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
	3483	A. BUILDING _____ B. WING _____	07/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS CARE	**1905 S 17TH STREET, LAS VEGAS, NEVADA ,89104**

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey completed at your facility on 07/03/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for nine Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness, Category II residents. The census at the time of the survey was eight. Eight resident files 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		

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0065 SS= D	Qualifications of Caregivers-Age-Eng-Training - NAC 449.196 Qualifications and training of caregivers. (NRS 449.0302) 1. A caregiver of a residential facility must: (a) Be at least 18 years of age; (b) Be responsible and mature and have the personal qualities which will enable him or her to understand the problems of elderly persons and persons with disabilities; (c) Understand the provisions of NAC 449.156 to 449.27706, inclusive, and sign a statement that he or she has read those provisions; (d) Demonstrate the ability to read, write, speak and understand the English language; (e) Possess the appropriate knowledge, skills and abilities to meet the needs of the residents of the facility; and (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. Inspector Comments: Based on document review, record review and interview, the facility failed to ensure 1 of 5 employees had eight hours of annual caregiver training. (Employee #2) Findings include: Employee #2 (E2) E2 had a hire date of May 2016 as a Caregiver. E2's record could not be located and there was a lack of documented evidence of eight hours of annual caregiver training. On 07/03/23, E1 confirmed and was unable to provide the documented evidence of eight hours of caregiver training for E2 and that the June 2023 and July 2023 Staff Schedule documented E2 providing care for the residents three times a week. Severity: 2 Scope: 1	0065	1. Employee#2 immediately submitted annual training together with her actual file with the sign employee/ employer agreement contract that are facility property. 2. During my review interview two (2) months ago Employee #2 was already reminded to bring back her employee file and was reprimanded not take her file to another facility which she seeks new employment. Today Employee #2 signed an employer/ employee agreement that she must not take any facility documents/property which include her file out in the facility premises. By this way, we will be avoiding missing employee file in the future. 3. This facility will ensure that all employees' files be readily available at the facility for review. 4. The facility manager will monitor.	07/04/2023
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	0072	1. 1.Employee#1, #4 and #5 submitted the 8hrs medication management training certificat**e**. While Employee#2 immediately submitted her 16hrs initial medication management training certificate together with her actual file and the sign employee/ employer agreement contract	07/04/2023

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	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 document review, observation, record review and interview, the facility failed to ensure 1 of 5 Caregivers had initial 16 hour Medication Management Training (Employee #2); and 4 of 5 Caregivers had current eight hour annual Medication Management Training. (Employee #1, #2, #4 and #5) Findings include: Employee #1 (E1) E1 had a hire date of 08/01/14 as a Caregiver. E1 had a medication management training certificate that expired on 05/14/23. E1's record lacked documented evidence of current eight hour medication management training. Employee #2 (E2) E2 had a hire date of May 2016 as a Caregiver. E2's record documented an eight hour medication management training that expired on 09/23/22. E2's record could not be located and there was a lack of documented evidence of initial 16 hour medication management training and current eight hour medication management training. Employee #4 (E4) E4 had a hire date of 04/01/22 as a Caregiver. E4's record documented an eight hour medication management training that expired on 01/02/22. E4's record lacked documented evidence of current eight hour medication management training. Employee #5 (E5) E5 had a hire date of 04/01/22 as a Caregiver. E5's record documented an eight hour medication management training that expired on 01/02/22. E5's record lacked documented evidence of current eight hour medication management training. The facility's June 2023 and July 2023 Staff		that she must not take any facility documents/property which include her file out in the facility premises. 2. 2. We will monitor this action by having them sign the reminder letter of the documents that need their attention in order to haveup-to-date employees files. 3. 3.We will always ensure that the employees' files are readily available for review. 4. 4. The Administrator will monitor.	

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	Schedules documented E1 and E2 as the caregivers providing care for the residents every Sunday, Monday and Tuesday, and E4 and E5 as the caregivers providing care for the residents every Wednesday, Thursday, Friday and Saturday. On 07/03/23 in the PM, E1 confirmed the staffing on the June 2023 and July 2023 Staff Schedules. E1 reported all of the caregivers should have had current medication management training and E1, E2, E4 and E5 did not have current documented medication management training. On 07/14/23 at 3:25 PM, E1 confirmed E1, E2, E4 and E5 administered medications to the residents. This was a repeat deficiency from the 2022 annual survey. Severity: 2 Scope: 3			
0074 SS= E	Elder Abuse Training - NRS 449.093 Training to recognize and prevent abuse of older persons: Persons required to receive; frequency; topics; costs; actions for failure to complete. 1. An applicant for a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before a license to operate such a facility, agency or home is issued to the applicant. If an applicant has completed such training within the year preceding the date of the application for a license and the application includes evidence of the training, the applicant shall be deemed to have complied with the requirements of this subsection. 2. A licensee who holds a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must annually receive training to recognize and prevent the abuse of older persons before the license to operate such a facility, agency or home may be renewed. 3. If an applicant or licensee who is required by this section to obtain training is not a natural person, the	0074	1. 1. Employee#2 immediately submitted elder abuse training while Employee #3 did not pass facility training period and was no longer working in the facility since July 4, 2023. 2. 2. This Facility from now on will make sure that proper requirements will always be placed, submitted & imposed before hiring new employees. 3. 3. We will always ensure that the employees' files are readily available for review. 4. 4. The facility manager will monitor.	07/30/2023

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	person in charge of the facility, agency or home must receive the training required by this section. 4. An administrator or other person in charge of a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the facility, agency or home provides care to a person and annually thereafter. 5. An employee who will provide care to a person in a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the employee provides care to a person in the facility, agency or home and annually thereafter. 6. The topics of instruction that must be included in the training required by this section must include, without limitation: (a) Recognizing the abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; (b) Responding to reports of the alleged abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; and (c) Instruction concerning the federal, state and local laws, and any changes to those laws, relating to: (1) The abuse of older persons; and (2) Facilities for intermediate care, facilities for skilled nursing, agencies to provide personal care services in the home, facilities for the care of adults during the day, residential facilities for groups or homes for individual residential care, as applicable for the person receiving the training. 7. The facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care is responsible for the costs related to the training required by this section. 8. The administrator of a facility for intermediate care, facility for skilled nursing or residential			

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	facility for groups who is licensed pursuant to chapter 654 of NRS shall ensure that each employee of the facility who provides care to residents has obtained the training required by this section. If an administrator or employee of a facility or home does not obtain the training required by this section, the Division shall notify the Board of Examiners for Long-Term Care Administrators that the administrator is in violation of this section. 9. The holder of a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care shall ensure that each person who is required to comply with the requirements for training pursuant to this section complies with such requirements. The Division may, for any violation of this section, take disciplinary action against a facility, agency or home pursuant to NRS 449.160 and 449.163. Inspector Comments: Based on document review, record review and interview, the facility failed to ensure 2 of 6 employees had initial and/or annual elder abuse training. (Employee #2 and #3) Findings include: Employee #2 (E2) E2 had a hire date of May 2016 as a Caregiver. E2's record could not be located and there was a lack of documented evidence of initial and annual elder abuse training. Employee #3 (E3) E3 had a hire date of 07/01/23 as a Caregiver. E3 did not have a record and lacked documented evidence of initial elder abuse training. On 07/03/23, E1 confirmed E3 began employment on 07/01/23, and was a new employee and in training and providing care to residents. E1 was unable to provide the documented evidence of elder abuse training for E2 and E3. E1 confirmed the June 2023 and July 2023 Staff Schedule documented E2 providing care for the residents three days a week. This was a repeat deficiency from the 07/13/22 annual survey. Severity: 2 Scope: 2			

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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 document review, record review and interview, the facility failed to ensure 3 of 6 employees had a pre-employment physical examination and/or two-step or annual Tuberculosis (TB) test. (Employee #1, #2 and #3) Findings include: Employee #1 (E1) E1 had a hire date of 08/01/14 as a Caregiver. E1 had an annual TB test with a final read date of 05/18/22 and a negative result. E1's record lacked documented evidence of an annual TB test. Employee #2 (E2) E2 had a hire date of May 2016 as a Caregiver. E2's record could not be located and there was a lack of documented evidence of a pre-employment physical examination. Employee #3 (E3) E3 had a hire date of 07/01/23 as a Caregiver. There was no record for E3 and there was lack of documented evidence of a pre-employment physical examination or initial two-step TB test. On 07/03/23, E1 confirmed no annual TB test for E1. E1 and E2 confirmed E2's file could not be located and were not able to provide documented evidence of a pre-employment physical. E1 confirmed E3 began employment on 07/01/23 and had no record of a pre-employment physical examination or initial two-step TB test. E1 confirmed the June 2023 and July 2023 Staff Schedule documented E1 and E2 were providing care for the residents three times a week. E1 confirmed E3 was a new employee and in training and providing care to residents. This was a repeat deficiency from the 2022 annual survey. Severity: 2 Scope: 2	0102	1. 1. Employee #1 and #2 immediately submitted 2 step TB test negative results & Employee #2 also submitted Physical examination while Employee #3 did not pass facility training period and was no longer working in the facility since July4, 2023. 2. 2. Thee employees of this facility must comply every time they are reminded of the annual Tuberculosis (TB) test and must sign the reminder letter that they received it. 3. 3. We will monitor this action by having them sign the reminder letter of the documents that need their attention in order to haveup-to-date employees files. 4. 4. We will always ensure that the employees' files are readily available for review. 5. 5. The facility manager will monitor.	07/04/2023

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0104 SS= E	Personnel Files - Background Checks - NAC 449.200 Personnel files. (NRS 449.0302) 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 449.122 to 449.125, inclusive. Inspector Comments: Based on observation, record review and interview, the facility failed to ensure a background check was completed every five years through the Nevada Automated Background Check System (NABS) for 1 of 6 employees (Employee #6); and a Criminal History Statement was completed for 1 of 6 employees. (Employee #3) Findings include: Employee #3 (E3) E3 was hired on 07/01/23 as a Caregiver. E3's file lacked documented evidence of a signed Criminal History Statement. Upon the arrival of the surveyors at 9:00 AM on 07/03/23, E3 was the only employee in the facility. E3 was alone with residents on 07/03/23 from 8:45 AM until approximately 9:30 AM. Employee #6 (E6) E6 was hired on 09/15/16 as the Administrator. E6's NABS Clearance Letter expired on 01/04/21. E6's file lacked documented evidence of a five-year fingerprint renewal and a current NABS Clearance Letter. On 07/03/23, E2 explained E2 left the facility at 8:45 AM for an appointment and E3 was in the facility alone with the residents. E1 confirmed E3 began work as a Caregiver on 07/01/23 and was in training and providing care to residents. E1 acknowledged the NABS Clearance Letter for E6 had expired, there was no file for E3 and there was a lack of documented evidence E3 signed a Criminal History Statement. This was a repeat deficiency from the 07/13/22 annual survey. Severity: 2 Scope: 2	0104	1. 1. Employee #6 submitted a **notification of clearance** while Employee #3did not pass facility training period and was no longer working in the facility since July 4, 2023. 2. 2. This facility will review employee's record check list together with the actual employee's file. By this way, we will beable to track missing documents that needs to be done & filed. 3. 3.We will monitor this action by having to sign the reminder letter of the documents that need attention in order to have anup-to-date employees files. 4. 4. The facility manager will monitor.	07/26/2023

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0106 SS= E	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 document review, record review and interview, the facility failed to ensure 2 of 5 employees met the requirements for first aid and cardiopulmonary resuscitation (CPR) training. (Employee #4 and #5) Findings include: Employee #4 (E4) E4 had a hire date of 04/01/22 as a Caregiver. E4's record documented CPR/first training that expired 08/22. E4's record lacked documented evidence of current CPR/first aid training. Employee #5 (E5) E5 had a hire date of 04/01/22 as a Caregiver. E5's record documented a CPR/first aid training expired 09/22. E5's record lacked documented evidence of current CPR/first aid training. On 07/03/23, E1 confirmed the expired CPR/first aid training for E4 and E5 and that the June 2023 and July 2023 Staff Schedule documented E4 and E5 were providing care for the residents four times a week. Severity: 2 Scope: 2	0106	1. 1. Employee#4 and #5 submitted the first aid and cardiopulmonary resuscitation (CPR) training. 2. 2. The employee of this facility must comply every time they are reminded of the first aid and cardiopulmonary resuscitation (CPR)training expiration date and must sign the reminder letter that they received. 3. 3. We will monitor this action by having them sign the reminder letter for the documents that need their attention to have up-to-date employees' files. 4. The Administrator will monitor	07/03/2023

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0430 SS= F	Requirements and Precautions - NAC 449.229 Requirements and precautions regarding safety from fire. (NRS 449.0302) 1. The administrator of a residential facility shall ensure that the facility complies with the regulations adopted by the State Fire Marshal pursuant to chapter 477 of NRS and all local ordinances relating to safety from fire. The facility must be approved for residency by the State Fire Marshal. 2. The Bureau shall notify the State Fire Marshal or the appropriate local government, as applicable, if, during an inspection of a residential facility, the Bureau knows of or suspects the presence of a violation of a regulation of the State Fire Marshal or a local ordinance relating to safety from fire. Inspector Comments: Based on observation, record review, and interview, the facility failed to ensure fire extinguishers, the fire alarm, and the sprinkler system were inspected annually as evidenced by: Two fire extinguishers were last inspected on 02/02/22 and the fire alarm and sprinkler system were last inspected on 02/02/22. The Owner acknowledged they were not inspected annually and reported they should have been. Severity: 2 Scope: 3	0430	1. 1. Facility fire extinguishers, the fire alarm, and the sprinkler system were inspected. 2. 2. By way of reminders on the monthly calendar we will be able to stay current. 3. 3. Checking our calendar monthly calendar monthly we should stay focus on keeping our documentation last year well. 4. 4. The facility manager will monitor. 5.	07/27/2023

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0853 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) 3. A written record of all accidents, injuries and illnesses of the resident which occur in the facility must be made by the caregiver who first discovers the accident, injury or illness. The record must include: (a) The date and time of the accident or injury or the date and time that the illness was discovered; (b) A description of the manner in which the accident or injury occurred or the manner in which the illness was discovered; and (c) A description of the manner in which the members of the staff of the facility responded to the accident, injury or illness and the care provided to the resident. This record must accompany the resident if he or she is transferred to another facility. Inspector Comments: Based on record review and interview, the facility failed to ensure an annual physical examination was completed for 1 of 8 residents (Resident #8 was admitted on 05/20/22, the last physical examination was dated 05/19/22). On 07/03/23 at 1:30 PM, the Administrator was unable to provide documented evidence of the missing physical examination and the Owner acknowledged the residents should have had an annual physical examination. Severity: 2 Scope: 1	0853	1. Resident #8 annual physical examination was found and filed immediately. 2. The facility will make sure that all employees will diligently file the resident annual physical examination and or any documents pertaining to the resident must be filed. 3. This facility will constantly check resident files to stay current and make sure all residents files will be readily available for review. 4. Administrator will monitor.	07/04/2023
0860 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) 6. The members of the staff of the facility shall: (a) Ensure that the resident receives the personal care that he or she requires. (b) Monitor the ability of the resident to care for his or her own health conditions and document in writing any significant change in his or her ability to care for those conditions. Inspector Comments: Based on observation, interview, and record review, the facility failed to ensure residents	0860	1. 1. The facility conducted a meeting and an in-service training to make sure Employees #2 & #3 understand the importance of their function in residents' care. 2. 2. During the in-service training everyone was encouraged to express the good and difficult situation they encounter in Resident care. Making various ways to make them understand the importance of their function in caring for our frail and elderly residents. 3. 3. This facility will make sure that all employees in this facility will be trained	07/04/2023

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	received the personal care they required for 1 of 8 residents. (Resident #1). Findings include: Resident #1 (R1) R1 was admitted on 06/14/23, with diagnoses including congestive heart failure and diabetes. R1's physical examination dated 01/26/23, documented R1 was bedbound and unable to turn or move in bed without assistance. Activities of Daily Living (ADL) dated 06/14/23, documented R1 required full assistance with bowel and bladder care. On 07/03/23 at 9:00 AM, R1 indicated R1 was soiled and staff had not changed R1 since the night before. R1 was observed lying in bed with only a shirt and incontinence brief on. A large amount of feces was observed seeping out of R1's incontinence brief onto the bed. R1 reported being unable to speak loudly and had no way to call for help. R1 verbalized a Caregiver had not been in the room to change R1's incontinence brief that morning. R1's roommate reported having to walk out of the room to find a Caregiver for assistance for R1 because staff did not regularly check on R1. On 07/03/23 at 9:10 AM, Employee #2 (E2) and Employee #3 (E3) reported R1's hospice Certified Nurse Assistant (CNA) changed R1 and E2 nor E3 had changed R1 since 10:00 PM the night before. E2 indicated R1's incontinence briefs should have been changed by a Caregiver prior to breakfast at 6:30 AM. On 07/03/23 at 9:15 AM, the Owner reported it was unacceptable E2 and E3 had not changed R1 since 10:00 PM the night before and the Caregivers should have changed R1 when R1 woke up. The Owner verbalized it was the Caregivers job responsibility to change the resident's incontinence brief whether a CNA was scheduled to come to the facility or not. Severity: 2 Scope: 1		towards providing our Resident the utmost quality care they deserve during their stay. 4. 4. Administrator will monitor.	

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0870 SS= E	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 record review and interview, the facility failed to ensure medication regimen reviews were completed for 2 of 8 residents (Resident #7 was admitted on 04/01/21, the last medication regimen review was dated 08/09/22. Resident #8 was admitted on 05/20/22 and record lacked documented evidence of a current medication regimen review in the last year). On 07/03/23 at 1:30 PM, the Administrator was unable to provide documented evidence of the missing medication regimen reviews for Resident #7 and Resident #8, and the Owner acknowledged the residents should have had medication regimen reviews. Severity: 2 Scope: 2	0870	1. Resident #7 & #8 medication regimen reviews were found and filed immediately. 2. The facility will make sure that all employees will diligently file the resident annual physical examination and or any documents pertaining to the resident must be filed. 3. This facility will constantly check resident files to stay current and make sure all residents files will be readily available for review. 4. Administrator will monitor.	07/04/2023
0878 SS= E	Medication/OTCS, Supplements, Change Order - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver 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	0878	1. The facility conducted a meeting immediately tomake sure all employees understand the importance of providing all Residentsmedication as prescribed by Resident physician.	07/03/2023

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	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 (Previously Y 0879) (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 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 observation, record review, and interview, the facility failed to ensure physician orders were obtained to clarify how to administer medication, medication was on site and the Medication Administration Record matched the prescription labels on medication bottles for 3 of 8 residents (Resident #1, #2, and #4). Findings include: Resident #1 (R1) R1 was admitted on 06/14/23, with diagnoses including congestive heart failure and diabetes. R1's medication bin had a medication bottle with a label that read Imodium 2 milligrams (mg), take two		2. Residents #1 provider provided the medicationreview with signature while resident #2 Prescription was provided by providerand then Resident #4 prescription was refill. 3. During the facility meeting all employees wasreminded always have a copy of the new medication prescribe by the residentprovider and to use monthly medication refill form to make sure that medicationthat are low in quantity like 10 tablets left must be refill to the pharmacy& making sure to inform Resident family for a timely pick up.By this wayfacility will be able to track medication that are zero (0) refill thus havingan ample time for the pharmacy & or patient family to call residentphysician on medication that needs to be refill. 4. This facility will ensure that all employeeshave a copy of the new prescription and must fill in a medication refill form& medication must be log on medication log form upon received to ensuretimely delivery of medication in the following month. 5. The facility manager will monitor.	

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	capsules by mouth after the first loose stool then one capsule after every loose stool do not exceed eight capsules in 24 hours as needed for diarrhea. The Imodium was logged in on the medication receipt log as received by the facility on 06/26/23 by Employee #2 (E2). There was no physician's order for the Imodium. E2 confirmed R1 had loose stools daily and had not been taking medication for it. E2 acknowledged there was no physician's order for the Imodium and should have obtained one to clarify the status of the Imodium. A physician's order dated 06/15/23, and the July 2023 Medication Administration Record (MAR) documented Acetaminophen 500 mg, take one tablet by mouth every six hours as needed for pain. The medication was not on site. The Owner acknowledged R1's Acetaminophen was not on site and was unable to recall if the medication was ordered. Resident #2 (R2) R2 was admitted on 01/18/23, with a diagnosis of cerebral vascular accident. R2's medication bin had a medication bottle with a label that read Tamsulosin 0.4 mg, take one capsule by mouth every day. A second medication bottle had a label that read Tamsulosin 0.4 mg, take one capsule by mouth twice a day a half hour following the same meal each day. The July 2023 MAR documented Tamsulosin 0.4 mg, take one capsule by mouth twice a day and had been administered twice a day. There was no physician's order to clarify the administration status of the Tamsulosin. E2 was unable to provide a physician's order for R2's Tamsulosin and acknowledged being unaware if the medication was prescribed once a day or twice a day. E2 acknowledged the medication required clarification. Resident #4 (R4) R4 was admitted on 04/22/20, with a diagnosis including fibromyalgia. A physician's order dated 09/23/20, and the July 2023 MAR documented Tramadol 50 mg, take one tablet by mouth every eight hours PRN for pain. The medication was not on site. On 07/03/23 at 9:00 AM, R4 was alert and oriented and indicated being in pain. On 07/03/23 at 1:00 PM, E2 and the Owner were unable to locate E4's Tramadol and acknowledged the medication was not on			

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	site and were unable to determine if the medication was ordered. E2 indicated R4 had not received pain medication that day. Severity: 2 Scope: 2			
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 a physician was notified after a resident had missed medications for 1 of 8 residents (Resident #3). Findings include: Resident #3 (R3) R3 was admitted on 03/06/23, with diagnoses including anemia and craniotomy. A physician's order dated 06/29/23, and the July 2023 Medication Administration Record (MAR) documented the following: Sertraline 100 milligrams (mg), take one tablet by mouth once daily. Gabapentin 300 mg, take one capsule by mouth every night at bedtime. Docusate 100 mg, take one capsule by mouth daily for constipation. Ferrous Sulfate 325 mg, take one tablet by mouth daily. Vitamin D3 5,000 International Unit (IU), take one tablet by mouth once daily. The July MAR revealed Gabapentin was not documented as administered or refused on 07/01/23. The July MAR revealed Gabapentin, Docusate, Ferrous Sulfate, and Vitamin D3 were not documented as administered or refused on 07/03/23. The July MAR revealed all of R3's medications were not documented as administered or refused on 07/03/23. The was no documented evidence R3's physician was notified after having refused the medications. On 07/03/23 at 1:00 PM, Employee #2 (E2) verbalized E2 had refused the medications and the physician was not notified. E2 acknowledged the medications were not documented on the MAR as refused. Severity: 2 Scope: 1	0883	1. The facility conducted a meeting immediately to make sure all employees understand the importance of providing all Residents medication as prescribed by Resident physician. 2. During the facility meeting all employees were reminded to inform the resident provider 12 hours after the dose is refused or missed and make sure to inform administrator, facility manager and resident family if resident refuses or misses to take his/her medication. 3. By this way facility employees will be guided accordingly the next step to be taken. And that will inform the resident provider in a timely manner to obtain instruction of patient care. 4. This facility will use the instruction providedby the resident provider to help determine the care needed and the currentcondition of the resident that needs to be done. 5. Administrator will monitor.	07/03/2023

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0885 SS= E	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 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, record review, and interview, the facility failed to ensure medications were destroyed as evidenced by: a syringe of Morphine, which belonged to a discharged resident, was located in the refrigerated medication bin amongst current resident's medications. On 07/03/23 at 1:00 PM, the Caregiver reported the resident no longer resided at the facility and the Morphine should have been destroyed when the resident was discharged. Two packages of Bisacodyl 10 milligrams suppositories for Dulcolax was observed in the refrigerator medication box. The packages were dated 03/21/23 and 04/25/23. The medication was not documented on the MAR and there was no physician order to discontinue the medication. On 07/03/23 in the morning, E1 confirmed the resident was no longer receiving the medication and it should have been destroyed. Severity: 2 Scope: 2	0885	1. The facility conducted a meeting immediately tomake sure all employees understand the importance of proper medicationdisposal. 2. The medication that belongs to the dischargepatient was destroyed following the medication destruction guidelines. 3. During the facility meeting all employees wererereminded to dispose of medication that is not currently used by residents andor resident that are no longer resided at the facility. This facility willensure that all employees must fill up the medication destruction log form upondestruction must place in the resident file. 4. Facility will review and follow the appropriatetraining techniques used in the medication class for all employees. 5. Administrator will monitor.	08/04/2023
0895 SS= F	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	0895	**1.** **1.** Facilityimmediately corrected Resident #1 #4 #6 #7 MAR. **2.** Facility must review all medication ordersto be written in MAR exactly as it is written in the prescription andprescription bottle by resident provider or physician **every time newprescription is received.** **3.** Thisfacility will make sure of the veracity of medication ordered & be	07/03/2023

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	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 observation, record review, and interview, the facility failed to ensure the Medication Administration Record (MAR) was accurate for 5 of 8 residents (Resident #1, #4, #6, #7 and #8). Findings include: Resident #1 (R1) R1 was admitted on 06/14/23, with diagnoses including congestive heart failure and diabetes. A physician's order dated 06/15/23, and R1's medication bottle documented Haloperidol 2 milligrams (mg/milliliters (ml), give 0.5 ml by mouth every six hours as needed (PRN) for hallucinations. The medication was not documented on the July 2023 MAR. The Haloperidol was logged in on the medication receipt log as received by the facility on 06/26/23 by Employee #2 (E2). E2 acknowledged the Haloperidol was received by E2 and was not documented on the MAR and should have been. Resident #4 (R4) R4 was admitted on 04/22/20, with a diagnosis including fibromyalgia. A physician's order dated 09/23/20, and the July 2023 MAR documented Tramadol 50 mg, take one tablet by mouth every eight hours PRN for pain. A physician's order dated 09/25/22, and the July 2023 MAR documented Diclofenac one percent topical gel, apply to affected area as PRN for pain. E4 confirmed Tramadol was administered to R4 twice a day for pain and indicated the Diclofenac gel was administered to R4 several times a week for pain. The PRN MAR documented Tramadol was last administered on 05/26/23 and Diclofenac gel was not documented as administered from January - present of 2023. E2 indicated the Tramadol and Diclofenac gel was administered approximately every other day for E4's pain. E2 acknowledged the medications were not documented accurately on the MAR/s as administered and should have been. Resident #6 (R6) R6 was admitted on 03/14/23, with diagnoses including hypertension and diabetes. On 07/03/23, the following medications were		writtenat the MAR correctly and will also ensure that the medication is properly givento the resident accordingly. **4.** TheFacility Administrator will monitor **every beginning of the month and whenorders are received.** **5.**	

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	not documented on the July MAR as administered: Metformin 500 mg 1 tablet twice daily PM dose on 07/02/23; Tamsulosin 0.4 mg 1 capsule at bedtime on 07/02/23; Melatonin 5 mg 1 tablet at bedtime on 07/02/23; Tobramycin 0.3% solution 1 drop every 12 hours until improvement for AM and PM on 07/02/23; Mupirocin 2% ointment apply topically once daily for AM on 07/02/23 and 07/03/23. The physician's orders for these medications were the same as what was documented on the July MAR. E2 confirmed not accurately documenting the medications as administered on the MAR. Resident #7 (R7) R7 was admitted on 04/01/21, with diagnoses of hypertension, insomnia and post traumatic stress disorder (PTSD). On 07/03/23, the following medications were not documented on the July MAR as administered: Fluticasone Propionate 1 inhalation by mouth twice daily for AM and PM 07/02/23 and AM 07/03/23; Cholecalciferol 25 micrograms (mcg) 1 tablet daily for AM on 07/02/23 and 07/03/23; Tamsulosin 0.4 mg 1 capsule at bedtime for 07/01/23; Melatonin 5 mg 1 tablet at bedtime for 07/01/23 and 07/02/23; Hydralazine 50 mg 1 tablet three times daily noon and PM on 07/01/23; and Quetiapine 100 mg 1/2 tablet bedtime 07/01/23. The physician's orders for these medications were the same as what was documented on the July MAR. E2 confirmed not accurately documenting the medications as administered on the MAR. Resident #8 (R8) R8 was admitted on 05/20/22, with diagnoses of hypothyroidism, diabetes, hypertension and chronic obstructive pulmonary disease (COPD). On 07/03/23, Metformin 500 mg 1 tablet twice daily was not documented on the July MAR as administered in the PM on 07/02/23 and 07/03/23. The physician's order for this medication was the same as what was documented on the July MAR. E2 confirmed not documenting the medications as administered accurately on the MAR. Severity: 2 Scope: 3			

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0920 SS= F	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. 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 and interview, the facility failed to ensure medications were secured as evidenced by: The refrigerated medication bin containing resident medications was unsecured in the refrigerator. There was unsecured pain reliever cream and Tylenol PM on Resident #5's bedside table. A bottle of Tylenol, bottle of Tinnitus and 2 bottles of Esomeprazole were observed on a shelf in an unlocked cabinet in the kitchen. A bottle of Tinnitus, bottle of Eye Allergy Relief and a container of Funginix were observed on a bedside table in Resident #2's room. A bottle of Acetaminophen 500 milligrams was observed on a chest of drawers in Resident #2's room. On 07/03/23, the Owner and Caregiver acknowledged the medications were unsecured and indicated they should have been locked up. Severity: 2 Scope: 3	0920	1. 1. Immediately took out all OTC medication in roomof resident #2 #5 and kitchen cabinet and was placed in the medication lockedcabinet. 2. By way of checking residents' room duringspecific resident cleaning day and or after every medication is provided to theresidents to remember to always put it back to the medication locked cabinet.By this way we will be able to check OTC medication that is in the residentposition or in other areas that is not a lock medication cabinet. 3. This facility will follow appropriate trainingtechniques used in the medication class. The facility manager will monitor every workscheduled days.	07/03/2023

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(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= 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 record review and interview, the facility failed to ensure 4 of 8 residents had an initial two-step or annual tuberculosis (TB) test (Resident #3 was admitted on 03/06/23 and was missing a two-step TB test; Resident #4's two step TB test had a second step injected on 02/07/22 with a read date over a year later on 02/09/23; Resident #5 was admitted on 06/02/22 and was missing an annual TB test, the last documented TB test was dated 04/09/22; and Resident #7 was admitted on 04/01/21 with a negative QuantiFERON blood test dated 02/14/21. The file lacked documented evidence an annual TB test was completed per the requirement. On 07/03/23 at 1:30 PM, the Administrator was unable to provide documented evidence of the missing TB tests and the Owner acknowledged the residents should have had TB tests per the requirement. Severity: 2 Scope: 2	0936	1. 1. Facility administrator together with facility manager review & updated residents audit chart for all residents. A copy of Resident #3 #4 #5 TB skin test and Resident #7 succeeding sign and symptom was place on file. 2. 2. This facility will review Residents audit chart monthly together with Residents actual file. By this way we will avoid missing Residents documents. 3. 3. This facility will make sure that a copy is placed on Residents file upon received to avoid missing Residents documents. 4. 4. The facility manager will monitor.	07/03/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	3483	A. BUILDING _____ B. WING _____	07/03/2023

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1011 SS= D	Care for Persons with Mental Illnesses - NAC 449.2764 Residential facility which offers or provides care for persons with mental illnesses: Application for endorsement; training for employees. (NRS 449.0302) 2. A person who provides care for a resident of a residential facility for persons with mental illnesses shall, within 60 days after becoming employed at the facility, attend not less than 8 hours of training concerning care for residents who are suffering from mental illnesses. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 5 employees completed eight hours of mental illness training within 60 days of hire. (Employee #2) Findings include: Employee #2 (E2) E2 had a hire date of May 2016. E2's record could not be located and there was a lack of documented evidence of mental illness training. E2 explained E2's file had been lost. E1 was unable to provide documented evidence of the mental illness training for E2 and confirmed there was no record on site for E2. Severity: 2 Scope: 1	1011	1. Employee #2 immediately submitted her mental illness training together with her actual file and sign employee/ employer agreement contract that she must not take any facility documents/property which include her file out in the facility premises. 2. We will monitor this action by having her sign the reminder letter of the documents that need her attention in order to have up-to-date employees' files. 3. We will always ensure that the employees' files are readily available for review. 4. The Administrator will monitor.	07/04/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	3483	A. BUILDING _____ B. WING _____	07/03/2023

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1540 SS= D	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. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 5 employees completed initial cultural competency training within 30 days of hire. (Employee #2) Findings include: Employee #2 (E2) E2 had a hire date of May 2016 as a Caregiver. E2's record could not be located and there was a lack of documented evidence of initial cultural competency training. On 07/03/23, E1 and E2 explained the inability to locate E2's record and E1 was unable to provide the documented evidence of initial cultural competency training for E2. Severity: 2 Scope: 1	1540	1. Employee #2 immediately submitted her cultural competency training together with her actual file and signed employee/ employer agreement contract that she must not take any facility documents/property which include her file out in the facility premises. 2. We will monitor this action by having her sign the reminder letter of the documents that need her attention to have up-to-date employees' files. 3. We will always ensure that the employees' files are readily available for review. 4. The Administrator will monitor.	07/30/2023

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1810 SS= F	Infection Control Program Inspector Comments: Based on observation, interview, and document review, the facility failed to follow the infection control policy. Findings include: On 07/03/23 at 09:30 AM, a Caregiver was in the process of changing a resident's incontinence brief. The facility's phone rang and the Caregiver came out of the resident's room with gloves on and picked up the phone and answered it. The Caregiver's mask was soiled around the nose and chin. The Caregiver reported being in the process of changing the resident's incontinence brief and had not removed the gloves being worn upon exiting the resident's room. The Caregiver denied handwashing upon exiting the resident's room and acknowledged the mask being worn was soiled. The Caregiver acknowledged the gloves should have been removed upon exiting the resident's room and prior to answering the phone, and acknowledged the mask was soiled. The Infection Prevention and Control Plan for Group Homes dated 05/27/20, documented handwashing should be done after changing incontinence briefs. Remove and discard gloves after leaving a patient room and immediately perform hand hygiene. The policy did not include when to dispose of disposable masks. Severity: 2 Scope: 3	1810	1. 1. The facility conducted a meeting and an in-service training to make sure all Employees understand the importance of following infection control. 2. 2. During the in-service training everyone was trained and practiced to follow acceptable Hand hygiene, Putting on PPE (Don) and Taking off PPE(Doff) and Identifying what are the PPE's. 3. 3. This facility will make sure that all employees in this facility will be trained towards providing our Resident the utmost quality care they deserve during their stay. 4. 4. Administrator will monitor.	07/06/2023