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
	4063	A. BUILDING _____ B. WING _____	11/16/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS HOUSE ADULT CARE	5496 TAMARUS STREET, LAS VEGAS, NEVADA ,89119

(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 conducted in your facility on 11/16/17. 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 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 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		

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0072 SS= D	449.196(3)(a-c) - Qualifications of Caregiver-Med Training - NAC 449.196 Qualifications of caregivers. 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 449.037, which must include 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 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 Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 5 employees completed the initial medication management training before administering medications (Employee #3). Findings include: Employee #3 was hired on 09/11/17, as Caregiver/Medication Technician. The employee's file lacked documented evidence the initial 16 hours of medication management training was completed. On 11/16/17, in the morning, Employee #5 acknowledged the finding and explained they were in the process of completing the requirements. Severity: 2 Scope: 1	0072	Employee # 3 - Med Tech class Taken 06/19/17 - Cert Up Loaded Non Tag info uploaded in error. New employee files will be examined based upon a list of items needed for every new hire by the Supervisor A new group is taking charge of the Facility and will provide on site supervision. The noted deficiency has been corrected.	01/12/2018

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0074 SS= D	NRS 449.093 - 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 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. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 5 employees completed the annual training on recognition and prevention of elder abuse (Employee #5). Findings include: Employee #5 was hired on 07/01/17, as Caregiver/Medication Technician. The employee's file lacked documented evidence of 2017 elder abuse training. On 11/16/17, in the morning, Employee #5 indicated he may have his training certificate at another facility where he worked. Severity: 2 Scope: 1	0074	Employee # 5 - Elder abuse training completed 04/26/17 - Cert Uploaded Employee Information (all their info) was uploaded .. Specific info has been now been uploaded. Non Tag info uploaded in error.	01/12/2018

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0085 SS= F	449.199(1) - Staffing-CG on duty all times - NAC 449.199 Staffing requirements; limitations on number of residents; written schedule required for each shift. 1. The administrator of a residential facility shall ensure that a sufficient number of caregivers are present at the facility to conduct activities and provide care and protective supervision for the residents. There must be at least one caregiver on the premises of the facility if one or more residents are present at the facility. Inspector Comments: Based on observation, interview and document review, the facility failed to ensure an employee was available to prepare breakfast for 5 of 8 residents (Residents #1, #5, #6, #7 and #8). Findings include: On 11/16/17 at 8:00 AM, the survey team entered the facility. Employee #4 answered the door. The employee proceeded to administer medications to residents. From 8:30 to 9:30 AM, Residents #1, #5, #6, #7 and #8 gathered in the dining room area. Resident #5 went to the kitchen to ask for milk. The residents indicated they had not eaten breakfast. Resident #5 reported breakfast was supposed to be served between 6:00 and 6:30 AM. After the inspector alerted Employee #4, the employee began making breakfast at around 9:30 AM. On 11/16/17 at 9:40 AM, the Owner explained Employee #2 was supposed to start work at 6:30 AM, but the employee got sick the night before and had a doctor's appointment that morning. The Owner indicated breakfast was scheduled between 6:00 and 6:30 AM. On 11/16/17 at 9:30 AM, when asked if there were any improvements necessary, one resident responded: "Have someone to work all the time. They come and work for a while, they don't show up anymore." Review of the Staffing Schedule for 11/16/17 listed Employee #2 was scheduled to work from 6:30 AM to 5:30 PM. The facility failed to provide coverage for meal preparation. This was a repeat deficiency from the 08/04/16 re-survey. Severity: 2 Scope: 3	0085	Meal Times have been clarified with the Residents. On site supervision will insure meals are prepared on time and of good quality. a Supervisor will at the property every day. Sufficient staff will always be available. Maintenance staff members also perform housekeeping tasks at the Group Home. Kitchen / Maintenance staff also perform housekeeping tasks at the Group Home.	01/12/2018

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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 the Tuberculosis (TB) Skin Test was read within the required time frame of 2 to 3 days after administration, for 3 of 5 employees (Employees #2, #3 and #4). Findings include: Employee #2 Employee #2 was hired on 09/11/17, as Caregiver. Review of personnel records revealed the employee's 1st-Step TB test was administered on 08/08/17 and read on 08/12/17, four days after. Employee #3 Employee #3 was hired on 09/11/17, as Caregiver/Medication Technician. Review of personnel records revealed the employee's 1st-Step TB test was administered on 08/08/17 and read on 08/12/17, four days after. Employee #4 Employee #4 was hired on 09/06/17, as Caregiver/Medication Technician. Review of personnel records revealed the employee's 1st-Step TB test was administered on 09/20/17 and read on 09/24/17, four days after. On 11/16/17, in the morning, Employee #5 acknowledged the findings and explained they did not notice the read dates. This was a repeat deficiency from the 01/09/17 and 06/05/17 surveys. Severity: 2 Scope: 3	0103	Angel House will re-do T B tests for Employees # 3 & # 4 with Read dates being done correctly. Employee # 2 is no longer employed at Angel House. EMP # 4 TB Uploaded.. Emp # 3 TB Uploaded	01/12/2018

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0105 SS= F	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 4 of 5 employees completed the requirements for background check (Employees #1, #2, #3 and #4). Findings include: Employee #1 Employee #1 was hired on 11/03/17, as Administrator. Review of personnel records revealed the employee's background check clearance letter dated 10/04/16, was addressed to a different facility. Employee #2 Employee #2 was hired on 09/11/17, as Caregiver. Review of personnel records revealed the employee submitted their fingerprints on 10/04/17, more than 10 days after start of employment. The employee's file lacked documented evidence of the Nevada Automated Background Check System (NABS) clearance letter and criminal history statement. Employee #3 Employee #3 was hired on 09/11/17, as Caregiver/Medication Technician. Review of personnel records revealed the employee submitted their fingerprints on 10/04/17, more than 10 days after start of employment. The employee's file lacked documented evidence of a NABS clearance letter and criminal history statement. Employee #4 Employee #4 was hired on 09/06/17, as Caregiver/Medication Technician. Review of personnel records revealed the employee submitted their fingerprints on 10/11/17, more than 10 days after start of employment. The employee's file lacked documented evidence of a NABS clearance letter and criminal history statement. On 11/16/17, Employee #5 acknowledged the findings and explained they were in the process of completing the employee files. This was a repeat deficiency from the 01/09/17 and 06/05/17 surveys. Severity: 2 Scope: 3	0105	Employee # 1 Background / Finger Prints Uploaded Employee # 2 No Longer Employed Employee # 3 Background / Finger Prints Uploaded Employee # 4 Background / Fingerprints Uploaded The Owner of the group home was assumed to have the Credentials to log in and use the Background software . She did not, and was using another Facilities Log On. We are trying to contact HCQC to establish an Angel House Account for Background Checks. The account will be operational by Next Friday and will be in use from then on. Employee # 1 - Fingerprints Submitted 12/20/17 - Clearance letter dated 12/27/17 - Info Uploaded Employee # 3 - Fingerprints Submitted 10/04/17 - Clearance letter Dated 10/09/17 Employee # 4 - Fingerprints Submitted 10/11/17 (per submittal Form) Clearance Letter Dated 10/09/17.... Current NABS status - Unemployable - Per NABs Form - Forms all Uploaded - Seems to be a problem	01/12/2018

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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 interior of the premises were clean. Findings include: - On 11/16/17 in the morning, the following were observed: - In room #5 a commode was observed to be full containing urine and feces that was not emptied by staff for approximately 3 hours during the onsite visit. - The floor in room #5 was sticky when walked on. - A trash bin in room #5 was overflowing with tissue paper and some tissue paper had fallen to the floor. - Dead insects were in the windowsills in the kitchen - Dead cockroaches in Resident #5's bedroom - The linoleum floor next to the closet in Resident #5's room was separating from the foundation. - The rubber strip on the floor at the entrance of Resident #5's room was torn and was curling up. On 11/16/17 in the morning, the owner explained the caregivers are to clean resident rooms daily. The owner acknowledged the observations. This is a repeat deficiency from the 10/19/17 grading re-survey. Severity: 2 Scope: 3	0178	I have uploaded 4 months of Pest Control Invoices. Sept,Oct,Nov. were previously uploaded to HCQC earlier. I have Included the December Invoice. Pest control services are being done at Angel House. Resident care Personnel have been counseled to be aware of cleanliness issues and make it standard procedure to clean floors, window sills, Etc. Room cleanliness has been stressed and will be monitored by Supervisors who will inspect rooms every shift. The common areas have been painted and on 01/11/18 a handy man is scheduled to come to fix doors, floors, and all areas needing repair in the house. There will be a supervisor in the house at all times now I will have uploaded an invoice for all repair work done in the House. Pictures of newly painted rooms are attached. Pictures of Clean Commode attached.	01/12/2018

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0276 SS= F	449.2175(7) - Nutrition and Service of Food - NAC 449.2175 Service of food; seating; menus; special diets; nutritional requirements; dietary consultants. 7. Meals must be nutritious, served in an appropriate manner, suitable for the residents and prepared with regard for individual preferences and religious requirements. At least three meals a day must be served at regular intervals. The times at which meals will be served must be posted. Not more than 14 hours may elapse between the meal in the evening and breakfast the next day. Snacks must be made available between meals for the residents who are not prohibited by their physicians from eating between meals. Inspector Comments: Based on observation, interview and document review, the facility failed to ensure the time period between dinner the night before and breakfast was 14 hours or less for 5 of 8 residents (Residents #1, #5, #6, #7 and #8). Findings include: On 11/16/17 at 8:00 AM, the survey team entered the facility. Employee #4 answered the door. The employee proceeded to administer medications to residents. On 11/16/17 from 8:30 to 9:30 AM, Residents #1, #5, #6, #7 and #8 gathered in the dining room area. Resident #5 went to the kitchen to ask for milk. The residents indicated they had not eaten breakfast. Resident #5 reported breakfast was supposed to be served between 6:00 and 6:30 AM. After one of the inspectors alerted Employee #4, the employee began making breakfast at around 9:30 AM. On 11/16/17 at 9:40 AM, the Owner explained Employee #2 was supposed to start work at 6:30 AM, but the employee got sick the night before and had a doctor's appointment that morning. The Owner indicated breakfast was scheduled between 6:00 and 6:30 AM. The facility's meal schedule indicated: Breakfast 7:00 AM to 8:00 AM, Lunch 11:30 AM to 12:30 PM and Dinner 4:30 PM to 5:30 PM. If dinner was served at 5:30 PM on 11/15/17 and breakfast was served at 9:30 AM on 11/16/17, the meals were 16 hours apart. Severity: 2 Scope: 3	0276	Employees have been counseled on the importance of timely meals. I have uploaded the Daily Meal Schedule signed by the Resident or their POA It will be followed by Staff. I have uploaded a work schedule for staff showing job titles and hours scheduled.	01/12/2018

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0791 SS= D	449.2726(3)(b) - Diabetes - NAC 449.2726 Residents having diabetes. 3. The caregivers employed by a residential facility with a resident who has diabetes shall ensure that: (b) Syringes and needles are disposed of appropriately in a sharps container which is stored in a safe place. Inspector Comments: Based on observation and interview, the facility failed to ensure used needles for 1 of 8 residents were placed in a sharps container (Resident #5). Findings include: Resident #5 was admitted on 10/18/17, with diagnoses including diabetes and chronic pain. Resident #5 was in a private room. On 11/16/17 at 9:35 AM, in the resident's room, used needles were found in an open trash can. The resident indicated the facility did not provide the red containers for sharps. On 11/16/17, after the Owner was notified of used needles in the trash can, one caregiver started to collect the trash. Severity: 2 Scope: 1	0791	A sharps container is on site now. Photo Uploaded. (Please disregard the Lock Box Photo for this Tag)	01/12/2018
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	0878	A med mgt. procedure has been distributed and discussed with every staff member to insure that Medication is passed per the NRS Regulations and According to the procedures discussed and signed for by Med. Techs.and for the safety of the Residents. Attached are Employee signatures attesting to fact they have received and have been counseled on the procedures. We will use the Med Tech Class manual for a template to work with all Med Techs to insure that Meds are properly dispensed with the following .. The Right Resident - The Right Medicine - The Right Dose - The Right Time - the Right Route The Right Documentation A Doctor's order has been uploaded that Discontinues The script for Res # 1's Magnesium Oxide daily dose. A New Doctor's order was written changing the Magnesium Oxide to 400 mg 2 X per day.	01/12/2018

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	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 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 medications were administered as prescribed for 1 of 8 residents (Residents #1). Findings include: Resident #1 Resident #1 was admitted on 06/03/17, with diagnoses including high blood pressure, osteoarthritis and depression. Review of the November 2017 Medication Administration Record (MAR) listed Magnesium Oxide 400 milligrams (mg), take one tablet by mouth twice a day. From 11/01/17 through 11/15/17 AM and PM and 11/16/17 AM, the resident received Magnesium Oxide twice a day. The medication bottle was labeled Magnesium Oxide 400 mg, take one tablet by mouth daily. The resident file lacked documented evidence of a doctor's order for Magnesium Oxide. The November 2017 MAR listed Metoprolol 50 mg Extended Release (ER), one tablet by mouth once daily. The blister pack was labeled Metoprolol Succinate 100 mg, one tablet by mouth once daily. The resident's file included a Medication Review dated 7/25/17 that listed Metoprolol 50 mg. An undated prescription was written for Metoprolol 50 mg ER, one tablet by mouth daily. On 11/16/17 at 10:50 AM, Employee #5 acknowledged the findings and tried to look for the doctor's orders. This was a repeat deficiency from the 06/05/17 survey. Severity: 2 Scope: 1			

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0885 SS= D	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 record review, observation and interview, the facility failed to ensure discontinued medications were destroyed for 1 of 8 residents (Residents #1). Findings include: Resident #1 Resident #1 was admitted on 06/03/17, with diagnoses including high blood pressure, osteoarthritis and depression. On 11/16/17 at 10:45 AM, the resident's medication box included Atorvastatin 80 mg, take one tablet by mouth daily. The November 2017 MAR documented Atorvastatin was administered on 11/01/17 and 11/02/17, and noted Atorvastatin was discontinued on 11/03/17. The doctor's order dated 11/03/17 instructed to discontinue Atorvastatin. On 11/16/17 at 10:50 AM, Employee #5 explained they needed to destroy discontinued medications right away. However, the facility's practice was "do not destroy until new medication arrives." Severity: 2 Scope: 1	0885	I have uploaded our new procedure for Destroying and accounting for no longer needed meds. Each Med Tech will be versed on the procedures and follow them at all times. A signed copy of the Procedures will be put in each of their personnel files. I also included a copy of the form used to confirm destruction The Atorvastatin was destroyed on 11/16/17 as soon as it was not needed. A doctors order was issued in order to destroy the Medicine. A new Med Management document has been uploaded with a name change to Angel House.	01/12/2018
0895 SS= C	449.2744(1)(b 1-4)+449.2746(2) - Medication / MAR-PRN MAR - NAC 449.2744 Administration of medication: Maintenance and contents of logs and records. 1. The administrator of a residential facility that provides assistance to residents in the administration of medication 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	Each Med tech has been versed in the proper accounting of meds on the Mar. We will do an in-service in the next two weeks using the Med Tech manual to Assure all Med Techs are up to date with their procedures. An In service was held on 01/24/18 for all personnel to insure they know the correct ways to pass , document , etc Residents Meds.	01/12/2018

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ANGELS HOUSE ADULT CARE	5496 TAMARUS STREET, LAS VEGAS, NEVADA ,89119

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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. NAC 449.2746 (Refer to NAC 449.2742(5) 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.) 2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the medication: (a) The reason for the administration; (b) The date and time of the administration; (c) The dose administered; (d) The results of the administration of the medication; (e) The initials of the caregiver; and (f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician. Inspector Comments: Based on record review and interview, the facility failed to ensure the Medication Administration Record (MAR) was complete and accurate for 7 of 8 residents (Residents #1, #2, #4, #5, #6, #7 and #8). Findings include: Resident #1 Resident #1 was admitted on 06/03/17, with diagnoses including high blood pressure, osteoarthritis and depression. Review of November 2017 MAR revealed the following medications were not initialed as administered: - Hydralazine 50 milligrams (mg) take one tablet by mouth three times a day - 11/15/16 at 8:00 AM, 1:00 PM and 6:00 PM. - Docusate 100 mg, take one capsule by mouth every 12 hours with food or milk - 11/15/17 at 8:00 PM. - Magnesium Oxide 400 mg, take one tablet by mouth twice a day - 11/15/17 8:00 PM. - Hydrocodone 5-325 mg, one tablet by mouth every six hours - 11/14/17 at 12:00 PM, 6:00 PM and 11:00 PM; 11/15/17 at 6:00 PM and 11:00 PM. - Duloxetine 30 mg, take one tablet by mouth twice daily - 11/14/17 PM and 11/15/17 PM. - Ropinirole 1 mg, take one tablet by mouth once daily 1 to 3 hours before bedtime - 11/15/17 PM. - Famotidine 20 mg, take one tablet by mouth twice a day - 11/15/17 PM. - Lorazepam 0.5 mg, take			

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	one tablet by mouth every eight hours as needed for anxiety. The medication was administered from 11/01/17 once, 11/02/17 to 11/10/17 twice a day and 11/11/17 once. The November 2017 MAR did not include "as needed"/PRN documentation of date, time, reason, result of administration and caregiver's initials. Resident #2 Resident #2 was admitted on 03/28/16, with diagnoses including vascular dementia, hemiplegia, right hemiparesis and nicotine dependence. Review of November 2017 MAR revealed the following medications were not initialed as administered: - Senna Plus 8.6-50 mg, take two tablets by mouth twice a day - 11/15/17 PM. - Quetiapine 100 mg, take one tablet by mouth at bedtime - 11/16/17 bedtime. - Ciproflaxine 500 mg, take one tablet by mouth every 12 hours for seven days - 1/15/17 PM. - Meloxicam 7.5 mg, take one tablet by mouth once daily as needed for pain, was administered on 11/11/17, 11/12/17 and 11/13/17. The MAR did not include the PRN documentation. Resident #4 Resident #4 was admitted on 11/05/17, with diagnoses including ataxia, high blood pressure and urinary tract infection. Review of November 2017 MAR revealed the following medications were not initialed as administered: - Atorvastatin 10 mg, take one tablet by mouth every night at bedtime - 11/15/17 PM. - Montelukast 10 mg, take one tablet by mouth every evening - 11/15/17. - Duloxetine 20 mg, take one capsule by mouth twice daily - 11/15/17 AM and PM. Resident #5 Resident #5 was admitted on 10/18/17, with diagnoses including diabetes and chronic pain. Review of November 2017 MAR revealed the following medications were not initialed as administered: - Gabapentin 300 mg, take one capsule by mouth two times a day - 11/15/17 PM. - Ferrous Sulfate 325 mg, take one tablet by mouth two times a day with meals - 11/15/17 PM. - Oxybutynin 5 mg, take one tablet by mouth two times a day - 11/15/17 PM. - Metformin 1000 mg, take one tablet by mouth two times a day - 11/15/17 PM. - Mag Oxide 400 mg, take one tablet b mouth two times a day - 11/15/17 PM. - Olanzapine 15 mg, take one tablet by mouth twice a day - 11/15/17. - Restasis 0.05% Emu., instill one drop in			

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	each eye twice a day - 11/15/17. - Humalog Pen 100 Units/ml, inject sliding scale subcutaneous three times daily before meals and at bedtime for diabetes - 11/15/17 PM. - Zolpidem 5 mg, take one tablet by mouth every night at bedtime - 11/15/17. Resident #6 Resident #6 was admitted on 12/05/15, with diagnoses including Schizophrenia and ataxia. Review of November 2017 MAR revealed the following medications were not initialed as administered: - Risperidone 1 mg, take one and one-half tablets by mouth at bedtime - 11/15/17 bedtime. - Green Pills Vegetable Supplement, take three capsules by mouth three times a day - 11/15/17 PM. - Lutein 20 mg, take one tablet by mouth once daily at bedtime - 11/15/17. Resident 7 Resident #7 was admitted on 03/30/17, with diagnoses including amputated below knee, amputee limb, diabetes mellitus type II, high blood pressure and hyperlipidemia. Review of November 2017 MAR revealed the following medications were not initialed as administered: - Ammonium Lac 12%, apply to affected area(s) twice a day - 11/15/17 PM. - Metformin 1000 mg, take one tablet by mouth twice a day - 11/15/17 PM. - Atorvastatin 10 mg, take one tablet by mouth at bedtime - 11/15/17 bedtime. - Clotrimazole Cream 1%, apply twice daily one gram to affected foot/skin - 11/15/17 PM. Resident #8 Resident #8 was admitted on 01/30/17. Review of November 2017 MAR revealed the following medications were not initialed as administered: - Dok 100 mg, take one capsule by mouth twice daily - 11/15/17 PM. - Famotidine 20 mg, take one tablet by mouth twice a day - 11/15/17 PM. - Labetalol 100 mg, take one tablet by mouth twice daily - 11/15/17 PM. - Levetiracetam 500 mg, take one tablet by mouth twice a day - 11/15/17. - Gabapentin 300 mg, take one capsule by mouth three times daily - 11/15/17 PM. - Quetiapine Fumarate 25 mg, take one tablet by mouth twice daily - 11/15/17 PM. On 11/16/17, in the morning, Employee #5 explained the MARs were not initialed on 11/15/17 PM because they got busy with an incident that involved a resident. This was a repeat deficiency from the 06/05/17 survey. Severity: 1 Scope: 3			

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0920 SS= F	449.2748(1-2) - Medication Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. 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. Medication 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 without supervision may keep his medication in his 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. Findings include: On 11/16/17 at 9:00 AM, Ventolin HFA Inhaler and a bottle of Artificial Tears labeled for Resident #5 were left unsecured on the dining table. On 11/16/17 at 10:00 AM, injectable insulin was found in the refrigerator door shelf unlocked and stored next to food items. On 11/16/17 at 10:00 AM, the Owner acknowledged injectable insulin must be locked when stored in the refrigerator. Severity: 2 Scope: 3	0920	a new Lock box is now in her Fridge. She has been trained to use it as well as Med Techs. Photo Uploaded. The Resident has a key to the Box The Med Tech has a key to the Box 2 extra keys on file in Med Tech Desk in case of loss .	01/12/2018

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1011 SS= D	449.2764(2)(3) - Mental Illness Training - NAC 449.2764 Residential facility which offers or provides care for persons with mental illnesses: Application for endorsement; training for employees. 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. 3. As used in this section, "residential facility for persons with mental illnesses" means a residential facility that provides care and protective supervision for persons with mental illnesses, including, without limitation, schizophrenia, bipolar disorder, psychosis and other related disorders. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 5 employees completed the required eight hours of mental illness training within 60 days from start of employment (Employee #4). Findings include: Employee #4 was hired on 09/06/17, as Caregiver. The employee's file lacked documented evidence of mental illness training that was due before 11/06/17. On 11/16/17, in the morning, Employee #5 acknowledged the finding and explained they were in the process of completing the requirements. Severity: 2 Scope: 1	1011	Mental illness training certificate has been uploaded for Employee # 4. Completed 1-02-18 A training Spread sheet will be kept for all employees by the supervisor, outlining Training needed, and When Completed , for each Employee. New employees and also Training that is expiring.	01/12/2018