

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295102	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/18/2025
NAME OF PROVIDER OR SUPPLIER Advanced Health Care of Henderson		STREET ADDRESS, CITY, STATE, ZIP CODE 1285 E Cactus Avenue Las Vegas, NV 89183	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0880</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on record review, the facility failed to ensure the Water Management Plan included all relevant actions to prevent, identify, and address the growth and spread of Legionella and other waterborne illnesses. Findings include: A review of the facility's Water Management Plan, titled Risk Management Plan for Legionella Control (undated), revealed the plan included a hazard identification and risk assessment which listed possible general events which could compromise water safety and result in circumstances that would be beneficial for the growth of microbes that cause waterborne diseases. The assessment did not include measures to prevent the growth of waterborne pathogens and how to monitor the pathogens. A review of the documentation indicated the only measure being monitored was water temperature. Documentation indicated the facility had conducted monthly water temperature monitoring at various points in the facility utilizing the Water Management Observation Log. The Log provided a way to document the water temperatures and locations where the water temperatures were taken from. The bottom of the form lists the following bullet points: - Cleaning and disinfection of shower heads (annually)- Flushing of infrequently used outlets (weekly)- Visual checks of identified high risk areas The water management plan did not include the process or procedure for the disinfection of shower heads, flushing of infrequently used outlets, and did not identify the person responsible for the tasks.</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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