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
	2311	A. BUILDING _____ B. WING _____	01/04/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A R C H OF LAS VEGAS	9483 LIGHTNING BAY CT, LAS VEGAS, NEVADA ,89123

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0000	Initial Comments - Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 01/04/18. This State Licensure survey was conducted by the authority of NRS 449.0307, Powers of the Division of Public and Behavioral Health. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was four. Four 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 deficiencies were identified:	0000		
0073 SS= D	NAC 449.196(3)(d) - Qualification of Caregivers - annual exam - NAC 449.196 Qualifications of caregivers. (d) Annually pass an examination relating to the management of medication approved by the Bureau. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 5 caregivers passed an annual medication management training examination (Employee #4). Findings include: On 01/04/18, the following was found: Employee #4: Employee #4's initial 16 hours medication management training expired on 07/29/17. The employee did not pass the required annual medication management training exam until 12/02/17. In the afternoon, Employee #2 confirmed Employee #4's initial 16 hour medication management training expired on 07/29/17. Employee #2 confirmed Employee #4 did not pass an annual medication management exam until 12/02/17. Severity: 2 Scope: 1	0073	Y0073 a) After survey administrator required Employee# 4 to secure and pass his initial 16-hour Medication Management Certification as required under the rules; b) Administrator shall discuss Medication Management course requirement during caregiver's meeting and the need for compliance; c) Administrator shall go over employees' files during his regular monthly walk through and check on mediation management updates; d) Person responsible: Administrator e) Date of completion: Jan 6-2018 Attached 16-hour Medication Management Certification as TAG 0073	01/06/2018

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: PETER DURIAS | Title: Administrator | Date: 03/02/2018

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0103 SS= F	449.200(1)(d) - Personnel File - NAC 441A / Tuberculosis - NAC 449.200 Staffing requirements; limitations on number of residents; written schedule required for each shift. 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 record review and interview, the facility failed to ensure 1 of 5 employees met the requirements concerning tuberculosis (TB) testing and pre-employment physical examination (Employee #5). Findings include: Employee #5's start date at the facility was 11/30/17. Employee #5 had the initial first step TB test administered on 12/08/17 and was read on 12/10/17. The facility lacked documented evidence of a second step TB test. The facility lacked documented evidence of an employee pre-employment physical examination. In the afternoon, Employee #2 confirmed Employee #5's TB test did not occur prior to their start date. Employee #2 confirmed Employee #5's second step TB test was not initiated. Employee #2 confirmed Employee #5's record was lacking a pre-employment physical examination. Severity: 2 Scope: 3	0103	Y103 a) After survey administrator required employee # 5 to secure a copy of his 2 step TB test and the required Physical Examination result which are all necessary for employment; b) Administrator shall discuss on the necessity of updating documentations especially on hiring and while in the employ of the facility; c) Administrator shall go over employees files during his regular monthly walkthrough and check on TB tests updates and current physical examination results; d) Person responsible: Administrator e) Date of completion: Jan 16/18 and Dec 21/17 Copies of 2-step TB test and Physical Examinations results are hereby attached as TAGS 103;	01/16/2018

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0105 SS= E	449.200(1)(f) - Personnel File - Background Check - NAC 449.200 Staffing requirements; limitations on number of residents; written schedule required for each shift. 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: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 5 employees met background check requirements of NRS 449 (Employee #2, #5). Findings include: On 01/04/18, the following was found: Employee #2: Employee #2 had a start date of 05/15/06. The employees last background check was on 07/18/12. In the afternoon, the employee acknowledged their last background check was on 07/18/12. Employee #5: Employee #5 had a start date of 11/30/17. The facility lacked documented evidence of an employee background check. In the afternoon, Employee #2 acknowledged there was no background check for Employee #5. Severity: 2 Scope: 2	0105	Y-105 a) After survey administrator required employees# 2 and 5 to undergo background checks and results be submitted to the administrator for filing purposes; b) Administrator shall discuss the necessity of background check as a pre requisite for employee hiring and the need to submit the documentations thereafter; c) Administrator shall go over employees files during his regular monthly walk through and check on updated background check results; d) Person responsible: Administrator e) Date of completion: Dec 27/17 and Jan 5/18 Attached are background results of employees 2 and 5 (Tag 105);	01/05/2018

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0178 SS= F	449.209(5) - Health and Sanitation-Maintain Int/Ext - NAC 449.209 Health and sanitation. 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility failed to ensure the premises was well maintained. Findings include: On 01/04/18, the following was found: Room #3: At 9:40 AM, there was a nightstand missing a drawer handle. At 9:40 AM, there was a dresser near the bathroom door with two drawers missing handles. At 9:40 AM, Employee #2 acknowledged the nightstand and two dresser drawers were missing handles. Living Room: At 9:48 AM, there was a black recliner with two torn armrests, green filling coming out. In the afternoon, Employee #2 acknowledged the black recliner was in disrepair. Room #1: At approximately 9:50 AM, there was a broken dresser drawer. A piece of the drawer fell off when opened. At 9:50 AM, Employee #2 acknowledged the broken dresser drawer. Severity: 2 Scope: 3	0178	Y-0178 a) After survey administrator went over rooms 3 and have the missing handle on nightstand replaced; also the dresser was replaced with a new one. A new recliner was purchased to replace the old one. The aforesaid broken drawer in room # 1 was reinstalled and reinforced. b) Administrator shall discuss with caregivers on the need to monitor and report all equipment that require repairs/ replacements c) Caregivers are required to make a report of the same and administrator shall check on the problems during his regular walk through; d) Person responsible: Administrator e) Date of completion: Feb 4, 2018 Attached are photos of the repairs/ replacements as TAG0178	02/04/2018

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0620 SS= D	449.2702(4)(a), (6)(a)(1&2) - Admission Policy - NAC 449.2702 Written policy on admissions; eligibility for residency. 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast. 6. As used in this section: (a) "Bedfast" means a condition in which a person is: (1) Incapable of changing his position in bed without the assistance of another person; or (2) Immobile. Inspector Comments: Based on record review, observation, and interview, the facility failed to obtain a bedfast waiver for 1 of 4 residents (Resident #3). Findings include: On 01/05/18, the following was found: Resident #3 was admitted on 12/16/17, with diagnoses including Alzheimer's disease, bed confinement status, and contractures of the hands and feet with limited range of motion. A hospice document titled, Comprehensive Assessment and Plan of Care Report dated 12/15/17 indicated on 05/11/16, the resident had bed confinement status. During a tour of the facility at approximately 9:40 AM, the resident was laying on their back in bed with visible contractures of the hands. The resident was unresponsive to communication attempts. At 1:57 PM, the resident remained on their back in bed. The resident was unresponsive to communication attempts. When asked to change position, the resident was not able to reposition themselves without assistance. At approximately 2:00 PM, the resident was unresponsive to Employee #2's communication attempts. When the employee asked the resident to change position, the resident was not able to reposition themselves without assistance. Employee #2 confirmed the resident did not reposition themselves when they asked. Employee #2 confirmed they did not have an exemption for a bedfast resident. The facility lacked documented evidence showing the resident was being repositioned on a regular basis. Severity: 2 Scope 1	0620	Y-0620 a) After survey administrator immediately referred resident #3's case to hospice and requested for a bed fast waiver; b) Administrator shall further discuss resident # 3's case with hospice to ensure proper care of resident; c) Administrator shall require caregivers to report changes in resident #3's care; d) Person responsible: Administrator e) Date of completion: January 5,2018 Copy of Bed fast waiver attached as TAG 0620 Y-620 Amended POC A. After survey, Administration referred resident's case to Hospice care and her Doctor for proper assessment and request for care plan. B. Administrator shall discuss resident hospice care during their next meeting. C. Administrator shall go over resident file and coordinate with caregivers on resident's status during next walk through. D. Responsible: Administrator E. Date of Completion: Feb. 28, 2018 F. Copy of Bedfast waiver attached as tag 0620.	02/28/2018
0870	449.2742(1)(a-c) 2 - Medication	0870	Y0870	01/29/201

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SS= C	Administration - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregivers 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; and (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). 2. Within 72 hours after the administrator of the facility receives a report submitted pursuant to paragraph (a) of subsection 1, a member of the staff of the facility shall notify the resident ' s physician of any concerns noted by the person who submitted the report. The report must be reviewed and initialed by the administrator. Inspector Comments: Based on record review and interview, the facility failed to ensure a medication profile review was performed by a physician, pharmacist or registered nurse at least once every six months for 3 of 4 residents residing in the facility for longer than six months (Resident #1, #2, #4). Findings include: On 01/08/17, the following was found: Resident #1: Resident #1 was admitted on 03/31/14, with diagnoses including cerebral vascular accident, hyperglycemia, dementia, insomnia, chronic constipation, and traumatic brain injury. The facility lacked documented evidence of the resident's last two mediation reviews. Resident #2: Resident #2 was admitted on 06/19/17, with diagnoses including kidney disease III, type		a) After survey administrator requested for the proper Medication Review for residents 1,2 and 4; b) Administrator shall discuss on the need for residents Medication Review be updated every 6 months; c) Administrator shall monitor compliance and shall go over residents files specifically on Medication Management review; d) Person responsible: Administrator e) Date of completion: January 11, 29 and 15, 2018 respectively. Attached are copies of residents' 1, 2 and 4 Medication Management Reviews	8

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	II diabetes, atrial fibrillation, congestive heart failure, and myocardial infarction. The facility lacked documented evidence of the resident's last two mediation reviews. Resident #4: Resident #4 was admitted on 12/16/14, with diagnoses including atrial fibrillation, hypothyroidism, congestive heart failure, depression, benign essential hypertension, muscle weakness, and osteoporosis. The facility lacked documented evidence of the resident's medication review. In the afternoon, Employee #2 acknowledged the missing medication reviews for Resident #1, #2, and #4. Severity: 1 Scope: 3			
0878 SS= D	NAC 449.2742(5)(6) - Medication / OTCs, Supplements, Change Order - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregivers and employees of facility. 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician must be included in the record maintained pursuant to paragraph (b) of subsection 1 of	0878	Y878 a) After survey administrator directed caregivers to follow physician's instruction as to the proper handling of residents' medications-e.g., refrigeration. b) Administrator shall discuss medication matters with caregivers during their next meeting; c) Administrator shall go over medication containers to ensure proper storage of residents' medications during his monthly regular walkthrough. d) Person responsible: Administrator e) Date of completion: January 5, 2018	01/05/2018

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	NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, the physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. Inspector Comments: Based on record review, observation, and interview, the facility failed to ensure 1 of 4 residents received medications as prescribed (Resident #2). Findings include: On 01/04/18, the following was found: Resident #2 was admitted on 06/19/17, with diagnoses including kidney disease III, type II diabetes, atrial fibrillation, congestive heart failure, and myocardial infarction. Resident's medication inventory revealed Acidophilus 2 Billion Active Cultures, one tablet as needed. Label instructions directed the medication to be refrigerated after opening. During an interview in the afternoon, Employee #2 confirmed the medication was not refrigerated. The employee did not know the medication was supposed to be refrigerated after opening. Severity: 2 Scope: 1			

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0885 SS= E	449.2742(9) - Medication / Destruction - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregivers 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 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 observation and interview, the facility failed to destroy medications after they expired for 2 of 4 residents (Resident #1, #2). Findings include: Resident #1: Resident #1's medication inventory revealed Albuterol Sulfate Inhalation Solution 0.083% 2.5 milligrams (mg)/ 2 milliliters (ml), inhale one vial via nebulizer three times a day as needed. The medication expired 12/15/17. Resident #2: Resident #2's medication inventory revealed the following medications had expired on 12/15/17: -Acidophilus 2 Billion Active Cultures. -Arthritis Pain 650 mg tablets. -Tamazepam 15 mg capsules. -Senna/DSS 8.6-50 mg tablets. During an interview in the afternoon, Employee #2 confirmed Resident #1 and #2's expired medications. Severity: 2 Scope: 2	0885	Y 885 a) After survey administrator directed caregivers to destroy expired medications of residents 1 and 2 and document the same. b) Administrator shall discuss proper disposal/destruction of expired medications with caregivers during their next meeting; c) Administrator shall go over residents MARS and check for expired medications during his regular monthly walkthrough; d) Person responsible: Administrator e) Date of completion: January 4, 2018 Copies of Destruction Control Form and physician D/C order attached as Tag885.	01/04/2018

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0923 SS= D	449.2748(3)(a-b) - Medication Container - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. 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, record review, and interview, the facility failed to keep medications belonging to 1 of 4 residents in their original container (Resident #2). Findings include: On 01/04/18, the following was found: Resident #2 was admitted on 06/19/17. Resident #2's medication inventory revealed Arthritis Pain 650 milligram (mg) tablets, take one tablet by mouth every four hours as needed for pain and fever. The medication expired 12/15/17. In the afternoon, Employee #2 acknowledged the label indicated the medication had expired. The employee reported the tablets in the bottle were not the original pills dispensed by the pharmacist. Severity: 2 Scope: 1	0923	Y-0923 a) After survey administrator directed caregivers to properly label medication bottles/containers and required medications be kept in their original containers. b) Administrator shall discuss medication matters with caregivers during their next meeting; c) Administrator shall go over residents medications, records and labels during his regular monthly walk through; d) Person responsible: Administrator e) Date of completion: January 5, 2018 Photo of arthritis pain relief medication attached as Tag 923 as labeled.	01/05/2018

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0930 SS= F	449.2749(1)(a) - Resident File-Storage, Res Information - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he 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: (a) The full name, address, date of birth and social security number of the resident. Inspector Comments: Based on observation and interview, the facility failed to ensure residents' health information was secured. Findings include: On 01/04/18 at 9:27 AM, there were unattended and unsecured residents' health information in an unlocked drawer near where the medications were stored. Items included 06/2017 through 12/2017 Medication Administration Records (MAR), residents' prescription information, and notebooks containing residents' health information. During an interview in the morning, Employee #1 acknowledged the unsecured items. Severity: 2 Scope: 3	0930	Y-0930 TAG 878 a) After survey administrator directed caregivers to keep resident records and files in a safe and locked place to ensure privacy. All files shall be kept in the facility's file cabinet. b) Administrator shall likewise discuss the importance of privacy with caregivers during their next meeting; c) Administrator shall go over residents files during his regular monthly walk through to ensure observance of privacy on resident records. d) Person responsible: Administrator e) Date of completion: January 5, 2018 Photo of empty drawer is herein attached as Tag 878.	01/05/2018

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0936 SS= F	449.2749(1)(e) - Resident file-NRS 441A Tuberculosis - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he 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 record review and interview, the facility failed to ensure 1 of 4 residents met the requirements concerning tuberculosis (TB) testing (Resident #1). Findings include: On 11/04/18, the following was found: Resident #1 was admitted on 03/31/14. The resident's last TB test was completed on 02/13/16. The facility lacked documented evidence of a TB test after 02/13/16. In the afternoon, Employee #2 acknowledged the resident had not had a TB test after 02/13/16. Severity: 2 Scope: 3	0936	Y 0936 a) After survey administrator required resident #1 to submit the result of his TB testing, the same being an admission requirement; administrator likewise took no reason of the required admission documentation. b) Administrator shall discuss with management the necessity of screening every resident upon admission and require all documentations be submitted. c) Administrator shall go over residents files during his regular monthly walk through and ensure TB test results are duly posted and updated; d) Person responsible: Administrator e) Date of completion: January 11/ 2018 Copy of resident#1's 2 step-TB test result attached as TAG Y-936	01/11/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2311	A. BUILDING _____ B. WING _____	01/04/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A R C H OF LAS VEGAS	9483 LIGHTNING BAY CT, LAS VEGAS, NEVADA ,89123

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0999 SS= F	449.2756(1)(g) - Alzheimer's Facility-Toxic substances - NAC 449.2756 Residential facility which provides care to persons with Alzheimer's disease: Standards for safety; personnel required; training for employees. 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure toxic substances were inaccessible to 4 of 4 residents (Resident #1, #2, #3, #4). Findings include: On 01/04/18 at 9:54 AM, the garage was accessible to residents due to an unlocked door. There was gloss protective enamel, WD-40, and Xtra laundry detergent unsecured next to the washer and dryer. At 9:54 AM, Employee #2 acknowledged the unsecured items. Severity: 2 Scope: 3	0999	Y-0999 a) After survey administrator directed caregivers to remove all toxic and unsafe materials/substances out of possible reach by all residents. A new cabinet was purchased with proper lock for safekeeping of all laundry materials. b) Administrator shall discuss safety matters with caregivers during their next meeting; c) Administrator shall go over the garage and other places within the facility to ensure safety and cleanliness within the facility; d) Person responsible: Administrator e) Date of completion: Jan 5, 2018 Photo of utility cabinet attached as Tag 0999	01/05/2018