STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4126	A. BUILDING _____ B. WING _____	01/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT CARE GROUP HOME	639 K STREET, SPARKS, NEVADA ,89431

(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 a State Licensure annual grading suryvey conducted at your facility on 01/02/19. This survey was conducted by the Division of Public and Behavioral Health in accordance with NAC 449, Residential Facility for Groups. The facility is licensed for five Residential Facility for Group beds for elderly and disabled persons. Five Category II residents. The census at the time of the survey was four. Four resident files were reviewed and three employee files were reviewed. The facility received a grade of A. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be constued as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The following regulatory deficiencies were identified:	0000		
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	0878	Tag 0878 The facility failed to ensure some of residents #4 medications not on site. Upon discussion with the caregiver the pharmacy had insufficiently supplied the medication which was ordered which includes the Lexapro even the order was faxed to the pharmacy and due to related New years holiday, the pharmacy was closed . The additional prescription aspirin 81 mg was hand delivered by Social worker on 01/02/19 and it was delivered in the afternoon at same day of survey by the pharmacy. The Administrator of the facility had instructed the caregivers to monitor closely the accuracy and track completeness of medication delivery upon admission of residents in the facility and with all the resident's medications at all times. The Administrator of the facility spoke with the head of pharmacy on how to contact them in case of emergency situation for	01/28/2019

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	container of the medication that a change has occurred; and (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician must be included in the record maintained pursuant to paragraph (b) of subsection 1 of 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 and interview the facility failed to ensure medications were on site for 1 of 4 residents (Resident #4). Findings include: Resident #4 Resident #4 was admitted to the facility on 12/31/18, with diagnoses including primary end stage heart failure, chronic obstructive pulmonary disease (COPD) and adult failure to thrive. A physician's order, dated 12/31/18, documented Aspirin 81 milligram (mg) tablet, give 81 mg by mouth one time a day at 8:00 AM and Lexapro 5 mg tablet, give one tablet by mouth one time a day at 8:00 AM. Resident #4's MAR for January 2019, lacked documented evidence for Aspirin 81 milligram (mg) tablet, give 81 mg by mouth one time a day at 8:00 AM and Lexapro 5 mg tablet, give one tablet by mouth one time a day at 8:00 AM. On 01/02/19, during medication review, the medication was not on-site and available for Resident #4. On 01/02/19 at 11:20 AM, the Caregiver confirmed the medications were not on-site and available for Resident #4. Severity: 2 Scope: 1		incomplete medication delivery on after hours and on holidays. The Administrator of the facility had obtained the emergency numbers and the caregivers were taught how to call the pharmacy after hours in emergency situations if medications were not delivered accurately. The Administrator of the facility will make sure all the residents in the facility have all the current medication on site. The facility administrator will do a thorough monitoring of residents medications ,making sure all medications are with current orders and medications are at the facility at all the time. The Administrator of the facility had instructed all caregivers to make sure all medication orders are carried out appropriately and accurately. Instructed all caregivers to be very careful and pay attention to all medications ordered ,making sure all orders are carried out in the Medication administration Record accurately .Also making sure the presence of medications at site per doctor's order. The Administrator of the facility will continue to monitor all resident's medication accuracy and presence of all resident's medication at the facility at all time. The Administrator of the facility have instructed the caregivers about the accuracy of medication administration and management . The Administrator of the facility had instructed all caregivers to notify the Administrator right away if any discrepancies of medications or if any medications are missing to resolve the problem .	

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0938 SS= D	449.2749(1)(g)(1) - Resident file - ADL Evaluation Admission - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident. Inspector Comments: Based on record review and interview, the facility failed to ensure an assessment for activities of daily living (ADL) was completed upon admission to the facility for 1 of 4 residents (Resident #4). Findings include: Resident #4 Resident #4 was admitted to the facility on 12/31/18, with diagnoses including primary end stage heart failure, chronic obstructive pulmonary disease (COPD) and adult failure to thrive. Resident #4's record lacked documented evidence an initial assessment for ADLs was completed upon admission to the facility. On 01/02/19 at 10:55 AM, the Caregiver confirmed Resident #4's record lacked a completed initial assessment for ADLs and verbalized ADL assessments were completed for residents on day of admission and every year following. Severity: 2 Scope: 1	0938	Tag 0938 The Administrator of the facility failed to have initial assessment of activity of daily living of resident #4. The Administrator of the facility will make sure all new resident that are admitted on the facility will have all the initial ADL assessment done on the day of admission. The Administrator of the facility will add track list for all new admit residents to the group home to remind the administrator to fill them out completely on the day of admission. The Administrator of the facility had instructed all caregivers to have all the paper works like new admit packets to include ADL's assessment forms at all the time with all new admits in the facility. The Administrator of the facility will continue monitoring the completeness of initial assessment forms of all new admit residents in the facility . (see attached completed ADL's resident # 4)	01/28/2019

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0960	449.2754(1) - Alzheimer's Endorsement - NAC 449.2754 Residential facility which provides care to persons with Alzheimer's disease: Application for endorsement; general requirements. 1. A residential facility which offers or provides care for a resident with Alzheimer ' s disease or related dementia must obtain an endorsement on its license authorizing it to operate as a residential facility which provides care to persons with Alzheimer ' s disease. The Health Division may deny an application for an endorsement or suspend or revoke an existing endorsement based upon the grounds set forth in NAC 449.191 or 449.1915. Inspector Comments: Based on observation, interview and record review, the facility failed to obtain an Alzheimer's endorsement to provide care to residents with Alzheimer's Disease or related dementia for 1 of 4 sampled residents (Resident #3). Findings include: Resident #3 was admitted to the facility on 08/10/18, with diagnoses including dementia, hypertension and congestive heart failure. A General Physical Examination dated 07/28/18, documented the resident had a diagnosis of dementia. A Cognitive Assessment dated 08/2018, lacked documented evidence of the Statndard Physician's Assessment for placement. On 01/02/19 at 11:22 AM, the Caregiver acknowledged Resident #3 had a diagnosis of dementia and confirmed there was no Standard Physician's Assmessment completed.	0960	Tag 0960 The Administrator of the facility will make sure a thorough assessment will be done for all new pending admissions to the facility regarding providing care with Alzheimer's Disease. The Administrator of the facility will make sure that to provide care with related Alzheimer's Diseases or related Dementia as diagnosis, the administrator will make sure the residential facility has endorsement to provides care with Alzheimer's Disease or the resident must have Physician Placement Determination and Standard Physician Assessment prior to admission. The administrator of the facility will be very careful in admitting residents with dementia related diagnosis. The administrator will thoroughly check the resident diagnosis from history obtained from the hospital and from the residents family or guardians if any Alzheimer's disease was previously diagnosed to the patient. The Administrator of the facility will obtained Physician Placement Determination to all Alzheimers's disease type of dementia related diagnosis, for accuracy and safety placement of all resident before accepting or admitting to the the facility . The Administrator of the facility had obtained Standard Physician's Assessment and Physician Placement Determination forms from residents primary care doctor of resident # 3. (see attachment 0960 for resident #3, standard physician assessment and physician placement determination).	01/28/2019