

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 A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/02/2022
NAME OF PROVIDER OR SUPPLIER WASHINGTON SENIOR GUEST HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3709 W WASHINGTON AVE, LAS VEGAS, NEVADA ,89107	
(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	<p>Initial Comments</p> <p>Inspector Comments: This Statement of Deficiencies was generated as a result of an annual, infection control and complaint investigation State Licensure survey conducted at your facility on 05/02/22, 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 persons with chronic illness and/or persons with mental illness, Category II residents. The census at the time of the survey was seven. Seven resident files and three employee files were reviewed. The facility received a grade of A. One complaint was investigated. Complaint# NV00065984 with one allegation was unsubstantiated. Allegation #1: A resident had bed bugs on their upper back and groin area was unsubstantiated based on interviews with the facility Administrator, two Caregivers and three alert and oriented residents who indicated there was no evidence of the facility having a problem with bed bugs. An inspection of all residents and residents' beds with the Owner/Administrator and Caregivers did not reveal evidence of bed bugs in the facility. A comprehensive admission assessment of the resident and visit by the resident's hospice Case Manager, did not reveal evidence of bed bugs on the resident's body nor on the resident's bed and surroundings. A review of facility pest control treatments and inspections for the months of February, March and May 2022 did not reveal any issues with bed bugs. The investigation into the allegation included: Interviews with the facility Administrator, two Caregivers and three alert and oriented residents. Review of facility Dedicated Hospice Care, Inc. documents and pest control documents for the months of February, March and May, 2022. The facility was provided guidance on the requirements of NRS 449.101 -</p>	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER Name:
REPRESENTATIVE'S SIGNATURE

Title:

Date:

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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	Discrimination prohibited; development of non-discrimination policy; posting of nondiscrimination statement and certain other information, NRS 449.102 - Duties of licensed facility to protect privacy of patient or resident, and LCB File No. R016-20 - Cultural competency training; complaint policy; development of gender identity/expression policy; designated person responsible for compliance with these regulations. Failure to comply with NRS 449.101, NRS 449.102 and LCB File No. R016-20 may result in future deficiencies. 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. There were no regulatory deficiencies identified. No further action is necessary. Please retain a copy for your records.						