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
	443	A. BUILDING _____ B. WING _____	12/11/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE VISTA	2000 E PRATER WAY, SPARKS, NEVADA ,89434

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0000	Initial Comments - Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 12/11/17. 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 74 Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was 59. Fifteen resident files were reviewed and ten employee files were reviewed. The facility received a grade of B . 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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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 10 employees received annual Elder Abuse Prevention Training (Employee #10). Findings include: Employee #10 was hired as a Resident Assistant on 11/08/16. On 12/11/17 in the morning, a review of the employee's file revealed initial Elder Abuse Prevention Training was completed on 11/08/16. However, the file lacked documented evidence of annual Elder Abuse Prevention Training completed in 2017. On 12/11/17 in the afternoon, the Administrator acknowledged the deficiency. This was a repeat deficiency from the 12/13/16 State Licensure survey. Severity: 2 Scope: 1	0074	0000 The Following is Brookdale Vista's Plan of Correction to the Statement of Deficiencies dated 12/11/2017. This Plan of Correction is not to be construed as an admission of, or agreement with the findings and conclusions in the statement of deficiencies or any related sanction or fine. Rather, it is submitted as confirmation of our ongoing efforts to comply with statutory and regulatory requirements. In this document, we have outlined specific actions in response to identified issues. We have not provided a detailed response to each allegation or finding nor have we identified mitigating factors. We remain committed to the delivery of quality health care services and will continue to make changes and improvement to satisfy that objective. NRS449.093 Tag 0074 (a) Associate Training records to be audited for compliance with regulation for initial and annual Elder Abuse Training based upon hire/completion date per individual with post test results. Employee #10 Re In-serviced in Elder Abuse with documentation of post training testing. (b) Training tracking/Tickler system put in place to follow up training dates and insure compliance per existing policy. (c) Business Office Manager (BOM) or designee will monitor. Training review log in place. (d) Executive Director (E.D.) will randomly audit for compliance for the next two months. (e) Completion date: 02/28/2018.	02/28/2017

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0103 SS= D	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 3 of 10 employees had met the requirements concerning tuberculosis (TB) testing (Employee #4, #7, and #8). Findings include: Employee #4 Employee #4 was hired as a Resident Program Coordinator on 07/27/16. On 12/11/17 in the afternoon, a review of the employee's file revealed a second step TB test was read as negative on 08/31/16. However, the 2017 annual TB test was not read as negative until 12/08/17, which was late. Employee #7 Employee #7 was hired as a Resident Assistant on 01/30/17. On 12/11/17 in the afternoon, a review of the employee's file revealed documented evidence of a two-step TB test with a final read date of 02/13/17 and a negative result, after the hire date. Employee #8 Employee #8 was hired as a Resident Assistant on 10/25/17. On 12/11/17 in the afternoon, a review of the employee's file revealed a one-step TB test with a read date of 10/16/17. There was no documented evidence of a second step TB test. On 12/11/17 in the afternoon, the Administrator acknowledged the findings. This was a repeat deficiency from the 12/013/16 State Licensure survey. Severity: 2 Scope: 1	0103	449.200(1)(d) Tag 0103 (a) Employee Files will be reviewed by Business Office Manager or designee for compliance per existing regulation. (b) TB Testing Tracking Log with dates given/due put into place to be reviewed and signed off by minimum of two persons, monthly for compliance and to insure timely testing. Employee#8 2nd step placed 12/11/18, read negative 12/13/17. (c) Executive Director, Health and Wellness Director, Resident Care Coordinator, business Office manager or their designee will sign off on monthly testing as completed with a minimum of two of these individuals signature needed for verification. (d) Executive Director will randomly audit for compliance for next two months. (e) Completion date: 02/28/18.	02/28/2017

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0450 SS= D	449.231(1) - First Aid and CPR - NAC 449.231 First aid and cardiopulmonary resuscitation. 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training. Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 10 employees were trained in First Aid and Cardiopulmonary Resuscitation (CPR) within 30 days of hire (Employee #8). Findings include: Employee #8 Employee #8 was hired as a Resident Assistant on 10/25/17. On 12/11/17 in the afternoon, a review of the employee's file lacked documented evidence of First Aid and CPR training. Employee #4 Employee #4 had a start date of 07/27/16. The employee's file contained a first aid and CPR training certificate dated 10/18/16, beyond the required 30 days. On 12/11/17 in the afternoon, the Administrator acknowledged the findings. Severity: 2 Scope: 1	0450	449.231(1) Tag 0450 (a) Associate CPR/first aid training records to be audited for compliance with regulation based on completion date per individual. (b) All new associates will be scheduled for CPR/first aid training as needed completion dates will be included in Training/Tracking log reviewed monthly to insure compliance in accordance with existing policy. (c) Business Office Manager or designee will monitor. Training review log in place. (d) Executive Director will randomly audit for next two months. (e) Completion date: 02/28/18.	02/28/2017
0870 SS= C	449.2742(1)(a-c) 2 - Medication Administration - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregivers and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility; (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in	0870	449.2742(1)(a-c)2 Tag 0870 (a) All Resident records will be audited for completed medication Profile Reviews with necessary signatures/confirmation. (b) 6 month profile reviews are in place. Executive Director, Health and Wellness Director and Resident Care Coordinator reviewed existing regulation and completed in service training. (c) Health and Wellness Director or designee will provide Medication Profile Review documents to Executive Director for initialing upon each completed review. (d) Executive Director will randomly audit for next two months. (e) Completion date: 02/28/18.	02/28/2017

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	the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report; and (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). 2. Within 72 hours after the administrator of the facility receives a report submitted pursuant to paragraph (a) of subsection 1, a member of the staff of the facility shall notify the resident ' s physician of any concerns noted by the person who submitted the report. The report must be reviewed and initialed by the administrator. Inspector Comments: Based on record review and interview, the facility failed to ensure a medication profile review was performed by a physician, pharmacist or registered nurse and initialed by the Administrator at least once every six months for 11 of 14 residents residing in the facility for longer than six months (Resident #2, #3, #4, #5, #6, #8, #9, #10, #13, #14 and #15). Findings include: On 12/11/17 in the morning, resident files revealed six month medication reviews were completed, the 06/01/17 and 12/06/17 reviews being the most recent for Residents #2, #3, #4, #5, #6, #8, #9, #10, #13, #14 and #15. The medication reviews lacked documented evidence of the Administrator initials, confirming review of the reports. On 12/11/17 at 12:45 PM, the Wellness Director acknowledged the deficiency and indicated they were not aware of the requirement. Severity: 1 Scope: 3			
0878 SS= D	NAC 449.2742(5)(6) - Medication / OTCs, Supplements, Change Order - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregivers and employees of facility. 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-	0878	449.2742(5)(6) Tag 0878 (a) Resident MARs and actual medications on hand will be audited. Resident#3 Tramadol received (b) Point Click Care system (electronic MAR) Medication "Status" indicates medications on order. Medication Techs will follow up with Health and Wellness Director or designee when on hand meds are at one week level and daily follow up with pharmacy will ensue till supply on hand. (c) Health and Wellness Director or designee will routinely review Electronic MAR and medication orders to insure needed medications are on hand in an	02/28/2017

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	the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician must be included in the record maintained pursuant to paragraph (b) of subsection 1 of 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 document review, observation, record review and interview, the facility failed to ensure medications were on site to administer for 1 of 15 residents (Resident #3). Findings include: On 12/12/17 in the afternoon, a review of the facility's Medication Policy, with a revision date of 5/2011 documented in part, "The Community is responsible for obtaining newly ordered medication or refills for medications and treatment orders..." The facility, How To Order Medications policy documented in part, "If cycle refill is not available, when the resident's medication supply reaches 7 days, fax a refill request to the pharmacy." Resident #3 Resident #3 was admitted on 08/01/12 with diagnoses including diabetes mellitus 2. On 12/11/17 in the afternoon, the resident's Medication Administration Record and physician order dated 07/24/17 revealed, Tramadol 50		appropriate timeframe. (d) Executive Director will randomly audit for next two month. (e) Completion date: 02/28/18.	

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	milligrams (mg), take one tablet orally every 8 hours as needed for severe pain. The medication was not on-site. On 12/11/17 at 1:15 PM, the Resident Care Coordinator confirmed the facility had not received the medication from the pharmacy and acknowledged the deficiency. This was a repeat deficiency from the 03/07/17 State Licensure grading re-survey. Severity: 2 Scope: 1			
0936 SS= E	449.2749(1)(e) - Resident file-NRS 441A Tuberculosis - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on record review and interview, the facility failed to ensure 6 of 15 residents met the requirements concerning tuberculosis (TB) testing (Resident #1, #3, #5, #7, #8 and #11). Findings include: Resident #1 Resident #1 was admitted on 10/04/16. On 12/11/17 in the morning, the resident file revealed a second step TB test was read as negative on 10/12/16. However, the annual one-step TB test was read as negative on 12/16/17. The 2017 annual TB test was late. Resident #5 Resident #5 was admitted on 09/28/15. On 12/11/17 in the morning, the resident file revealed an annual one-step TB test was read as negative on 09/08/16. However, the 2017 annual TB test was not read as negative until 11/06/17, which was late. Resident #7 Resident #7 was admitted on 10/02/17. On 12/11/17 in the morning, the resident file revealed an initial one-step TB test was read as negative on 10/01/17. The resident's file lacked documented evidence of a second	0936	449.2749.(1)(e) Tag 0936 (a) Resident records will be reviewed to see that all appropriate testing is complete per regulation and in accordance with existing policy. (b) TB Testing Tracking Log with dates given/due put into place to be reviewed and signed off by minimum of two persons, monthly for compliance and to insure timely testing. Resident #7 received necessary 2nd step read negative 12/22/17. (c) Executive Director, Health and Wellness Director, Resident Care Coordinator, business Office manager or their designee will sign off on monthly testing as completed with a minimum of two of these individuals signature needed for verification. (d) Executive Director will randomly audit for compliance for next two months. (e) Completion date: 02/28/18.	02/28/2017

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	step TB test. Resident #8 Resident #8 was admitted on 12/27/14. On 12/11/17 in the morning, the resident file revealed an annual one-step TB test was read as negative on 11/04/16. However, the 2017 annual TB test was not read as negative until 12/06/17, which was late. Resident #11 Resident #11 was admitted on 09/12/17. On 12/11/17 in the morning, the resident file revealed a physician's document which revealed a cleared chest X-ray dated 03/24/17. However, the resident's file lacked documented evidence of a positive TB test. Resident #3 Resident #3 was admitted on 12/27/14. On 12/11/17 in the morning, the resident file revealed an annual one-step TB test was read as negative on 09/08/16. However, the 2017 annual TB test was not read as negative until 11/13/17, which was late. Severity: 2 Scope: 2			