STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	10093	A. BUILDING _____ B. WING _____	02/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE BEST CHOICE GROUP HOME, LLC	2101 MARIPOSA AVE, LAS VEGAS, NEVADA ,89104

(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 and infection control survey conducted in your facility on 02/01/22, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten Residential Facility for Group beds for elderly or disabled persons and/or Alzheimer's disease, category II residents. The census at the time of the survey was three. Three resident files and three employee files were reviewed. The facility received a grade of D. The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of antidiscrimination policy; posting of nondiscrimination statement and certain other information, NRS 449.102 - Duties of licensed facility to protect privacy of patient or resident, and LCB File No. R016-20 - Cultural competency training; complaint policy; development of gender identity/expression policy; designated person responsible for compliance with these regulations. Failure to comply with NRS 449.101, NRS 449.102 and LCB File No. R016-20 may result in future deficiencies. 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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0050 SS= F	Administrator's Responsibilities - Oversight - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.27706, inclusive, and chapter 449 of NRS. Inspector Comments: Based on observation, interview and record review, the facility failed to ensure a COVID-19 screening was conducted upon entry of a visitor in the home and the Administrator failed to provide oversight and direction for the employees to provide the needed services and protective supervision. Findings include: See Tags Y0065, Y0072, Y0074, Y0088, Y0100, Y0430, Y0450, Y0532, Y0620, Y0644, Y0775, Y0870, Y0876, Y0878, Y0895, Y0920, Y0936, Y0938, Y0999 and Y1070. Severity: 2 Scope: 3	0050	1. staff will be in serviced on the correct steps to complete screening on a visitor. and document/record it. Screening forms will be at entrance of residence for completion prior to entering with temperature checks 2. In services on screenings will be part of the new hire process. 3. Audit will be completed weekly to ensure it is being completed 4. Owner/Administrator 5. February 15 2022 6. see attached screening form 7. Audit tools will be implemented in areas deficient in the residence.	02/15/2022

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0065 SS= F	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 interview and document review, the facility failed to ensure eight hours of Caregiver training was conducted annually for 3 of 3 employees (Employee #1, Employee #2 and Employee #3). There were no employee files available for review. The Owner was unable to provide documented evidence of Caregiver training for Employee #1, Employee #2 or Employee #3. Severity: 2 Scope: 3	0065	1. Employee files will be kept in residence at all times and not be removed. If they must be reviewed, it will be done so in the residence 2. Employee files will be set up with a check list and employees to not work until required items are in place in file for compliance 3. Employee files to be reviewed quarterly and as needed once they are all compliant. 4. Owner and Administrator 5. March 15 2022 6. See attached document to show what will be required in all employee files 7. Creating a Matrix tracking log for all employees and dates to track for when items come due again i.e - cpr/cg cert	03/15/2022

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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 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 interview and document review, the facility failed to ensure Medication Management training was conducted annually for 3 of 3 employees (Employee #1, Employee #2 and Employee #3). There were no employee files available for review. The Owner was unable to provide documented evidence of Medication Management training for Employee #1, Employee #2 or Employee #3. Severity: 2 Scope: 3	0072	1. Medication training will be completed prior to working shifts and upon hire and documents on file that were not available upon visit will be attached in this POC 2. Employee files to stay on grounds and not be removed and check list of requirements to be completed prior to working in residence 3. Once the original compliance is completed there will be quarterly audits completed for compliance 4. Administrator 5. March 15 2022 6. see attached documentation 7. Matrix tracking employee file contents for due dates and compliance	03/15/2022
0074 SS= F	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	0074	1. Elder Abuse will be completed prior to working shifts and upon hire and documents on file that were not available upon visit will be attached in this POC 2. Employee files to stay on grounds and not be removed and check list of requirements to be completed prior to working in residence 3. Once the original compliance is completed there will be quarterly audits completed for compliance	03/15/2022

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	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 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		4. Administrator 5. March 15 2022 6. see attached documentation 7. Matrix tracking employee file contents for due dates and compliance	

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	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 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 interview and document review, the facility failed to ensure Elder Abuse training was conducted for 3 of 3 employees (Employee #1, Employee #2 and Employee #3). There were no employee files available for review.			

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	The Owner was unable to provide documented evidence of Elder Abuse training for Employee #1, Employee #2 or Employee #3. Severity: 2 Scope: 3			
0088 SS= C	Staffing Schedule - NAC 449.199 Staffing requirements 4. The administrator of a residential facility shall maintain monthly a written schedule that includes the number and type of members of the staff of the facility assigned for each shift. The schedule must be amended if any changes are made to the schedule. The schedule must be retained for at least 6 months after the schedule expires. Inspector Comments: Based on observation, interview and document review, the facility failed to ensure a staffing schedule was posted in a conspicuous place. No staffing schedule was available. A Caregiver confirmed a staffing schedule was not posted and available. Severity: 1 Scope: 3	0088	1. staffing schedule for the month to be posted immediately for all shifts 2. Schedule to be checked for accurate posting daily x1 week then monthly there after 3. New schedules must be created and printed by the 30th of old month for the new month 4. Owner and ED will check for compliance 5. 2/20/2022 6.See attached schedule	02/20/2022
0100 SS= F	Personnel File - 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: (a) The name, address, telephone number and social security number of the employee; (b) The date on which the employee began his or her employment at the residential facility; (c) Records relating to the training received by the employee; (e) Evidence that the references supplied by the employee were checked by the residential facility. Inspector Comments: Based on interview and document review, the facility failed to ensure employee files were completed and onsite for 3 of 3 employees (Employee #1, Employee #2 and Employee #3). There were no employee files available for review. The Owner was unable to provide documented evidence of employee files for Employee #1, Employee #2 or Employee #3. Severity: 2 Scope: 3	0100	1. Employee files to be returned to community and stay on grounds and not be removed and checklists placed in files 2. Once the original compliance is completed there will be quarterly audits confirm checklists are completed 3. Review via quarterly audit 5. March 15 2022 6. see attached documentation 7. Matrix tracking employee file contents for due dates and compliance	03/15/2022

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0430	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 and interview, the facility failed to ensure two fire extinguishers were checked and serviced annually. Two fire extinguishers were last checked and serviced on 07/30/20. The owner acknowledged two fire extinguishers had not been serviced in over a year.	0430	1. called our fire vendor and had them scheduled to come out immediately 2. Vendor informed that we need extinguishers checked monthly for compliance and it needed to be added to our agreement 3. Copy of inspections will be left for management and placed in a state binder for review by surveyors. 4. Administrator 5. 2/22/2022 6. Please see attached invoice from inspection	02/22/2022
0450 SS= F	First Aid & CPR - NAC 449.231 First aid and cardiopulmonary resuscitation. (NRS 449.0302) 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 interview and record review, the facility failed to ensure first aid and cardiopulmonary resuscitation (CPR) training was documented for 3 of 3 employees (Employee #1, Employee #2 and Employee #3). There were no employee files available for review. The Owner was unable to provide documented evidence of first aid and CPR training for Employee #1, Employee #2 or Employee #3. Severity: 2 Scope: 3	0450	1. CPR training will be completed prior to working shifts and upon hire and documents on file that were not available upon visit will be attached in this POC 2. Employee files to stay on grounds and not be removed and check list of requirements to be completed prior to working in residence 3. Once the original compliance is completed there will be quarterly audits completed for compliance 4. Administrator 5. March 15 2022 6. see attached documentation 7. Matrix tracking employee file contents for due dates and compliance	03/15/2022

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0532 SS= C	Activities for Residents - NAC 449.260 Activities for residents. (NRS 449.0302) 1. The caregivers employed by a residential facility shall: (g) Post, in a common area of the facility, a calendar of activities for each month that notifies residents of the major activities that will occur in the facility. The calendar must be: (1) Prepared at least 1 month in advance; and (2) Kept on file at the facility for not less than 6 months after it expires. Inspector Comments: Based on observation, interview and document review, the facility failed to ensure an activity calendar was posted and available for 3 of 3 residents (Resident #1, Resident #2 and Resident #3). A monthly list of activities offered by the facility was not posted. The Owner confirmed they did not post a calendar of monthly activities offered at the facility. Severity: 1 Scope: 3	0532	1. Monthly activity calendar will be created and posted immediately 2. Monthly activity meeting will be held by the 20th of the month to ensure activities are planned for the following month and printed 3. Monthly general inspection will ensure calendar is posted. Owner to review draft of monthly calendar for posting & copy kept in state binder available for review of past months calendars (6months) 4. Administrator and owner 5.03/15/2022	03/15/2022
0620 SS= D	Written Policy on Admissions - NAC 449.2702 Written policy on admissions; eligibility for residency. (NRS 449.0302) 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast; (b) Requires restraint; (c) Requires confinement in locked quarters; or (d) Requires skilled nursing or other medical supervision on a 24-hour basis. Inspector Comments: Based on observation, interview and record review, the facility failed to ensure a resident who was bedfast was not allowed to remain in the facility for 1 of 3 residents (Resident #3). Resident #3 (R3) was unable to demonstrate the ability to turn themselves in bed without assistance. There was no approved bedfast medical exemption in R3's file. The Owner confirmed R3 required assistance to turn in bed and did not have a medical exemption to remain in the facility. Severity: 2 Scope: 1	0620	1. application/request for bedfast waiver submitted for approval immediately 2. Any admit will be required to have approval prior to move in if they are bedfast moving forward 3. Monthly audit/meeting monitoring expiration dates on waivers to keep compliance 4. Owner and Administrator 5. 03/15/2022 pending response from request sent 6. Request sent is attached	03/15/2022

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0644 SS= F	Posting Requirements - 1. A person who operates a residential facility for groups shall: (a)?Post his or her license to operate the residential facility for groups; (b)?Post the rates for services provided by the residential facility for groups; and (c)?Post contact information for the administrator and the designated representative of the owner or operator of the facility, in a conspicuous place in the residential facility for groups. Inspector Comments: Based on observation and interview, the facility failed to ensure signage was posted for the following: 1. The designated representative in the absence of the Administrator. 2. The Board of Examiners for Long Term Care Administers license of the facility Administrator and 3. The facility's rates for services. The Owner confirmed the designee information, Administrator license and facility rates were not posted. Severity: 2 Scope: 3	0644	1. Documentation was posted immediately 2. binder created listing the documentation that must be posted and visible at all times also known as state binder 3. Monthly home/community general inspection 4. Owner 5.02/28/2022 6. see attached pictures showing items are posted and visible	02/28/2022

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0775 SS= D	Residents Having Diabetes-Med Admin - NAC 449.2726 (as amended by LCB File No. R109-18) Residents having diabetes 1. A person who has diabetes must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless: (b) The resident's medication is administered: (1) By the resident himself or herself without assistance; (2) By a medical professional, or licensed practical nurse, who is: (I) Acting within his or her authorized scope of practice and in accordance with all applicable statutes and regulations; and (II) Trained to administer the medication; or (3) If the conditions set forth in subsection 2 are satisfied, with the assistance of a caregiver employed by the residential facility. Inspector Comments: Based on observation, interview and record review, the facility failed to ensure a resident requiring insulin injections received injections from a appropriately trained person for 1 of 3 residents (Resident #1). Findings include: Resident #1 (R1) was admitted on 11/08/21 with diagnosis including dementia and diabetes mellitus type 2. Physician's order dated 12/14/21 documented start Lantus pre-filled pen injections, 15 units, subcutaneous once a day. R1 was unable to administer the medication to themselves. On 02/02/22 at 11:33 AM, the Owner indicated they provide the Lantus injection daily for R1. The Owner was unable to provide documented evidence of training to provide pre-filled insulin pen injections. Severity: 2 Scope: 1	0775	1. staff is to bring/show proof/copy of MT certification immediately 2. Proof of MT certification must be presented upon hire prior to be allowed to have a start date 3. New hire check list will prevent any further instances and expiration dates will be tracked via matrix 4. Administrator and owner 5. staff must show proof or schedule class by 3/15/2022 for compliance	03/15/2022

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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 interview and record review, the facility failed to ensure a pharmacy review of medications was completed every six months for 2 of 3 residents (Resident #2 and Resident #3). Review of medical records for Resident #2 (R2) and Resident #3 (R3) revealed no documented pharmacy reviews of medications were completed. The Owner confirmed a pharmacy review of medications was not completed every six months for R2 and R3. Severity: 2 Scope: 2	0870	1. Medication review will be completed immediately 2. Tracking matrix to be created to track due dates 3. Monthly audit on charts to be aware of due dates and accuracy in the matrix tracking 4. Administrator and owner monthly meeting 5. 03/15/2022 6. see documentation attachment of the med review that has been completed	03/15/2022

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	10093	A. BUILDING _____ B. WING _____	02/01/2022

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0876 SS= D	Medication Administration - NRS 449.0302 - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. (as amended by LCB File No. R109-18) 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of: (a) Controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.0302 are met. (b) Insulin using an auto-injection device only if the conditions prescribed in NRS 449.0304 and section 13 of this regulation are met. Inspector Comments: Based on interview and record review, the facility failed to ensure an ultimate user agreement was signed prior to administering medications to 1 of 3 residents (Resident #3). There was no signed ultimate user agreement in the record of Resident #3 (R3). The Owner was unable to provide documentation of a signed ultimate user agreement for R3. Severity: 2 Scope: 1	0876	1. We have contacted the family of R3 to get the ultimate user agreement signed immediately. 2. All future move in paperwork is to be reviewed in its entirety prior to anyone physically taking occupancy 3. Quarterly audits on resident files for compliance 4. Owner 5. 03/15/2022 pending family member response	03/15/2022
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 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 interview and record review, the facility failed to ensure the Medication Administration Record (MAR) was available, documented all medications and was signed off after	0895	1. MARS will be signed off on immediately after a medication is administered. 2. Night shift will check mars for blanks and document/make a list of the holes found so staff can be held accountable 3. The following day the owner or administrator will review the list and meet with staff members about the holes in MARS found 4. Administrator and owner 5.03/15/2022	03/15/2022

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	administering medications for 3 of 3 residents (Resident #1, Resident #2 and Resident #3). Findings include: Resident #1 (R1) was admitted on 11/08/21 with diagnosis including dementia and diabetes mellitus type 2. Physician's orders for R1 document the following: -Order dated 01/07/22 documented Alfuzusin, 10 milligram tablet. Take one tablet by mouth per day. The medication was not listed on the January 2022 MAR. -Order dated 09/10/21 documented Bystolic, 20 milligram tablet. Take one tablet by mouth per day. The medication was not listed on MAR's from November 2021 to January 2022. -Order dated 01/14/22 documented Levothyroxine, 100 micrograms. Take one tablet by mouth per day. The medication was not listed on the January 2022 MAR. The January 2022 MAR for R1 documented multivitamin tablet. Take one tablet by mouth daily. There was no initials on the MAR indicating the medication was given for the month of January 2022. Resident #2 (R2) was admitted on 05/01/21 with diagnosis including dementia and hypertension. The MARs for November 2021, December 2021 and January 2022 lacked initials indicating any medications were administered, for all medications during these months. Resident #3 (R3) was admitted on 07/05/21, with diagnosis including hypertension and impaired mobility. Physician's order dated 10/28/21 documented Senna 8.6 milligram tablet, give one tablet by mouth at night before bedtime. The medication was not listed on the MARs for November 2021 and January 2022. The December MAR was missing and not available for review. There were no February 2022 MARs available for R1, R2 and R3. On 02/02/22 at 10:45 AM, the Owner confirmed multiple issues with the MARs of R1, R2 and R3 including being incomplete, unsigned and unavailable. The Owner indicated medications were administered and confirmed they should of been signed off after administered. The Owner acknowledged there were no MARs for February 2022. 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 refrigerated mediations were locked and inaccessible to residents. A small refrigerator in the kitchen was observed without a lock and full of insulin pens. A Caregiver acknowledged the refrigerator was unlocked and indicated there was no locking mechanism for it. Severity: 2 Scope: 3	0920	1. Lock will be placed on fridge where medications are stored 2. In service staff on locking fridge when removing and replacing items to the fridge when not in use aat's 3. Monthly general inspection will include proper locking of medications and fridge storage 4. Administrator 5. 03/15/2022	03/15/2022

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0923 SS= E	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician; and (b) Kept in its original container until it is administered. Inspector Comments: Based on observation and interview, the facility failed to ensure medication was kept in the original container until observed being taken by 2 of 3 residents (Resident #1 and Resident #2). A medication cup with a pill broken in half was observed at the bedside of Resident #2 (R2). R2 was asleep at the time. A Caregiver confirmed the medication was left at the beside of R2. A medication cup with multiple pills in it was observed on the kitchen table next to Resident #1 (R1). There was no employee present in the kitchen. A Caregiver confirmed they left the medications with R1 to take whenever they wanted during their meal. Severity: 2 Scope: 2	0923	1. No medication will be left at bedside and ALL medication will be kept in its original container at all times 2. Med pass competency observation will be done on all staff to confirm they are popping/passing and correctly handling medication. Medication will be verified to be in its original bottles/packaging. 3. Quarterly med pass audit to ensure compliance 4. Owner and Administrator 5. 03/15/2022	03/15/2022

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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 interview and document review, the facility failed to ensure two step tuberculosis (TB) testing was completed upon admission for 2 of 3 residents (Resident #2 and Resident #3). Resident #2 (R2) was admitted on 05/02/21 and had no documentation of a completed TB test. Resident #3 (R3) was admitted on 07/05/21 and had no documentation of a completed TB test. The Owner was unable to provide documented evidence TB testing was completed for R2 and R3. Severity: 2 Scope: 2	0936	1. Requesting residents Md's to send a nurse to community to administer a TB test or obtain chest x ray for compliance as per POC. 2. Monthly audits to be conducted for compliance 3. TB testing will be added to the matrix so it is not missed in the future 4. Administrator and Owner 5.03/15/2022 pending all MD responses and date of availability to send someone to the community.	03/15/2022

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0938 SS= F	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: (g) An evaluation of the resident ' s ability to perform the activities of daily living and a brief description of any assistance he or she needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his or her ability to perform the activities of daily living; and (3) In any event, not less than once each year. Inspector Comments: Based on interview and record review, the facility failed to ensure Activities of Daily Living (ADL) assessments were completed upon admission for 3 of 3 residents (Resident #1, Resident #2 and Resident #3). Resident #1 (R1) was admitted on 11/08/21, Resident #2 (R2) was admitted on 05/02/21 and Resident #3 (R3) was admitted on 07/05/21. There were no documented ADL assessments in the medical records of R1, R2 and R3. The Owner acknowledged an ADL assessment was not completed for R1, R2 and R3. Severity: 2 Scope: 3	0938	1. Activities profiles will be completed immediately 2. Activity profile will be included in the move in paperwork to ensure completion prior to move in 3. Move in paperwork will be reviewed prior to move in to ensure accurate completion 4. Administrator for first check and owner for 2nd check for compliance 5. 2/28/2022 6.see attached activity profile attached to move in paperwork	02/28/2022

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0999 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure chemicals were properly secured and inaccessible to residents. A can of Lysol disinfectant spray, dish soap and dishwasher soap were found in an unlocked cabinet under the kitchen sink and a bottle of liquid laundry detergent was found under the bed of a resident. A Caregiver confirmed there were chemicals in an unlocked kitchen cabinet and under the bed of a resident. Severity: 2 Scope: 3	0999	1. Locked cabinet created and set up with a locking mechanism for chemicals 2. Staff in serviced on when items are removed from locked area they must be returned after use/immediately. 3. Walk throughs to be completed daily to make sure no items are left out unattended 4. Administrator and owner 5. February 28 2022	02/28/2022

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1050 SS= D	Vital Signs-Glucose - Training/Competency - Approved Regulation - LCB File# R109-18 (13) (1) (a) 1. A caregiver of a residential facility may perform a task described in NRS 449.0304 if the caregiver: (a) Before performing the task, annually thereafter and when any device used for performing the task is changed: (1) Has received training concerning the task that meets the requirements of subsections 5 and 6; and (2) Has demonstrated an understanding of the manner in which the task must be performed; Inspector Comments: Based on observation, interview and record review, the facility failed to ensure a resident received daily glucose checks from an appropriately trained person for 1 of 3 residents (Resident #1). Findings include: Resident #1 (R1) was admitted on 11/08/21 with diagnosis including dementia and diabetes mellitus type 2. Physician's order dated 12/03/21 documented to start blood glucose checks once daily. R1 was unable to conduct their own blood glucose checks. On 02/02/22 at 11:33 AM, the Owner indicated they check R1's blood glucose daily. The Owner was unable to provide documented evidence of training to conduct blood glucose checks for R1. Severity: 2 Scope: 1	1050	1. Waiver application initiated 2. Documentation from employee/owner received on their nursing license /MT certification 3. Weekly audits on the administration of daily BG's 4. Owner 5. 3/15/2022	03/15/2022

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1070 SS= D	Glucose Testing - CLIA Certificate - Approved Regulation - LCB File# R109-18 (13) (1) (c) & (2) 1. A caregiver of a residential facility may perform a task described in NRS 449.0304 if the caregiver: (c) Performs the task in conformance with the Clinical Laboratory Improvement Amendments of 1988, Public Law 100-578, 42 U.S.C. § 263a, if applicable, and any other applicable federal law or regulation; 2. If a person with diabetes who is a resident does not have the physical or mental capacity to perform a blood glucose test on himself or herself and a caregiver of the residential facility performs a blood glucose test on the resident, the Clinical Laboratory Improvement Amendments of 1988, Public Law 100-578, 42 U.S.C. § 263a, shall be deemed to be applicable for the purposes of paragraph (c) of subsection 1. Inspector Comments: Based on interview and record review, the facility failed to obtain a Clinical Laboratory Improvement Amendment (CLIA) waiver to perform blood glucose testing on 1 of 3 residents (Resident #1). Findings include: Resident #1 (R1) was admitted on 11/08/21 with diagnosis including dementia and diabetes mellitus type 2. Physician's order for R1, dated 12/03/21, documented to start blood glucose testing checks once daily. R1 was unable to conduct his own blood glucose testing. The facility does not have an approved CLIA waiver to conduct blood glucose testing. On 02/02/22 at 11:30 AM, the Owner indicated they conduct blood glucose testing on R1 once a day and confirmed R1 could not perform the test on their own. Severity: 2 Scope: 1	1070	1. CLIA application completed and sent 2. CLIA waiver when received will be kept up to date as per regulation 3. CLIA expiration date will be monitored via matrix to ensure the renewal date is not missed 4. Owner will track and monitor 5 March 15 2022 or later depending on CLIA processing and approval 6. See attached CLIA application request for waiver	03/15/2022