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
	9945	A. BUILDING _____ B. WING _____	03/09/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE AMERICANA ASSISTED LIVING	100 SOUTH 14TH STREET, LAS VEGAS, NEVADA ,89101

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual state licensure and infection control survey conducted at your facility on 03/09/22, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 88 Residential Facility for Group beds for elderly and disabled persons and/or persons with chronic illness and/or persons with mental illness and endorsed to provide assisted living services, category II residents. The census at the time of survey was 63. Sixteen resident files and eight employee files were reviewed. The facility received a grade of D. The facility was provided guidance on the requirements of NRS 449.101 - 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. The following regulatory deficiencies were identified:	0000		

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0050 SS= F	Administrator's Responsibilities - Oversight - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.27706, inclusive, and chapter 449 of NRS. Inspector Comments: Based on observation and interview, the facility failed to ensure that all persons entering the facility were properly screened for the signs and symptoms of COVID-19. Findings include: On 03/09/22 at 8:30 AM, six State of Nevada Health Facilities Inspectors entered the facility lobby and were not asked any COVID-19 screening questions or had their temperature taken by a facility employee standing behind the front desk. After an overhead announcement calling Employee #9 (E9) to the front desk and within a few minutes, E9 arrived at the front desk area, took the Inspectors' temperatures, and documented the temperatures on a blank piece of paper. The COVID-19 screening questions were not asked of any of the Inspectors. When E9 was questioned as to whether or not the facility had any COVID-19 screening questions, E9 picked up a laminated sheet from the front desk which contained the COVID-19 screening questions and explained the questions were verbally asked to anyone entering the facility along with taking and documenting their temperature. E9 also indicated that the facility was short staffed and that they normally work as a housekeeper but were also working the front desk as the COVID-19 screener for anyone entering the facility since there was currently no full-time front desk person. Severity: 2 Scope: 3	0050	1. We will correct this specific finding by asking the four infection control questions through the sound system speaker when the bell is rang at the entrance gate. 2. This will be a change we have put into place all week and is working well. 3. This will be a the process for entering into the facility for any visitors. 4. The Executive Director has implemented this and it is going well. 5. This was process was updated on 3/25/2022 6. I have attached the 4 infection control questions 7. This process will enable us to scan all visitors at the door before entering the facility so we will not bring that infectious virus into the assisted living.	03/25/2022

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0072 SS= F	Qualifications of Caregiver - Med Training - NAC 449.196 Qualifications and training of caregivers. (NRS 449.0302) 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Before assisting a resident in the administration of a medication, receive the training required pursuant to paragraph (e) of subsection 6 of NRS 449.0302, which must include at least 16 hours of training in the management of medication consisting of not less than 12 hours of classroom training and not less than 4 hours of practical training, and obtain a certificate acknowledging the completion of such training; (b) Receive annually at least 8 hours of training in the management of medication and provide the residential facility with satisfactory evidence of the content of the training and his or her attendance at the training; (c) Complete the training program developed by the administrator of the residential facility pursuant to paragraph (e) of subsection 1 of NAC 449.2742; and (d) Annually pass an examination relating to the management of medication approved by the Bureau. Inspector Comments: Based on interview and record review, the facility failed to ensure 5 of 8 employees had initial and/or annual medication management training (Employee #1 - training expired 01/13/22, Employee #4 - training expired 08/22/21, Employee # 8 - training expired 01/14/22 and Employee #6 - hired 08/19/21, no training on file). The Administrator was unable to provide documented evidence Employees Employees #1, #4, #6, and #8 had completed annual or initial medication management training. Severity: 2 Scope: 3	0072	All med techs have their certification at this time we just didn't have a copy of them for review at the time of survey 1. We will correct this specific finding by attaching medication technician certificates to the med tech wall for display. 2. This will help to correct this error for the fact we will have a copy of all certificates in a timely manor for review. 3. This will be on display and be monitored daily by the med techs. 4. The Executive Director will mount all certificates on the wall for display. 5. This will be up by April 1, 2022 6. Attached all a copy of all the med tech certificates 7. We can monitor daily of expiration dates when the certificate is on the wall to ensure this does not happen again. Please note: Employee #6 is not a Med Tech just a caregiver.	04/01/2022

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0102 SS= E	Personnel File - TB Screening - NAC 449.200 Personnel files. 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee; Inspector Comments: Based on interview and record review, the facility failed to ensure two-step tuberculosis (TB) tests and physical examinations were completed for 2 of 8 employees (Employees #2 and #6). Employee #2 was hired on 08/19/21, first step TB was complete on 06/28/21 and the record lacked documentation of second step being completed. Employee #6 was hired 08/19/21 and record lacked documentation of two step TB testing being complete. Employee #2 and Employee #6 both lacked physical examinations. The Administrator confirmed there was no two-step TB testing and physical examinations on file for Employees #2 and #6. Severity: 2 Scope: 2	0102	1. We will correct this finding by having the documents in the folder at the time of survey. We did get the tb 2 step to the surveyors by the end of business day. 2. We will require a copy this document before they can start their shift when it is due. 3. This will be monitored by the Executive Director by collecting this information before making the schedule. 4. The Executive Director will monitor these important documents in order to stay compliant with the regulations. 5. This was correct on March 14th 2022 when the document was emailed to the surveyor. 6. Attached is a copy of the email sent 7. This will be saved on the computer for reference so this will not happen again.	03/14/2022
0106 SS= D	Personnel File - 1st Aid & CPR - NAC 449.200 Personnel files 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1: (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation; Inspector Comments: Based on interview and document review, the facility failed to ensure current cardiopulmonary resuscitation (CPR) training was completed for 1 of 8 employees (Employee #5). Employee #5 had a CPR training on file that expired 02/09/22. The Administrator confirmed there was no current CPR training on file for Employee #5. Severity: 2 Scope: 1	0106	1. I will correct this finding by submitting this CPR to the attachments. I had also emailed it that day over to the state. 2. This is kept electronically on our work computers to be able to pull up at any time. 3. This will be updated daily to monitor any expiration dates and upload to the correct file for viewing for the state. 4. The Executive Director will monitor these electronic files for completion. 5. This certificate was taken on March 9 2022 before the survey occured. 6. I have attached her CPR certificate to this application 7. This will be done for all documents to ensure copies are kept for all documents.	03/09/2022

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0174 SS= F	Health& Sanitation-odors-hazards-insects-dirt - NAC 449.209 Health and sanitation. (NRS 449.0302) 4. To the extent practicable, the premises of the facility must be kept free from: (a) Offensive odors; (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility; (c) Insects and rodents; and (d) Accumulations of dirt, garbage and other refuse. Inspector Comments: Based on observation and interview, the facility failed to ensure the facility was free of hazards. Findings include: On 03/09/22 in the morning, the door that allows access to the roof of the facility was found unlocked. The roof did not have a barrier to prevent an accidental or intentional fall. The facility is a three-story building. The Administrator acknowledged that the door to the roof should remain locked at all times. Severity: 2 Scope: 3	0174	1. We will correct this unlocked door by locking it and checking it daily 2. We will make sure that all exterior doors are locked throughout the day. 3. The safety patrol will check and sign all door checks that occur on their shift. 4. The maintenance supervisor will also check and lock all roof access doors when not doing repairs on the building. 5. This was locked and checked on March 17 2022. 6. The form is attached for signatures for check 7. We will check all the doors around the building to ensure these door to hazards stay locked and secure.	03/17/2022

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0255 SS= E	Permits-Comply with NAC 446 on Food Service - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 6. A residential facility with more than 10 residents shall: (a) Comply with the standards prescribed in chapter 446 of NAC; and (b) Obtain the necessary permits from the Division. Inspector Comments: Based on observation on 03/09/2022, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Critical Violations: a. During breakfast service, individual containers of milk, juice and yogurt were stored on a cart outside of cold holding. The temperature of a sample of milk was recorded at 55 degrees F. b. During breakfast service, a pan of cooked bacon was stored on top of the steam table and the temperature was recorded at 110 degrees F. 2. Major Violations: a. Two residential grade electric water kettles were used to heat water for the residents and there was grime build-up on the interior of the kettles. 3. Equipment and Maintenance Violations: a. The low temperature dish machine was not in operation and was reported to require a repair to the chemical sanitizer dispenser. Severity: 2 Scope: 2	0255	1. We will correct these kitchen errors by purchasing the correct commercial grade equipment to ensure items that are cold stay cold and items that are hot stay hot. 2. We will have temperature checks randomly for the kitchen throughout the day. 3. With a temp check form we will monitor the temperature of the food items for breakfast lunch and dinner. 4. The Head Cook will monitor this form and express any changes in temp if units need repair. 5. This was corrected on March 25 2022 when the new equipment was ordered. 6. See attached temperature log 7. We will make temp logs for all necessary food items during serving times.	03/25/2022

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0528 SS= F	Activities for Residents - NAC 449.260 Activities for residents. (NRS 449.0302) 1. The caregivers employed by a residential facility shall: (c) Plan recreational opportunities that are suited to the interests and capacities of the residents; Inspector Comments: Based on observation, interview and document review the facility failed to provide group activities that provide mental and physical stimulation, develop creative skills and interests, and align with resident's interests. On 03/09/22 in the morning, the activities calendar for February 2022 listed twenty-three hours of activities, twenty-one of those hours representing non-physical activities, such as puzzles, card games, and watching sports/movies on television. The schedule lists one hour of exercise on Mondays from 10 am to 11 am and one hour of exercise on Wednesdays from 6 pm to 7 pm. On 03/09/22 in the morning, R4 was interviewed regarding the daily activities provided by the facility. R4 reported that the facility does not provide daily activities with the exception of an occasional bingo game. R4 reported that some of the residents play cards with one another, but that is not facilitated by staff. When asked about the scheduled activities, R4 indicated that the calendar is posted, but activities are often canceled due to minimal to no participation by the residents. On 03/09/22 in the morning, another resident reported that daily activities are not facilitated on a regular basis, are limited to the occasional bingo game, and there is a lack of activities with a focus on physical activity. The resident reported that he would like to have more activities that focus on physical fitness. On 03/09/22 in the morning, the Administrator acknowledged that there is minimal participation in the activities from the residents and planned activities are often canceled due to a lack of participation. Severity: 2 Scope: 3	0528	1. We will correct this finding by creating a better calendar for the residents and let the resident council decide what games and activities they want to do. We have been suggesting this for the past 4 council meetings and no one has wanted to do anything different. This is the first time we are hearing about this lack of activities. We provide cards and games for them, they I have not had anyone come with cards in their inventory list yet. There is a back area with a basketball hoop that no one uses. One of the residents did play golf today but no one else wanted to join him. This is a person centered care non-medical facility. They have free rain to enhance their stay. We did have a resident go for a 4 hour run around the strip and back (he was the only one that did that as well). 2. What measure will we keep asking them to give ideas on activities and hopes they will make suggestions. 3. This meeting is monitored and hosted by the residents monthly and the next day we will ask them what they have decided to do. In the mean time, we will keep an extensive calendar up for them to decide if they want to do the activities or not. 4. The Executive Director will as the Resident Council if they have any suggestions or changes that they want to make. 5. This meeting is held at during at the discretion of the residents and they will let us know. 6. See activities suggested by staff of Americana Assisted Living 7. We let them know monthly that we have an open door policy and anytime they have concerns suggestions or problems to come talk with any of the staff.	03/25/2022

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0876 SS= D	Medication Administration - NRS 449.0302 - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. (as amended by LCB File No. R109-18) 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of: (a) Controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.0302 are met. (b) Insulin using an auto-injection device only if the conditions prescribed in NRS 449.0304 and section 13 of this regulation are met. Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 16 sampled residents signed an ultimate user agreement (Resident #1 and #9). Findings include: Resident #1 (R1) was admitted on 02/08/22. R1's file lacked a signed ultimate user agreement. The Administrator was given an opportunity to provide the missing documentation and was unable to provide documented evidence an ultimate user agreement was available for R1. Resident #9 (R9) was admitted to the facility on 11/18/21. The Ultimate User Agreement was not signed until 03/09/22. The Administrator confirmed the Ultimate User Agreements for R1 and R9 should have been signed upon admit. Severity: 2 Scope: 1	0876	1. We will correct this specific finding by locking up the residents files in the main office. All the documents were in a different file in medication room. Training was done on March 25, 2022 to correct this miss placement of documents. 2. The systematic change is that the files will be kept in the Executive Directors office. 3. The Executive Director will place all files in the office for monitoring. 4. The Executive Director will be responsible for these files and filing. 5. This was corrected on March 25 2022 6. We have attached the signed Ultimate User Agreements from the two missing residents. 7. By locking up the files in the main office no documents will go missing or be miss placed.	03/25/2022

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0883 SS= D	Medication - Resident Refusal - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 7. If a resident refuses, or otherwise misses, an administration of medication, a physician must be notified within 12 hours after the dose is refused or missed. Inspector Comments: Based on record review and interview, the facility failed to ensure the physician was notified after a medication dose was missed for 2 of 16 residents (Resident #1 and #2's February and March 2022 Medication Administration Record (MAR) had the initials circled for all routine medications several times throughout the month with the reason documented as missed due to the medication was not available, resident refused, or there was no reason at all). The Medication Technician (Med Tech) reported both residents refused medications frequently and the physician was notified of the missed doses. The Med Tech was unable to provide documented evidence the physician had been notified of the missed medications. Severity: 2 Scope: 1	0883	1. We will correct this specific finding by emailing the provider the missed medication at the end of every shift. 2. The systematic change that occurred is that we obtained all providers emails for sending out missed medication notification. 3. This corrective action is monitored on EMAR by sending out email to the provider if refusal occurs. 4. The medication technician will monitor the missed medication and submit a report at the end of their shift for missed mediation. 5. This corrective action occurred on March 25 2022 6. See email sent 7. This is a automatic process and will notify the provider of any missed or refused medication.	03/25/2022

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0895 SS= D	Administration of Medication Maintenance - NAC 449.2744 Administration of medication: Maintenance and contents of logs and records. (NRS 449.0302) 1. The administrator of a residential facility that 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; and (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident ' s physician. Inspector Comments: Based on record review and interview, the facility failed to ensure the Medication Administration Record (MAR) was accurate for 2 of 16 residents (Resident #1 and #2's February and March 2022 MARs had the initials circled for all routine medications several times throughout the month and several documented the reason not given was the medication was not available or there was no reason indicated at all). Review of medications confirmed all medications were available on site. The Medication Technician (Med Tech) indicated both residents refused medications frequently and the reason was possibly documented incorrectly. The Med Tech acknowledged the areas where the reason was blank and indicated the reason for missed doses should have been documented. Severity: 2 Scope: 1	0895	1. The specific finding is maintenance and contents of logs and records are the following: administrator of a residential facility that 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; and (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident ' s physician. We have that attached to this citation for keeping record of all if these items in our EMAR 2. We have been keeping a EMAR with all of these stipulations included with the EMAR, this is in compliance with the regulation. 3. This corrective action is monitored daily. 4. The title of the person in charge of keeping this record current are Med tech and Executive Director will advise. 5. This correction was last year when the charting on EMAR was put in place March 25,2022 6. See EMAR copy 7. The EMAR records all treatment and medication used for the resident and records and logs date and time.	03/25/2022

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THE AMERICANA ASSISTED LIVING	100 SOUTH 14TH STREET, LAS VEGAS, NEVADA ,89101

(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
0936 SS= D	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she 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 interview and record review, the facility failed to ensure a 2-step Tuberculosis (TB) test was completed for 3 of 16 sampled residents (Residents #14 (R14), #15 (R15) and #16 (R16)). Findings include: R14 was admitted on 11/01/21 with diagnoses including arthritis, high blood pressure and chronic obstructive pulmonary disease. A review of R14's record revealed no documentation of an initial 2-step TB. R15 was admitted on 01/17/22 with diagnoses including high blood pressure, low blood potassium and tobacco dependence. A review of R15's record revealed the first step of the initial TB test was completed on 12/13/21 with no evidence of a second step TB test performed. R16 was admitted on 12/22/21 with diagnoses including high blood pressure, stroke and slow heart rate. A review of R16's records revealed the first step of the initial TB test was completed on 12/18/21 with no evidence of a second step TB test performed. The facility Administrator acknowledged these TB test results were missing from the residents' records and that the tests should have been completed. The Administrator was unable to produce any evidence the TB testing was completed for these residents. Severity: 2 Scope: 1	0936	1. We will correct this finding by having the resident files stored in the main office. 2. The change will be the files will only be accessed through management to ensure miss placed files do not occur again. 3. These files will be monitored by the Executive Director to keep the correct documents in the files at all times. 4. The Executive Director will make sure the files stay complete. 5. This corrective action occurred on March 17, 2022 6. All miss placed TB have been attached and were complete before the survey occurred, also we sent these documents to the state that day when we reprinted all the documents that were missing. We keep all documents in electronic form just for this reason. 7. By locking up the resident files not all employees will have access to them to miss place documents.	03/17/2022