

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 02/25/2021
NAME OF PROVIDER OR SUPPLIER D' CAESAR'S CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3856 JEWEL AVENUE, 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	<p>Initial Comments</p> <p>Inspector Comments: This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility from 11/02/20 through 02/25/21. This State Licensure Survey was conducted 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, with endorsements for chronic illness and mental illness, Category II residents. The census at the time of the survey was six. The sample size was five. One complaint was investigated Complaint #NV00062003, with three allegations was unsubstantiated.</p> <p>Allegation #1: Quality of Care - The allegation the facility failed to notify a resident's responsible party of a resident's change of condition was unsubstantiated.</p> <p>Allegation #2: Admission, Transfer and Discharge Rights - The allegation the facility failed to notify a resident's Power of Attorney was unsubstantiated.</p> <p>Allegation #3: Abuse and Neglect: Physical and verbal and the resident had bed sores was unsubstantiated. The investigation into the allegations included:</p> <ul style="list-style-type: none"> - Observations of residents and caregivers at the facility. - Interviews with elderly protective services, caregivers, hospice provider staff, four residents and the facility owner. - Record review of incident reports, and admission and discharge records and review of hospice records, medication administration records, and care notes. <p>No regulatory deficiencies were identified: 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.</p> <p>Hi Chris, Looks like you never called me to discuss the complaint as noted below in my email. Is the upper portion of</p>	0000		

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

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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	your email what you plan to enter on the SOD? Please note, you may not enter person's names in an SOD; and there is only one resident in the complaint - therefore, you can refer to them as the resident, and not R-1. Please use the following template: Unsubstantiated Complaint: This Statement of Deficiencies was generated as a result of a complaint investigation completed in your facility on , in accordance with Nevada Administrative Code (NAC) Chapter 449, . The census at the time of the survey was _____. The sample size was _____. investigated. Complaint # was unsubstantiated. The allegation the facility failed to was unsubstantiated based on lack of evidence of noncompliance. The investigation into the allegation the facility included: Based on your investigated notes, allegation #3 needs to be investigated further with an onsite visit and observations and interview with residents and staff for the allegations of abuse . And the pressure ulcer allegation needs to be investigated by: interview with hospice staff, reviewing hospice records; and interview with facility staff. Please let me know when it's ready for another review. Thanks!				