STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2016	A. BUILDING _____ B. WING _____	09/05/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARING HEARTS CARE HOME	64 NORTH PEARL STREET, LAS VEGAS, NEVADA ,89110

(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	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey at your facility on 09/05/19 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness and mental retardation, Category II residents. The census at the time of the survey was ten. Ten resident files were reviewed and five employee files were reviewed. The facility received a grade of D. 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. The following regulatory deficiencies were identified:	0000		
0840 SS= E	Review of Medical Condition of Resident - NAC 449.2738 Review of medical condition of resident; relocation or transfer of resident having certain medical needs or conditions. (NRS 449.0302) 1. If, after conducting an inspection or investigation of a residential facility, the Bureau determines that it is necessary to review the medical condition of a resident, the Bureau shall inform the administrator of the facility of the need for the review and the information the facility is required to submit to the Bureau to assist in the performance of the review. The administrator shall, within a period prescribed by the Bureau, provide to the Bureau: (a) The assessments made by physicians concerning the physical and mental condition of the resident; and (b) Copies of prescriptions for medication or orders of physicians for services or equipment necessary to provide care for the resident. Inspector Comments: Based on observation, interview and record review, the facility failed to ensure residents with diagnoses of dementia are placed	0840	1) During admission on new resident, History and Physical with Physician Standard Placement will be examined properly for Dementia diagnosis as one exclusion in the Facility's Admission Checklist and to ensure proper placement of the concerned resident. For existing residents with Dementia diagnosis, harmful to self and others behavior changes will be reported right away to the Primary Care Provider so he/she can give determination for proper facility placement. 2) Continue to use the Facility's Admission Checklist with Dementia Diagnosis as an exclusion of admission. Procurement of Standard Placement Assessment from the Primary Care Provider at least annually or as soon as it is needed for resident's changes in behavior, mentation, physical capability and new debilitating illness or changes on resident's needs that cannot be met safely by the facility. 3) The Administrator will include this topic	09/28/2019

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	appropriately to meet their needs for 5 of 10 residents with dementia (Resident #2, #4, #5, #9 and #10). Findings include: Resident #2 (R2) R2 was admitted on 01/30/04, with diagnoses including dementia. On 09/05/19 in the afternoon, R2 was alert but not oriented. R2 could not answer any of the questions in a cognitive assessment. A History and Physical dated 09/19/18, documented a diagnosis of dementia. A Physician Report - Standard Placement Determination form dated 09/19/18, documented R2 was to reside in a facility that provided care to persons who were elderly/disabled or who required assistance or protective supervision, because they suffer from infirmities or disabilities. These facilities provide care and protective supervison in accordance with the needs of a person suffering from old age or disabilities. Resident #4 (R4) R4 was admitted on 02/01/18, with diagnoses including dementia. On 09/05/19 in the afternoon, R4 was not alert or oriented. A History and Physical dated 06/25/19, documented a diagnosis of dementia. A Physician Report - Standard Placement Determination form dated 09/14/18, documented R4 was to reside in a facility that provided care to persons who were elderly/disabled or who required assistance or protective supervision, because they suffer from infirmities or disabilities. These facilities provide care and protective supervison in accordance with the needs of a person suffering from old age or disabilities. Resident #5 (R5) R5 was admitted on 12/12/13, with diagnoses including dementia with behavioral disturbances. On 09/05/19 in the afternoon, R5 was alert but not oriented to place or time. R5 could not answer any of the questions in a cognitive assessment. A History and Physical dated 08/27/19, documented a diagnosis of dementia with behavioral disturbances. A Standard Placement Determination form dated 09/14/18, documented R5 was to reside in a facility that provided care to persons who were elderly/disabled or who required assistance or protective supervision, because they suffer from infirmities or disabilities. These facilities provide care and		with Facility's monthly meeting to remind them about the processes in place to make sure the facility is meeting appropriately the needs of the residents emphasizing the importance of well-being for both residents and caregivers. 4)The Administrator or designee will be responsible for ensuring the plan of correction is implemented. 5) 9/11/2019 Tag 0840 attachment 1-A Tag 0840 attachment 1-B Tag 0840 attachment 2 Tag 0840 attachment 3 Tag 0840 attachment 4 Tag 0840 attachment 5	

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	protective supervison in accordance with the needs of a person suffering from old age or disabilities. Resident #9 (R9) R9 was admitted on 09/15/16, with diagnoses including dementia. On 09/05/19 in the afternoon, R9 was confused. R9 could not answer any question asked in a cognitive assessment. A History and Physical dated 08/27/19, documented a diagnosis of dementia. A Standard Placement Determination form dated 09/14/18, documented R10 was to reside in a facility that provided care to persons who were elderly/disabled or who required assistance or protective supervision, because they suffer from infirmities or disabilities. These facilities provide care and protective supervison in accordance with the needs of a person suffering from old age or disabilities. Resident #10 (R10) R10 was admitted on 05/19/15, with diagnoses including dementia. On 09/05/19 in the afternoon, R10 was alert but not oriented. R10 could not answer any question asked in a cognitive assessment. A History and Physical dated 08/27/19, documented a diagnosis of dementia. A Standard Placement Determination form dated 09/14/18, documented R10 was to reside in a facility that provided care to persons who were elderly/disabled or who required assistance or protective supervision, because they suffer from infirmities or disabilities. These facilities provide care and protective supervison in accordance with the needs of a person suffering from old age or disabilities. On 09/05/19 in the afternoon, the Owner confirmed the five residents had a dementia diagnosis. The Owner confirmed the facility was not endorsed for dementia residents. The Bureau is requesting these residents to be assessed to ensure appropriate placement. Severity: 2 Scope: 2			

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0859 SS= D	Medical Care of Resident After Illness - NAC 449.274 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. (NRS 449.0302) 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his or her physician. The resident must be cared for pursuant to any instructions provided by the resident ' s physician. Inspector Comments: Based on interview and record review, the facility failed to ensure an annual physical examination was obtained for 2 of 10 residents (Residents #1, #3). Findings include: Resident #1 (R1) R1 was admitted on 05/25/06, with diagnoses including paraplegia. On 09/05/19, R1's medical record lacked documented evidence an annual physical examination was completed for 2018-2019. R3 (R3) R3 was admitted on 02/15/17, with diagnoses including hyperlipidemia. On 09/05/19, R3's medical record lacked documented evidence an annual physical examination was completed for 2018-2019. On 09/05/19 in the afternoon, the Owner confirmed R1 and R3 had not had a recent annual physical examination in over a year, and verbalized one needed to be completed for both residents. Severity: 2 Scope: 1	0859	1) All residents annual Physical Examination will be scheduled at least 2 months in advance from due date to ensure timely appointments and to give enough time for the provider to forward the annual Physical Examination report. 2) Plot all residents due date for an annual Physical Examination 2 months before in the desk calendar to ensure there is enough time for any kind of delay. 3)Desk Calendar will be updated right away for new resident admission, discharge or expiration, with information like annual Physical Examination that needs to be monitored and renewed in a timely manner. This desk calendar will be examined daily for due requirements and to follow-up on going requirements completion as well as cross out the fulfilled task then make new plots for continuous monitoring. 4) The administrator and designee will be responsible in maintaining this calendar to effectively serve its purpose. 5) 9/12/2019 Tag 0859 attachment 1-A, attachment 1-B, attachment 2-A, attachment 2-B, attachment 2-C, attachment 2-D	09/28/2019

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0870 SS= F	Medication Administration-Accuracy & Report - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility. (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). Inspector Comments: Based on document review, record review and interview, the facility failed to ensure a medication review was performed every six months for 9 of 10 residents (Resident #1, #2, #3, #5, #6, #7, #8, #9, #10). Findings include: On 09/05/19 in the afternoon, review of all resident medical records revealed medication reviews were performed every 12 months and not every six months. The medical records documented nine resident medications were reviewed by a nurse every August. On 09/05/19 in the afternoon, the Owner confirmed the facility did not review resident medications every six months, but did them annually. The Owner was unaware medications needed to be reviewed every six months. Severity: 2 Scope: 3	0870	1) All residents bi-annual Medication Review Dates will be plotted at least a month before the due dates in the Desk Calendar to ensure timely medication review and to give enough time for delays in providers appointments and to forward these reviewed list. 2) By using a big Desk Calendar, bi-annual Medication Review Dates will be plotted a month before the due dates. It will be examined for due requirements, finished tasks, discontinued task for discharged or expired residents and updated for new admissions. 3) This Desk Calendar will be examined daily for correct entries, updates and to follow-up on tasks on working progress for its completion. 4) The Administrator and designee will be responsible in maintaining and monitoring this calendar to effectively serve its purpose. 5) 9/6/2019 Tag 0870 attachment 1, attachment 2, attachment 3, attachment 4, attachment 5, attachment 6-A, attachment 6 -B attachment 7, attachment 8, attachment 9	09/28/2019

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0872 SS= D	Medication Educ Initial/annual Administrator - NAC 449.2742 -Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (f) In his or her first year of employment as an administrator of the residential facility, receive, from a program approved by the Bureau, 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 completion of such training. (g) After receiving the initial training required by paragraph (f), 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. (h) Annually pass an examination relating to the management of medication approved by the Bureau. Inspector Comments: Based on interview and document review, the facility failed to ensure 16 hours of Initial Medication Administration training was completed for 1 of 5 employees (Employee #5). Findings include: Employee #5 (E5) E5 was hired 06/2019. On 09/05/19, the employee record lacked documented evidence 16 hours of Initial Medication Management was completed. On 09/05/19 in the afternoon, the Owner could not locate the 16 hour Medication Management certificate. The Owner verbalized E5 had the certificate, but was unsure of where the certificate was. The Owner confirmed the certificate should have been located in the employee record. Severity: 2 Scope: 1	0872	1) All employees, old and new will have their required documents (training/education, physical assessment, TB test, fingerprint and ect.) examined daily for completion and tracking certificates or physical documents that these has been filed on time in their assigned folder. 2) Desk Calendar will be used to track employee documents that are due, in progress and completed. This should be checked daily and updated as well. For completed documents marked in Desk Calendar-employee folder checked will be done to make sure documents for finished requirements are filed on time and not forgotten. This will ensure that the deficient practices will not recur. 3) Tracking down completed employee requirements daily in the desk calendar and checking the employee folders if these requirement documents already filed. If not, these will be noted in the calendar and followed-up until the task is completed. 4) The administrator and designee will be responsible in monitoring completed documents are filed on time in employees' files. 5) 9/6/2019 Tag 0872 attachment 1	09/28/2019
0885 SS= D	Medication - Destruction - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not	0885	1) Immediate action to follow provider's order to discontinue resident medication will prevent medication errors for residents. These include updating the MAR as soon as the order is received, removing the discontinued medicine from resident's bin, destroying the drug with witness and documentation and filing the discontinue	09/28/2019

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	claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Inspector Comments: Based on record review and interview, the facility failed to ensure a medication was destroyed after it was discontinued for 1 of 10 residents (Resident #9). Findings include: Resident #9 (R9) R9 was admitted on 09/15/16, with diagnoses including dementia. A medication review dated 08/27/19, documented Amlodipine 10 milligram (mg) tablets, take one tablet by mouth daily. On 09/05/19 in the afternoon, a half full bottle of Amlodipine 10 mg tablets was found in R9's medication bin. On 09/05/19 in the afternoon, the Amlodipine 10 mg tablets was not documented on R9's Medication Administration Record (MAR). On 09/05/19 in the afternoon, the Owner explained the Amlodipine 10 mg tablets had been discontinued in June of 2019, and was unsure why the medication was still in R9's medication bin, and why the medication was on R9's medication review for August 2019. On 09/05/19 in the afternoon, the Owner received a copy of the discontinue order for the Amlodipine 10 mg tablets, and confirmed the order had been discontinued as of 06/17/19. The Owner verbalized the medication should have been destroyed when the medication had been discontinued. Review of the MAR revealed the medication had not been administered after 06/17/19. The Owner confirmed the medication should not have been documented on the Medication Review for August 2019, and explained it was the facility's error for documenting the medication on the review. Severity: 2 Scope: 1		order in the resident's chart as well as the medicine destruction documentation. 2) Every night, as the MAR for the next day is printed the MAR should be checked with all the residents medication in the bin and with resident's medication order files to ensure accuracy and to catch early on any discrepancy. Also again the desk calendar will be utilized to note down any discontinued medication orders on the phone where no faxed written order is received. This will ensure follow-up will be made to procure the written discontinue order to file in the resident's chart. 3) To ensure this corrective actions will be followed a weekly medication review will be done by the administrator. This will also be reemphasized in the facility's month end meeting to improve processes in place. 4) The administrator and designee will be responsible in monitoring compliance with this corrective action. 5) 9/6/2019	

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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 document review, record review and interview, the facility failed to ensure the Medication Administration Record (MAR) was accurate for 1 of 10 residents (Resident #7). Findings include: Resident #7 (R7) R7 was admitted on 03/13/18, with diagnoses including hypertension. A Physician's Order dated 08/06/19, documented Vitamin D3 5000 unit, one capsule by mouth daily. On 09/05/19, the MAR lacked documented evidence of Vitamin D3 5000 unit capsules. On 09/05/19 in the afternoon, the Owner confirmed the Vitamin D3 5000 unit capsules was not on the MAR. The Owner verbalized the medication should have been documented on the MAR and said the Vitamin D3 5000 unit capsules were administered daily to R7, but was not documented. Severity: 2 Scope: 1	0895	1) Immediate action to follow provider's order either to add new medication, change or discontinue will prevent medication error. These include updating the MAR as ordered, compare residents medications in the bin with the updated MAR and filing the provider's medication order in the resident's chart. 2) Every night, as the MAR for the next day is printed, the MAR should be checked and compared to the resident's medications in the bin and with resident's medication order files to ensure accuracy and to catch early on any discrepancy. The Desk calendar will also be utilized to note down any provider's order on the phone where no faxed written order is received. This will ensure a timely follow-up for the procurement of a written provider's order, so as to have this written documentation on the resident's file. 3) To ensure this corrective actions will be followed, a weekly medication review will be done by the administrator. This will also be reemphasized in the facility's month end meeting to improve processes in place. 4) The administrator and designee will be responsible in monitoring compliance with the corrective action. 5) 9/5/2019	09/28/2019
0920 SS= D	Medication: Storage - NAC 449.2748 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.	0920	1) Once prescribed medications for residents arrived in the facility, each medication will be checked, taking note of directives in the bottles for storage/precautions. Follow directives right away and document these in the MAR so there is always a reminder to follow and ensure resident safety. 2) Every night, as the MAR for the next day	09/28/2019

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	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. Inspector Comments: Based on observation, interview and record review the facility failed to ensure medications were refrigerated per the label instructions for 1 of 10 residents (Resident #4). Findings include: Resident #1 (R4) R4 was admitted on 02/01/18, with diagnoses including dementia. A Physician's Order dated 06/25/19, documented Lorazepam Oral Concentrate 2 milligrams (mg)/milliliters (ml), 0.5 ml every two hours as needed for anxiety and agitation sublingual. On 09/05/19 in the afternoon, a box containing a bottle of liquid Lorazepam 2 mg/ml was located in R4's medication bin. The box label read "Refrigerate". The box and bottle were at room temperature. A Physician's Order dated 06/25/19, documented Dronabinol Oral Capsule 2.5 mg (ls), give one tablet by mouth twice daily for appetite stimulant. On 09/05/19 in the afternoon, the bottle of Dronabinol Oral Capsules 2.5 mg was located in R4's medication bin. The bottle had a sticker that indicated to "Refrigerate". The bottle was at room temperature. On 09/05/19 in the afternoon, a Pharmacist confirmed both medications needed to be stored in the refrigerator and not at room temperature. On 09/05/19 at 4:30 PM, the Owner confirmed both medications were not refrigerated, because the Owner was unaware they needed to be. The Owner explained both medications were always stored at room temperature, and acknowledged the label indicated they should be stored in a refrigerator. Severity: 2 Scope: 1		is printed, the MAR should be checked and compared to the resident's medication bottles in the bin and with resident's medication orders. Paying attention to directives in each bottle and making sure these directives are also showing in the MAR. This will ensure prevention in medication errors and residents safety. 3) To ensure corrective actions will be followed, a weekly medication review will be done by the administrator. This will also be reemphasized in the facility's month end meeting to improve processes in place. 4) The administrator and designee will be responsible in monitoring compliance with this corrective action. 5) 9/5/2019	

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0923 SS= D	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician; and (b) Kept in its original container until it is administered. Inspector Comments: Based on observation, interview and record review the facility failed to properly label over-the-counter medications with the resident's name and resident's physician name for 1 of 10 residents (Resident #4). Findings include: Resident #4 (R4) R4 was admitted on 02/01/18, with diagnoses including dementia. A Physician's Order dated 06/25/19, documented Dynashield Cream Topical, apply daily and as needed to redness of buttocks after each diaper change. A Physician's Order dated 08/02/19, documented Desitin External Ointment 40%, apply liberal amount to buttocks after every diaper change. On 09/05/19 at 4:00 PM, both over the counter (OTC) bottles of Dynashield Cream Topical and Desitin External Ointment 40%, were found in R4's medication bin, and did not have R4's name or physician's name on either medication. On 09/05/19 at 4:30 PM, the Owner confirmed neither medication indicated R4's name or physician's name. The Owner explained the original boxes of the OTC medications did have a label with the name documented, but the Owner could not locate the boxes. Severity: 2 Scope: 1	0923	1) Reviewing and examining all prescribed medications including prescribed over the counter drugs/creams of all residents making sure all are properly labeled in their original containers. During each medication administration and nightly with medication check. 2) Every night, as the MAR for the next day is printed, the MAR should be checked and compared to the resident's medication bottles in the bin and with resident's medication orders on file. Making sure and checking especially prescribed over the counter drugs and creams to have the resident's name and directives. This will ensure prevention in medication errors and residents safety. Reminders will also be posted in the medicine cabinet about not giving any medications or creams without resident's name and directives to prevent medication errors in medication administration. 3) To ensure corrective actions will be followed, a weekly medication review will be done by the administrator. This will also be reemphasized in the facility's month end meeting to improve processes in place. 4) The administrator and designee will be responsible in monitoring compliance with this corrective action. 5) 9/5/2019	09/28/2019

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	2016	A. BUILDING _____ B. WING _____	09/05/2019

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0936 SS= E	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, record review and document review, the facility failed to ensure an annual tuberculin test (TB) test was completed for 5 of 10 residents (Resident #3, #5, #6, #9, #10). Findings include: Resident #3 (R3) R3 was admitted on 02/15/17, with diagnoses including hyperlipidemia. R3's medical record lacked documented evidence an annual TB test was completed for 2019. Resident #5 (R5) R5 was admitted on 12/12/13, with diagnoses including dementia. R5's medical record lacked documented evidence an annual TB test was completed for 2019. Resident #6 (R6) R6 was admitted on 12/31/14, with diagnoses including depression. R6's medical record lacked documented evidence an annual TB test was completed for 2019. Resident #9 (R9) R9 was admitted on 09/15/19, with diagnoses including dementia. R9's medical record lacked documented evidence an annual TB test was completed for 2019. Resident #10 (R10) R10 was admitted on 05/19/15, with diagnoses including hypertension. R10's medical record lacked documented evidence an annual TB test was completed for 2019. On 09/05/19 in the afternoon, the Owner confirmed the five resident's medical record lacked documented evidence of the annual TB test for 2019. Severity: 2 Scope: 2	0936	1) All residents required files/documents/tests (eg. tuberculin test) that are needing renewals in a required period of time will be examined and checked daily for completion. As well as tracking the completed requirements for their documents to be filed on time in each resident's files. 2) Utilization of a Desk calendar wherein residents required files/documents due dates are plotted. With due dates moved at least 2 months in advance, to serve as reminders on what to work on for each resident while ample time is at hand to anticipate any cause of delays. This desk calendar will be checked daily and updated and will continue as a cycle as an invaluable tool in keeping up requirement due dates and be on time with its completion. This will ensure that the deficient practices will not recur. 3) Tracking down completed resident requirements daily in the desk calendar and checking the resident's folders if these required documents are already filed. If not, these will be noted in the calendar and followed-up daily until completed. 4) The administrator and designee will be responsible in monitoring completed documents and maintaining daily check and updates on this calendar. 5) 9/21/2019 Tag 0936 attachment 1, attachment 2, attachment 3, attachment 4, attachment 5.	09/28/2019
0960	Alzheimer’s Care Application for	0960	1) During admission on new resident,	09/28/201

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SS= E	Endorsement - NAC 449.2754 Residential facility which provides care to persons with Alzheimer ' s disease: Application for endorsement; general requirements. (NRS 449.0302) 1. A residential facility which offers or provides care for a resident with Alzheimer ' s disease or related dementia must obtain an endorsement on its license authorizing it to operate as a residential facility which provides care to persons with Alzheimer ' s disease. The Division may deny an application for an endorsement or suspend or revoke an existing endorsement based upon the grounds set forth in NAC 449.191 or 449.1915. Inspector Comments: Based on interview and record review, the facility failed to ensure an endorsement was obtained for the provision of Alzheimer's Disease or related dementia care for 5 of 10 residents (Resident #2, #4, #5, #9 and #10). The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness and mental retardation. Findings include: Resident #2 (R2) R2 was admitted on 01/30/04, with diagnoses including dementia. On 09/05/19 in the afternoon, R2 was alert but not oriented. R2 could not answer any of the questions in a cognitive assessment. A History and Physical dated 09/19/18, documented a diagnosis of dementia. Resident #4 (R4) R4 was admitted on 02/01/18, with diagnoses including dementia. On 09/05/19 in the afternoon, R4 was not alert or oriented. A History and Physical dated 06/25/19, documented a diagnosis of dementia. Resident #5 (R5) R5 was admitted on 12/12/13, with diagnoses including dementia with behavioral disturbances. On 09/05/19 in the afternoon, R5 was alert but not oriented to place or time. R5 could not answer any of the questions in a cognitive assessment. A History and Physical dated 08/27/19, documented a diagnosis of dementia with behavioral disturbances. Resident #9 (R9) R9 was admitted on 09/15/16, with diagnoses including dementia. On 09/05/19 in the afternoon, R9 was confused. R9 could not answer any question asked in a cognitive assessment.		History and Physical with Physician Standard Placement will be examined properly for Dementia diagnosis as one exclusion in the facility's admission checklist and to ensure proper placement of the concerned resident. For existing residents with Dementia diagnosis, harmful to self and others behavior changes will be reported right away to the primary care provider so he/she can give determination for proper facility placement. 2) Continue to use the Facility's Admission Checklist with Dementia diagnosis as an exclusion for admission. Procurement of Standard Placement Assessment from the primary care provider at least annually or as soon as it is needed for resident's changes in behavior,mentation, physical capability and new debilitating illness or changes on resident's needs that cannot be met safely by our facility. 3)The administrator will include this topic with the Facility's monthly meeting to remind them about the processes in place to make sure the facility is meeting appropriately the needs of the residents emphasizing the importance of the well-being for both residents and caregivers. 4) The administrator and designee will be responsible for ensuring the plan of correction is implemented. 5) 9/11/2019 (Please refer to attachments of Tag0840)	9

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	A History and Physical dated 08/27/19, documented a diagnosis of dementia. Resident #10 (R10) R10 was admitted on 05/19/15, with diagnoses including dementia. On 09/05/19 in the afternoon, R10 was alert but not oriented. R10 could not answer any question asked in a cognitive assessment. A History and Physical dated 08/27/19, documented a diagnosis of dementia. On 09/05/19 in the afternoon, the Owner confirmed the five residents had a dementia diagnosis and confirmed the facility was not endorsed for dementia residents. The Owner acknowledged the facility would need to obtain a Alzheimer's endorsement for the care of Alzheimer's/dementia residents, or would need another standard placement determination by the physician for each resident to continue to reside at the facility. Severity: 2 Scope: 3			