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 _____	**01/21/2025**

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

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure and complaint investigation surveys completed at your facility on 01/21/25, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is 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 ten. Eleven resident files and five employee files were reviewed. The facility received a grade of C. There was one complaint investigated. Substantiated. Complaint #NV00072785 was substantiated. (See Tags Y0178 and Y0895). Investigation of the complaint included: Observation of presence of rodent feces, no residents with injuries and a tour of the facility. Interviews were conducted with Caregivers, the Administrator and residents. Clinical record review of 11 records, which included the resident of concern. Document review of facility incident reports and pest control invoices. 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:	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: BASILIA CASIBANG Title: Administrator Date: 02/07/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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0025 SS= C	Contents of License - Move Invalidates - NAC 449.190 License: validity; transferability 2. The license becomes invalid if the facility is moved to a location other than the location stated on the license. The license may not be transferred to another owner. Inspector Comments: Based on interview and document review, the facility failed to notify the Bureau and submit documentation for a Change of Ownership (CHOW) following a new owner purchasing the facility. Findings include: On 01/21/25, in the morning, a Caregiver indicated the facility was under new ownership since December 2024. Review of Aithent Licensing System revealed the facility had not notified the Bureau nor submitted documentation for a Change of Ownership (CHOW) for the new owners. On 01/21/25, in the morning, the Administrator confirmed the facility changed owners in December 2024 and had not notified the Bureau nor submitted documentation for a Change of Ownership (CHOW) for the new owners, but were in the process of doing so. Severity: 1 Scope: 3	0025	On 2/1/25, the company's representative initiated the application for Change in Corporate Personnel via Aithent Licensing System with application number 347992. the facility Administrator will continue to work with the facility's management to ensure compliance with all State and Federal licensing requirements.	02/07/2025

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0178 SS= F	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility failed to ensure the interior of the home was properly cleaned and sanitized. Findings include: On 01/21/25, in the morning, rodent droppings, which were decomposing, were observed in a resident common area against the walls and behind a TV. On 01/21/25, in the morning, the Administrator confirmed there were rodent droppings located in a common area accessible to resident which needed to be cleaned and properly sanitized. Severity: 2 Scope: 3 Complaint #NV00072785	0178	On the afternoon of 1/21/25, the caregivers cleaned the area where rodent droppings were found. Two days later, the facility also hired a cleaning company to do a deep cleaning of the entire home. The facility Administrator conducted a staff in-service meeting on 1/23/25 discussing cleanliness and sanitation of the home. The staff agreed to continue with the daily cleaning that has been done regularly and added a monthly deep cleaning schedule. Staff was also instructed to report any signs of possible pest infestations if they see any, during the cleaning. The facility will ensure that pest infestation will be prevented by having a Pest Control company service the facility every other month. The facility Administrator along with the lead caregiver will continue to monitor and ensure that all staff comply to these practices.	02/07/2025
0895 SS= E	Administration of Medication Maintenance - NAC 449.2744 and R043-22 Administration of medication: Maintenance and contents of logs and records. (NRS 449.0302) 1. The administrator of a residential facility that	0895	The lead caregiver noted in the residents' MAR (R2, R3, R9) that they were given their	02/07/2025

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	provides assistance to residents in the administration of medications shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician, physician assistant or advanced practice registered nurse, including, without limitation, whether the medication is to be administered according to a routine schedule or as needed; (5) Any change in an order or prescription of a resident ' s physician, physician assistant or advanced practice registered nurse,including, without limitation, the discontinuation of the medication; (6) Any time when the resident is out of the facility; and (7) Any mistakes made in the administration of medication. Inspector Comments: Based on interview and record review, the facility failed to ensure the Medication Administration Record's (MAR) date and time of administration was properly initialed, following the administration of medications for 3 of 10 residents (Resident #2, Resident #3 and Resident #9). Findings include: Resident #2 (R2) R2 was admitted on 11/25/24 with diagnosis including cerebral vascular accident and hypertension. Review of R2's MAR for January 2025 revealed all prescribed medications were not initialed as administered from 01/15/25 to 01/20/25. Resident #3 (R3) R3 was admitted on 11/01/24 with diagnosis including hypertension and rhabdomyolysis. Review of R3's MAR for January 2025 revealed all prescribed medications were not initialed as administered from 01/16/25 to 01/20/25. Resident #9 (R9) was admitted on 12/18/24 with diagnosis including kidney		medications from 1/15/25 to 1/21/25 but that he failed to initial the dates in the MAR. The facility administrator conducted an in-service meeting with the staff on 1/23/25. Administrator reviewed with staff the guidelines on Medication Administration including proper documentation of the kind of medication and the date and time the medication is administered for each resident. During the weekly/bi-weekly visits to the facility, the administrator will continue to monitor and ensure that these guidelines are being followed by all caregivers trained and certified to administer medications.	

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	failure and pulmonary disorder. Review of R9's MAR for January 2025 revealed two prescribed medications were not initialed as administered from 01/16/25 to 01/20/25. On 01/21/25, in the morning, a Caregiver confirmed they administered medications to R2, R3 and R9, but forgot to initial medications as administered to R2 from 01/15/25 to 01/20/25, R3 from 01/16/25 to 01/20/25 and R9 to 01/16/25 to 01/20/25. Severity: 2 Scope: 2 Complaint #NV00072785			
0920 SS= F	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 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. Medications 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 or herself without supervision may keep the resident ' s medication in his or her 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 and interview, the facility failed to ensure refrigerated medications were properly stored and secured. Findings include: On 01/21/25, in the morning, a lock box of refrigerated medications, were found in an unlocked refrigerator in the common area, with the key in the lock. On 01/21/25, in the morning, a Caregiver acknowledged not removing the key from the medication lock	0920	The lead caregiver locked the medication box that was inside the refrigerator, removed the key and kept it in a secured place. The facility administrator conducted an in-service meeting with the staff on 1/23/25. Administrator reviewed with staff the guidelines on proper medication storage including keeping the refrigerator locked or keeping the medication box inside the refrigerator locked at all times and ensuring that the key is not left in the lock.	02/07/2025

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	box and properly securing the refrigerator to prevent resident access to medications. Severity: 2 Scope: 3		The key must be kept in a secured place where only the caregivers can access it. Administrator assigned the lead caregiver to monitor and ensure this practice is implemented at all times.	

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0994 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 and R043-22 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease or other forms of dementia who meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 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 drawer containing multiple knives, was properly locked and secured. Findings include: On 01/21/25 at 9:15 AM, a kitchen drawer, which contained multiple knives, was found unlocked and partially open. There were no staff observed in the kitchen at this time. On 01/21/25 at 11:00 AM, the same kitchen drawer, which contained multiple knives, remained unsecured and unlocked. There were no staff present in the area. On 01/21/25, at 11:15 AM, a Caregiver confirmed a drawer with multiple knives in it, was not properly locked and secured. Severity: 2 Scope: 3	0994	The lead caregiver locked the sharps drawer, removed the key and kept it in a secured place. The facility administrator, conducted an in-service meeting with the staff on 1/23/25. Administrator reviewed with staff the safety guidelines involving the storage of any dangerous objects including knives, scissors, matches, firearms and tools. Reminded all staff to not leave these storage drawers/cabinets open and unattended even during meal prep. Moreso, this drawer should remain locked at all times and the key must be kept in a secured place where only the caregivers can access it. Administrator assigned the lead caregiver to monitor and ensure this practice is implemented at all times.	02/07/2025

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0995 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 and R043-22 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease or other forms of dementia who meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 shall ensure that: (f) The facility has an area outside the facility or a yard adjacent to the facility that: (1) May be used by the residents for outdoor activities; (2) Has at least 40 square feet of space for each resident in the facility; (3) Is fenced; and (4) Is maintained in a manner that does not jeopardize the safety of the residents. All gates leading from the secured, fenced area or yard to an unsecured open area or yard must be locked and keys for gates must be readily available to the members of the staff of the facility at all times. Inspector Comments: Based on observation and interview, the facility failed to ensure an exterior gate, which led from the backyard to the street, was properly locked and secured. Findings include: On 01/21/25, in the morning, a gate in the backyard, which led to the front of the home and street, was found unlocked. On 01/21/25, in the morning, a Caregiver confirmed the gate in the backyard which led to the front of the facility and street was not properly locked and secured. Severity: 2 Scope: 3	0995	The lead caregiver locked the side gate, removed the key from the lock and kept the key in a secured place. The facility administrator, conducted an in-service meeting with the staff on 1/23/25 and reviewed with staff the safety guidelines for Alzheimer's facilities which includes securing all exits from the house, the backyard and side gates. Administrator also emphasized that whenever any outside maintenance workers are allowed entry through the side gates, that the caregivers will continue to keep the side gates locked during the maintenance work and until the work is completed and the workers exit the facility's premises. The key to the gates must be kept in a secured place where only the caregivers can access it. Administrator assigned the lead caregiver to monitor and ensure this practice is implemented at all times.	02/07/2025
1600 SS= F	Preferred Name/Pronoun P& P - NAC 449.011943 Policies concerning preferred names and pronouns; adaptation of records to reflect gender identities or expressions;	1600	The administrator, interviewed the residents on 1/22/25 about	02/07/2025

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	method to obtain medically relevant information from patients or residents. (NRS 449.0302, 449.104) 1. A facility shall: (a) Develop policies to ensure that a patient or resident is addressed by his or her preferred name and pronoun and in accordance with his or her gender identity or expression; and (b) To the extent practicable and available within the systems in use at the facility: (1)Adapt electronic records and any paper records the facility uses to reflect the preferred name, pronoun and gender identity or expression of a patient or resident; and (2) Integrate information concerning gender identity or expression into electronic systems for maintaining health records. 2. If a patient or resident chooses to provide the following information, the records adapted pursuant to subparagraph (1) of paragraph (b) of subsection 1 must to the extent required by subsection 1, include, without limitation: (a) The preferred name and pronoun of the patient or resident; (b) The gender identity or expression of the patient or resident; (c) The gender identity or expression of the patient or resident that was assigned at the birth of the patient or resident; (d) The sexual orientation of the patient or resident; and (e) If the gender identity or expression of the patient or resident is different than the gender identity or expression of the patient or resident that was assigned at the birth of the patient or resident: (1) A history of the gender transition and current anatomy of the patient or resident; and (2) An organ inventory for the patient or resident which includes, without limitation, the organs: (I) Present or expected to be present at the birth of the patient or resident; (II) Hormonally enhanced or developed in the patient or resident; and (III) Surgically removed, enhanced, altered or constructed in the patient or resident. Inspector Comments: Based on record review and interview, the facility lacked updated policies and procedures		their preferred Gender pronoun, gender expression and sexual orientation and recorded these in the state approved form. The form was kept in the respective residents' charts. Administrator will be responsible in ensuring that the facility will stay up to date with State regulations concerning the operation of Residential Facility for Groups. This will be accomplished by visiting the BHCQC website for any updates as well as paying attention to emails received from the bureau regarding policy updates.	

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	addressing the residents preferred pronoun, gender expression and sexual orientation for 10 of 10 residents. Findings include: A review of the resident records revealed the facility lacked updated forms which included a process and procedure to document the resident's gender identification or expression in their medical/resident/patient records. There were ten residents files that did not include documentation of preferred pronoun, gender expression and sexual orientation. On 01/21/25 in the morning, the Administrator confirmed there was no documentation of preferred pronoun, gender expression and sexual orientation and had not added this information to their admission documents for all residents who resided at the facility. Severity: 2 Scope: 3			