

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8715	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/17/2023
NAME OF PROVIDER OR SUPPLIER ADVANCED HEALTH CARE OF PARADISE		STREET ADDRESS, CITY, STATE, ZIP CODE 3455 PECOS-MCLEOD INTERCONNECT, LAS VEGAS, NEVADA ,89121		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>Initial Comments -</p> <p>Inspector Comments: This Statement of Deficiencies was generated as a result of a state licensure survey conducted in conjunction with a Federal Recertification survey in your facility on 03/14/2023 through 03/17/2023, in accordance with Nevada Administrative Code (NAC) 449, Skilled Nursing Facilities. The census at the time of the survey was 38. The sample size was 12. Twelve employee files were reviewed. 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 maybe available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified.</p>			

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: RUBEN MATANGI Title: Administrator Date: 05/03/2023
REPRESENTATIVE'S SIGNATURE

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NAME OF PROVIDER OR SUPPLIER ADVANCED HEALTH CARE OF PARADISE		STREET ADDRESS, CITY, STATE, ZIP CODE 3455 PECOS-MCLEOD INTERCONNECT, LAS VEGAS, NEVADA ,89121		
(X4) ID PREFIX TAG 303 SS= D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 303	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE 05/01/2023
	<p>NAC 449.74491 - Prohibited Practices - 4. A facility for skilled nursing: a) Shall not employ a person if: (1) He has been convicted of abusing, neglecting or mistreating a patient; or (2) A finding that he has abused, neglected, mistreated or misappropriated the property of a patient has been entered in the state nurse aide registry maintained by the state board of nursing. b) Shall report to the state board of nursing the bureau or another appropriate occupational licensing board any judicial action taken against an employee or former employee of the facility which would indicate that the employee is unfit to be employed as a member of the staff of a facility for skilled nursing.</p> <p>Inspector Comments: Based on personnel record review and interview, the facility failed to ensure a criminal background check was performed every 5 years for 1 of 12 sampled employees (Employee #2). The failure has the potential to expose residents to a person who could have been convicted of abusing, neglecting or mistreating a patient. Findings include: Employee #2 (E2) was hired on 08/28/2012, to perform duties as Physical Therapy Assistant. The personnel record revealed the last criminal background check performed on August 2012. The personnel record lacked documented evidence a criminal background checks were performed at least every five years, on 2017 and 2022. On 03/17/2023 in the afternoon, the facility Administrator confirmed criminal background checks were not performed every five years. The facility Administrator explained E2 was transferred from a sister facility and acknowledged criminal background should have been checked as required. The facility policy titled Employee Background Screening 06/29/2020, indicated the facility would provide a safe environment for all residents by ensuring all direct care personnel did not have history of criminal convictions or charges. Severity 2 Scope 1</p>		<p>A signed plan of correction has been attached.</p> <p>Immediate Response: A new background check was completed for E2 on 3/24/23 and received a confirming clearance letter from DPBH. Reviewed other employees who have worked for 5 years or more and validated that current background checks were completed.</p> <p>Ongoing Monitoring: The administrator or designee will review monthly to validate that employees who are coming up to 5 years of service, receive a newly completed criminal background check.</p>	