

Division of Public and Behavioral Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                     | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>10260</b>  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____                           | (X3) DATE SURVEY COMPLETED<br><br><b>02/16/2023</b>   |                      |
|--|---|--|---|----------------------|
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SHELTERING ARMS CARE HOME</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>1255 LOMA VERDE CT., SPARKS, NEVADA ,89436</b> |   |                      |
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| 0000   | <p>Initial Comments</p> <p>Inspector Comments: This Statement of Deficiencies was generated as a result of a State Licensure annual grading survey conducted at your facility on 02/16/22. This State Licensure Survey was conducted by the Division of Public and Behavioral Health in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for six Residential Facility for Group beds for elderly and disabled persons and/or chronic illness, Category II residents. The census at the time of survey was five. Five resident files were reviewed, and three employee files were reviewed. The facility received a grade of B. 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:</p> | 0000   |   |                      |

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 REPRESENTATIVE'S SIGNATURE Name: NELIA BUENDIA Title: Administrator Date: 04/05/2023

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| 0450<br>SS= D  | <p>First Aid &amp; CPR - NAC 449.231 First aid and cardiopulmonary resuscitation. (NRS 449.0302) 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training.</p> <p>Inspector Comments: Based on employee personnel file review and interview, the facility failed to ensure 1 of 5 sampled employees (Employee #2) maintained current certification in cardiopulmonary resuscitation (CPR) and first aid training. Findings include: Employee #2 Employee #2 was hired as an Owner/Caregiver with a start date of 08/10/21. Employee #2's personnel file lacked documented evidence of current CPR and first aid certification. On 02/16/23 at 12:05 PM, the Administrator was unable to provide evidence of current CPR and first aid certification for Employee #2. Severity: 2 Scope: 1</p> | 0450   | <p>0450 During the survey, there was no evidence of CPR and First Aid Training in employee #2. The employee had her training done on 6/9/2021 but unable to place it in her file. See attached.<br/>To prevent this occurrence in the future, the administrator will audit all employee file quarterly.</p> | 02/17/2023           |

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| 0876<br>SS= D  | <p>Medication Administration - NRS 449.0302 - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 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 NAC 449.1985 are met.</p> <p>Inspector Comments: Based on record review and interview, the Administrator failed to ensure a resident had a valid Ultimate User Agreement authorizing the facility to store and administer medications for 1 of 5 sampled residents (Resident #3). Findings include: Resident #3 Resident #3 was admitted to the facility on 02/10/23, with diagnoses including hypertension, depression, and anxiety. Resident #3's record lacked documented evidence of a signed and dated Ultimate User Agreement Request and Authorization for Medical Supervision and Assistance. On 02/15/23 at 10:35 AM, the Owner confirmed the facility stored and administered medications for Resident #3 and verbalized the Ultimate User Agreement was invalid due to the form lacking a signature and date. Severity: 2 Scope: 1</p> | 0876   | <p>0876 During the survey, Resident's Medication ultimate user agreement has not been signed by his guardian. The Ultimate user agreement was given to the guardian and was signed. See attached. In the future to prevent this incident to occur, upon admission of a new Resident, the owner and the administrator will see to it that the ultimate user agreement are signed by the Resident or their guardian.</p> | 02/17/2023           |

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| 0920<br>SS= F  | <p>Medication: Storage - NAC 449.2748<br/>Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medications for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself or herself without supervision may keep the resident ' s medication in his or her room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room.</p> <p>Inspector Comments: Based on observation and interview, the facility failed to ensure the medications were secured for 5 of 5 residents. Findings include: On 02/16/23 at 9:10 AM, during a tour of the facility, the locked medication cabinet was unlocked within the facility's kitchen, exposing all medications for all residents in the facility. On 02/16/23 at 9:11 AM, the Caregiver confirmed the medications were unsecured and accessible to all residents. The Caregiver verbalized all medications needed to be locked at all times. Severity: 2<br/>Scope: 3</p> | 0920   | 0920 During the survey, the caregiver missed to lock the medicine cabinet and was left open. Medication Policy was reviewed with the caregivers including all medications must be in a safe cabinet and locked @ all times. To prevent occurrence of this incident, a poster was made and posted it on the door of the medicine cabinet to remind caregivers of the Policy and the owner and administrator will monitor that the medicine cabinet are locked all the time. See attached | 02/17/2023           |

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| 0938<br>SS= D  | <p>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: (g) An evaluation of the resident ' s ability to perform the activities of daily living and a brief description of any assistance he or she needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his or her ability to perform the activities of daily living; and (3) In any event, not less than once each year.</p> <p>Inspector Comments: Based on interview and record review, the facility failed to ensure Activities of Daily Living (ADL) assessments were completed annually for 1 of 5 residents (Resident #5). Findings include: Resident #5 Resident #5 was admitted to the facility on 09/30/21 with diagnosis including age related memory loss. Resident #5's record lacked documented evidence of an annual ADL assessment. On 02/16/23 at 11:05 AM, the Administrator verbalized the ADL assessments were required to be completed upon a resident's admission to the facility and annually thereafter. The Administrator confirmed Resident #5 did not have an ADL assessment completed annually. Severity: 2 Scope: 1</p> | 0938   | <p>0938 During the survey, Resident #5 does not have ADL in the file, it was missed during the admission. A new ADL was done based on the Resident's current status. See attached<br/>To prevent this occurrence, the Administrator and the owner will audit all new admission file for completeness.</p> | 03/01/2023           |

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| 1305<br>SS= C  | <p>Discrimination prohibited - NRS 449.101 Discrimination prohibited; development of antidiscrimination policy; posting of nondiscrimination statement and certain other information; construction of section. [Effective January 1, 2020.] 2. A medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed shall: (a) Develop and carry out policies to prevent the specific types of prohibited discrimination described in the regulations adopted by the Board pursuant to NRS 449.0302 and meet any other requirements prescribed by regulations of the Board; and (b) Post prominently in the facility and include on any Internet website used to market the facility the following statement: [Name of facility] does not discriminate and does not permit discrimination, including, without limitation, bullying, abuse or harassment, on the basis of actual or perceived race, color, religion, national origin, ancestry, age, gender, physical or mental disability, sexual orientation, gender identity or expression or HIV status, or based on association with another person on account of that person's actual or perceived race, color, religion, national origin, ancestry, age, gender, physical or mental disability, sexual orientation, gender identity or expression or HIV status.</p> <p>Inspector Comments: Based on observation and interview, the facility failed to post a current non-discrimination statement prominently in the facility. Findings include: On 02/16/23 at 9:05 AM, the facility lacked a current non-discrimination statement for residents and the public to view. On 02/16/23 at 9:10 AM, the Administrator acknowledged a non-discrimination statement was not posted prominently in the facility and was not aware it needed to be posted. Severity: 1 Scope: 3</p> | 1305   | <p>1305 During the survey, the Nondiscriminatory Statement was not posted during the survey, the owner placed it in a binder with the policy. The owner posted the Non-Discriminatory Statement in a prominent place after the survey. The Administrator will monitor monthly that the Non-Discriminatory Statement is posted in a prominent area @ all times to prevent the same deficiency.</p> | 02/20/2023           |

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| 1540<br>SS= F      | <p>Cultural Competency Training - R016-20 Section 14.1 1. Pursuant to subsection 1 of NRS 449.103, within 30 business days after the course or program is assigned a course number by the Division pursuant to section 18 of this regulation or within 30 business days of any agent or employee being contracted or hired, whichever is later, and at least once each year thereafter, a facility shall conduct training relating specifically to cultural competency for any agent or employee of the facility who provides care to a patient or resident of the facility so that the agent or employee may: (a) More effectively treat patients or care for residents, as applicable; and (b) Better understand patients or residents who have different cultural backgrounds, including, without limitation, patients or residents who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103.</p> <p>Inspector Comments: Based on personnel record review and interview, the facility failed to ensure cultural competency training was completed for 2 of 3 sampled employees required to obtain cultural competency training (Employees #2, #3). Findings include: Employee #2 Employee #2 was hired by the facility as Director with a start date of 08/10/21. The personnel record for Employee #2 lacked a cultural competency training certificate. Employee #3 Employee #3 was hired by the facility as Caregiver/Medication Technician with a start date of 03/01/21. The personnel record for Employee #3 lacked a cultural competency training certificate. On 02/16/23 at 11:34 AM, the Administrator confirmed cultural competency for both employees had not been completed, and stated being aware that it needed to be done. Severity: 2 Scope: 2</p> | 1540          | <p>1540 During the survey, 2 of the caregivers does not have a cultural competency training. Both of them were scheduled to take the training class. See attached To prevent occurrence of this deficiency, the administrator will audit employee file quarterly to make sure that all employees comply with all the education requirements.</p> | 04/02/2023           |