/10/19 at 11:00 AM, R5 was sitting at a dining room table eating lunch. There were no other residents at the dining room table. On 01/10/19 at 11:00 AM, the Administrator was in the kitchen assisting with the preparation of the lunch meal. The Administrator referenced R5 as "that Korean lady" when answering a question about R5. On 01/11/19 at 8:30 AM, the Administrator indicated the she had referred to R5 as that Korean lady because of R5's ethnicity. The Administrator acknowledged R5's name and indicated the Administrator had not disrespected R5. The Administrator indicated the staff knew R5's name and sometimes referred to R5 as that Korean lady. The facility documentation regarding resident's rights, documented residents were to be treated with respect and dignity. Severity: 2 Scope: 1	0592	1. The Administrator will address a resident with his/her name instead of his/her ethnicity. 2. The Administrator will ensure that all residents are treated with respect and dignity. 3. The Administrator will monitor all the time that a resident is treated with respect and dignity. 4. The Administrator. 5. Date of correction: 1/10/2019	01/10/2019
0620 SS= E	449.2702(4)(a), (6)(a)(1&2) - Admission Policy - NAC 449.2702 Written policy on admissions; eligibility for residency. 4. Except as otherwise provided in NAC	0620	1. Admittedly, the facility was not aware of the expiration date on Res.#4's waiver or exemption request to retain resident who is bedfast in the facility. A new exemption	02/26/2019

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	449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast. 6. As used in this section: (a) "Bedfast" means a condition in which a person is: (1) Incapable of changing his position in bed without the assistance of another person; or (2) Immobile. Inspector Comments: Based on observation, interview and record review, the facility failed to ensure 2 of 8 sampled residents (Resident #4 and Resident #6) who were bedfast, maintained an approved bedfast exemption from the State. Findings include: Resident #4 (R4) R4 was admitted on 07/12/17, with diagnoses including multiple sclerosis. On 01/10/19 at 8:00 AM, during a tour of the facility, R4 was in R4's bedroom lying in bed with left and right side rails in the up position. R4 indicated R4 was unable to reach the left or right side rails to reposition. R4 indicated R4 relied on staff to assist in repositioning R4 when needed. A physical exam dated 07/02/18, documented R4 was oriented times one. An Activity of Daily Living (ADL)'s assessment dated 07/12/18, documented R4 was dependent with all ADL's. A bedfast waiver dated 11/13/17, documented R4 was bedfast. R4's medical record lacked documented evidence R4 had an approved bedfast exemption from the State entity for 2018. Resident #6 (R6) R6 was admitted on 08/12/13, with diagnoses including dementia, atherosclerotic heart disease and chronic obstructive pulmonary disease. On 01/10/19 at 8:00 AM, during a tour of the facility, R6 was lying in bed with left and right side rails in the up position. On 01/10/19 in the morning, a Caregiver indicated R6 received Hospice services and had been bedfast and was unable to move R6's upper and lower limbs for two months. R6's medical record lacked documented evidence R6 had an approved bedfast exemption from the State entity for 2018. On 01/11/19 at 8:30 AM, the Administrator indicated R4 and R6 were bedfast and unable to move upper and lower limbs. The Administrator indicated R4 had been bedfast since R4's admission of 07/12/17 and R6 for two months. The Administrator		request was submitted. Res.#6 can move her arms and lower limbs but is not able to follow instructions due to dementia. However, a new exemption request was also submitted. 2. Administrator will ensure that an exemption request is filed and submitted before admitting bedfast residents. 3. Administrator will monitor if there is an exemption request filed and approved to retain a bedfast resident and to maintain such documentation in the resident's file. 4. The Administrator. 5. Date of correction: 2/26/2019	

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	acknowledged the bedfast exemption was not current for R4. The Administrator acknowledged a request for bedfast exemption was not submitted for R4 for 2018. The Administrator acknowledged R6's medical record lacked documented evidence of the bedfast exemption for 2018. Severity: 2 Scope: 2			
0770 SS= E	449.2724(1)(a)(b) - Contractures - NAC 449.2724 Residents having contractures. 1. A person who has contractures must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless the contractures do not adversely affect the ability of the resident to perform normal body functions and: (a) The resident is able to care for the contractures without assistance. (b) Supervision in caring for the contractures is provided by a medical professional who is trained to provide such supervision. Inspector Comments: Based on observation, interview and record review, the facility failed to ensure 2 of 8 sampled residents (Resident #4 and Resident #6) who had contractures, had an approved contracture exemption from the State entity. Findings include: Resident #4 (R4) R4 was admitted on 07/12/17, with diagnoses including multiple sclerosis. On 01/10/19 at 8:00 AM during a tour of the facility, R4 was lying in bed. R4 indicated R4 could not move R4's legs. R4 reached for the right side rail and was unable to grip the side rail. On 01/10/19 in the morning, a Caregiver indicated R4 had contractures of the lower and upper limbs. A physical examination dated 07/02/18, documented R4 was oriented times one with late stage multiple sclerosis. The physical examination documented R4's legs were contracted and arms and hands were weak. The physical examination documented R4 required assistance with being fed pureed foods and could not walk. An Activity of Daily Living (ADL)'s assessment dated 07/12/18, documented R4 was dependent with all ADL's. A bedfast waiver dated 11/13/17, documented R4 was bedfast. R4's medical record lacked documented evidence R4 had an approved contracture exemption from	0770	1. The facility was not aware that an exemption request is needed to retain a resident with contractures. An exception request is filed and submitted for Res. #4 and Res. #6. 2. Administrator will ensure that an exemption request is filed and submitted before admitting residents with contractures. 3. Administrator will monitor if there is an exemption request filed andapproved to retain a resident with contractures and to maintain such documentation in the resident's file. 4. The Administrator. 5. Date of correction: 12/28/2018; 1/11/2019; 1/14/2019; 2/26/2019	01/11/2019

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	the State entity. Resident #6 (R6) R6 was admitted on 08/12/13, with diagnoses including dementia, atherosclerotic heart disease and chronic obstructive pulmonary disease. On 01/10/19 at 8:00 AM, during a tour of the facility, R6 was lying in bed. R6's legs were bent. R6 was asleep at the time. On 01/10/19 in the morning, a Caregiver indicated R6 had contractures of the lower limbs. The Caregiver indicated R6 received Hospice services and had been bedfast and was unable to move R6's upper and lower limbs for two months. A physical examination dated 10/19/18, documented R6 had dementia and was receiving Hospice services. The physical examination documented R6 was non-verbal, had peripheral muscle atrophy, weakness, required feeding assistance and had rigidity to body. R6's medical record lacked documented evidence R6 had an approved contracture exemption from the State entity. On 01/11/19 at 8:30 AM, the Administrator indicated R4 and R6 were bedfast, unable to move upper and lower limbs and had contractures of the upper and lower limbs. The Administrator indicated R4 had been bedfast and contracted since R4's admission of 07/12/17 and R6 since September. The Administrator was unaware a contracture exemption was required and acknowledged request for contracture exemptions had not been submitted to the State entity for R4 and R6. Severity: 2 Scope: 2			
0826 SS= D	449.2734(3) - pressure or stasis ulcers - NAC 449.2734 Residents having tracheostomy or open wound requiring treatment by a medical professional; residents having pressure or stasis ulcers. 3. The administrator of the facility shall ensure that records of the care provided to a person who has a pressure or stasis ulcer pursuant to subsection 2 are maintained at the facility. The records must include an explanation of the cause of the pressure or stasis ulcer. Inspector Comments: Based on observation, interview and record review, the facility failed to ensure documentation of the care provided to 1 of 8 sampled	0826	1. Called PCP 1/14/2019. Acquired letter from PCP of Res.#4 stating history of chronic wound. No open areas, only redness or erythema is present and that the use of Mepilex dressing on chronic areas for preventive measures only and to report any new open area under these dressings as soon as possible to the PCP. Also states preventive measures for wounds to not recur. 2. Administrator will remind Home Health Services providing wound care to leave documentation of care in the resident's file folder. 3. Adminstrator will monitor that documentation of wound care provided to resident is maintained in the resident's file	01/14/2019

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	residents (Resident #4) with a pressure ulcer was maintained. Findings include: Resident #4 (R4) R4 was admitted on 07/12/17, with diagnoses including pressure injury and multiple sclerosis. On 01/10/19 at 8:00 AM, during a tour of the facility, R4 was lying in bed. R4 indicated R4 had a pressure sore but was not able to identify the location. R4's closet and top dresser drawer contained several wound supplies including dressings, cleansers, barrier film and sodium chloride. A physical examination dated 07/02/18, documented R4 was oriented times one with late stage multiple sclerosis, had a pressure injury and was non-ambulatory. A bedfast waiver dated 11/13/17, documented R4 was bedfast. On 01/10/19 in the morning, a Caregiver indicated R4 had redness on R4's hip area. The Caregiver indicated the Home Health Nurse treated R4 with the wound supplies found in R4's closet and top dresser drawer. The Caregiver indicated R4 had a history of having a pressure sore in June 2018. The Caregiver indicated R4 received Home Health services after the pressure sore was identified. The Caregiver indicated the pressure sore had healed and R4 had only redness. On 01/10/19 in the morning, the Administrator indicated R4 had redness on R4's hip area. The Administrator indicated the Home Health Nurse treated R4 with the wound supplies stored in R4's bedroom. The Administrator indicated R4 had a history of having a pressure sore in June 2018. The Administrator indicated R4 received Home Health services after the pressure sore was identified. The Administrator indicated the pressure sore had healed and R4 had only redness. The Administrator explained all Home Health documentation of R4's pressure sore treatment was kept in the Home Health binder. On 01/11/19 at 8:30 AM, the Administrator acknowledged the facility lacked Home Health documentation of R4's wound treatment. The Administrator acknowledged the medical record, including the Home Health binder, lacked documented evidence of the type and stage and improvement or decline of the wound, frequency of wound care, date of last dressing change and treatment of the		folder. 4. The Administrator. 5. Date of correction: Letter from PCP dated 1/23/2019	

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	wound. The Administrator acknowledged documentation of Home Health's treatment of the wound should have been documented in R4's medical record, to include the Home Health binder. Severity: 2 Scope: 1			
0878 SS= D	NAC 449.2742(5)(6) - Medication / OTCs, Supplements, Change Order - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregivers and employees of facility. 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, the physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744.	0878	1. The problem was recurring that after a few attempts of putting it back to 2LPM only to go down after a while to 1.5LPM, it was realized that the meter was defective. On 1/15/2019 the Hospice nurse was informed and made an order to replace it. 2. Administrator reminded Caregivers to check the level of Oxygen Res.#6 is receiving is maintained at 2LPM as per doctor's order. 3. Administrator instructed Caregivers to ensure all medical equipments are working right and to report any defective equipment that needs to be replaced. 4. Administrator. 5. Date of correction: 1/11/2019 but problem kept recurring. 1/15/2019 new O2 Concentrator was delivered.	02/15/2019

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	Inspector Comments: Based on observation, interview and record review, the facility failed to ensure 1 of 8 sampled residents (Resident #6) received oxygen as ordered by the physician. Findings include: Resident #6 (R6) R6 was admitted on 08/12/13, with diagnoses including chronic obstructive pulmonary disease. On 01/10/19 at 8:00 AM, during a tour of the facility, R6 was receiving oxygen via nasal cannula. An oxygen concentrator read 1.5 liters per minute (LPM). On 01/11/19 at 8:15 AM, R6 was receiving oxygen via nasal cannula. An oxygen concentrator read 1.5 LPM. A Licensed Practical Nurse from a Home Health agency checked the oxygen concentrator's reading and verified it read 1.5 LPM. A physician's order dated 12/28/18, documented oxygen was to be administered daily and routine at 2 LPM via nasal cannula. On 01/11/19 at 8:30 AM, a Caregiver and the Administrator acknowledged R6 had not received oxygen per the physician's order. Severity: 2 Scope: 1			
0920 SS= G	449.2748(1-2) - Medication Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication must be kept in a locked box unless the refrigerator is locked or is located in a locked room. Inspector Comments: Based on observation	0920	1. The Caregiver has to ensure that the medication cart and the refrigerator where some on the medications were kept are locked after use. 2. The Administrator instructed all Caregivers to ensure that the medication cart and the refrigerator where some medications are kept are locked after each use. 3. The Administrator will monitor daily and a reminder/memo is posted on the medication cart and refrigerator. 4. The Administrator and Caregivers. 5. Date of correction: 1/10/2019	01/10/2019

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	and interview, the facility failed to ensure medications and medical equipment were stored in a locked area. Findings include: On 01/10/19 at 8:00 AM, during a tour of the facility, the medication cart was unlocked. In the main family room area, an unlocked refrigerator contained the following: -One bottle of Latanoprost .005 percent (%); -Three syringes of Lantus Solostar 100 units (u)/milliliters (ml); -OneTresiba Flextouch Pen 100 u/ml; -One bottle of Robitussin 10 ml; -One bottle of Phillips Milk of Magnesium; -Two bottles of Mucinex; -One bottle of MAPAP Liquid 160 milligrams (mg)/ 5 ml; -One bottle of Lorazepam 2 mg/ml; -One bottle of Morphine 20 mg - 100 mg per 5 ml; -One bottle Atropine Sulfate Opthalmic Solution 1% - 2 ml; -One bottle of Immodium; -One bottle of nighttime cold and flu syrup 12 ounces (oz.); -One bottle of Pepto Bismol 8 oz.; and -Nine Phenadoz promethazine HCL suppositories 25 mg. In the front living room by the entrance, an unlocked television cabinet contained a tube of Diclofenac Topical Gel, a jar of petroleum jelly, a bottle of tincture merthiolate, and a 1 oz. bottle of first-aid antiseptic. In the front entrance dining room, a bottle of Immodium was sitting on top of a desk unlocked. In Resident #4's bedroom closet and top dresser drawer, the following wound care supplies were unlocked: -Prisma promogran dressings; -Dermal wound cleanser 8 oz; -No sting barrier film -Cavilon; -Sodium Chloride 0.9% solution; -Mepiplex border 4 by 4 dressing; -Phytoplex wound cleanser 4 oz.; -Derma Klenz wound cleanser; and -Carra Klenz wound cleanser. On 01/10/19 in the morning, a Caregiver acknowledged the medication cart was left unlocked and medications were unlocked in the main family room refrigerator. The Caregiver indicated there was a lock on the refrigerator and it had been left unlocked. The Caregiver acknowledged the medication cart an the refrigerator should have been locked at all times. On 01/10/19 in the morning, a Caregiver acknowledged there were five people who were ambulatory and walked around the facility. On 01/10/19 in the morning, a second Caregiver acknowledged the medications in the front living room by the entrance and			

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	3671	A. BUILDING _____ B. WING _____	01/11/2019

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	the front entrance dining room should have been locked. The Caregiver indicated the Home Health Nurse used the wound care supplies in the closet and top dresser drawer for R4. The Caregiver acknowledged the wound care supplies should have been locked. On 01/10/19 in the morning, the Administrator acknowledged the medication cart, medications and medication supplies should have been kept locked. Severity: 3 Scope: 1			

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0936 SS= D	449.2749(1)(e) - Resident file-NRS 441A Tuberculosis - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 8 residents (Resident #4 and Resident #5) met the requirement for tuberculosis (TB) testing. Findings include: Resident #4 (R4) R4 was admitted on 07/12/17, with diagnoses including multiple sclerosis. R4's medical record revealed a Quantiferon Gold test was completed on 07/06/17. An annual TB symptoms check dated 07/14/18 was on file. The medical record lacked documented evidence an annual TB test had been completed in 2018. Resident #5 (R5) R5 was admitted on 09/16/17, with diagnoses including dementia. R5's medical record revealed a Quantiferon Gold test was completed on 07/18/17. An annual TB symptoms check dated 06/26/18 was on file. The medical record lacked documented evidence an annual TB test had been completed in 2018. On 01/11/19 at 10:05 AM, a Caregiver and the Administrator acknowledged R4 and R5's medical records lacked documented evidence of an annual TB test completed in 2018. Severity: 2 Scope: 1	0936	1. 1/11/2019 The PrimaryCare Physician for Res.#5 was informed of the need for a TB Test, 2 steps sincethe annual requirement has lapsed. The PCP gave orders to the Home Health Nurseand Home Health Nurse came in the afternoon before 1PM and administered thefirst step. The NP for Res.#4 was informed of the need for a TB Test. As per NP,she has to schedule it on her or the Nurse's next visit but she agreed for theFacility to give it at the same time as Res.#5 since a nurse is coming toadminister. PCP for Res.#5 was informed of a second recipient and gaveinstructions to the Home Health Nurse. First step was administered on 1/11/19before 1PM. Second step was administered to both on 1/25/2019. 2. The Administrator must review all files of Residents toensure all annual requirements are met and kept in the Resident's file. 3. The Administrator will monitor all Residents' files everymonth to ensure all annual requirements are updated and kept in the Resident'sfile. 4. The Administrator. 5. Date of correction: 1/11/2019 for the first step.1/25/2019 for the second step.	01/11/2019

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0994 SS= F	449.2756(1)(e) - Alzheimer's facility - Dangerous items - NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. Inspector Comments: Based on observation and interview, the facility failed to ensure a dangerous tool was inaccessible to the residents. Findings include: On 01/10/19 at 8:00 AM, during a tour of the facility, an unlocked television cabinet in the front entrance living room, contained a corkscrew. On 01/10/19 in the morning, a Caregiver acknowledged there were five people who were ambulatory and walked around the facility. The Caregiver acknowledged the corkscrew should have been locked and kept inaccessible to the residents. The caregiver explained the corkscrew could be dangerous to the residents. On 01/11/19 at 9:40 AM, an unlocked television cabinet in the front entrance living room contained a corkscrew. A second Caregiver acknowledged the corkscrew should have been locked and kept inaccessible to the residents. The caregiver explained the corkscrew was sharp and could be dangerous to the residents. Severity: 2 Scope: 3	0994	1. The said corkscrew was immediately removed by the Caregiver. 2. The Administrator instructed all Caregivers to ensure that tools that may constitute a danger to the Residents are inaccessible to them by storing the dangerous tools in a locked cabinet or drawer. 3. The Administrator will monitor daily the Caregivers to ensure all dangerous tools are stored in a locked drawer or cabinet. 4. The Administrator and all Caregivers. 5. Date of correction: 1/10/2019	01/10/2019

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0999 SS= G	449.2756(1)(g) - Alzheimer's Facility-Toxic substances - NAC 449.2756 Residential facility which provides care to persons with Alzheimer's disease: Standards for safety; personnel required; training for employees. 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure toxic substances were inaccessible to the residents. Findings include: On 01/10/19 at 8:00 AM, during a tour of the facility, an unlocked television cabinet in the front entrance living room contained a bottle of hand sanitizer. In the front entrance dining room, a can of Lysol disinfectant spray, a can of Glade freshener spray, a bottle of Downy fabric softener and a bottle of hydrating skin serum were unlocked. In Resident #4's bathroom, a can of Air Wick air freshener was in an unlocked medicine cabinet. In Resident #4's bedroom closet, a bottle of hand sanitizer was unlocked. On 01/10/19 in the morning, a Caregiver acknowledged there were five people who were ambulatory and walked around the facility. The Caregiver acknowledged the hand sanitizers, air fresheners, disinfectant spray and fabric softener should have been locked and kept inaccessible to the residents because they could be dangerous to the residents. On 01/10/19 in the morning, the Administrator acknowledged the hand sanitizers, air fresheners, disinfectant spray and fabric softener should have been locked and kept inaccessible to the residents because they could be dangerous to the residents. Severity: 3 Scope: 1	0999	1. The can of Lysol, Glade freshener spray, Downy fabric softener and a bottle of hydrating skin serum in the front dining room were all removed and stored in a locked cabinet. The bottle of hand sanitizer was removed from the unlocked TV cabinet in the front living room. The bottle of hand sanitizer from Resident 4's room and a can of Air Wick freshener in an unlocked bathroom vanity cabinet were all removed and stored in a locked cabinet. 2. Administrator reminded all caregivers to store right away all bottles or cans of spray and disinfectants and hand sanitizers in a locked cabinet after use. 3. Administrator will monitor all caregivers to ensure all bottle or cans of spray and disinfectants are inaccessible to the Residents by storing them in a locked cabinet immediately after use. 4. The Administrator. 5. Date of correction: 1/10/2019 and 1/11/2019.	01/10/2019