

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7323	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/23/2017
NAME OF PROVIDER OR SUPPLIER CASA NORTE GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 4935 NORTH MILLER LN, LAS VEGAS, NEVADA ,89149		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Initial Comments - Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 10/23/17. 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 illnesses, chronic illnesses and/or mental retardation, four Category I and five Category II residents. The census at the time of the survey was eight. Eight resident files were reviewed and ten 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 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:			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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(X4) ID PREFIX TAG 0178 SS= F	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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 maintain the interior and exterior of the facility. Findings include: On 10/23/17 in the morning, a tour of the facility revealed the following: -Stove oven with baked on brown and white substances throughout the oven - Dirty kitchen floor -Dirty air exchange vents on the ceiling in the hallway -Inoperable gas grill on the patio -Inoperable washing machine in the backyard behind the fence - Broken furniture in the backyard at the back of the house -Exposed telephone wire on the ground extending from the north fence to the side of the house creating a potential tripping hazard -Dead bushes and weeds along the fence on the north side of the house -Stack of dead tree branches stacked under a shelter structure on the north side of the house -Weeds in the yard throughout the front and back yards of the house - Miscellaneous furniture and debris throughout the backyard, including behind the back fence On 10/23/17 in the morning, Employee #2 confirmed the observations. Severity: 2 Scope: 3	ID PREFIX TAG 0178	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) All identified areas of concern have been remedied to include: * Stovetop and oven were cleaned the same day as the inspection and are now in acceptable condition; * Kitchen floor is mopped after each meal and when residents are in bed. Inspection took place following breakfast but prior to kitchen clean up taking place. Floor was mopped and will continued to be maintained accordingly; * The ceiling vents in the hallway and kitchen were cleaned immediately following inspection; * Inoperable gas grill on the patio was cleaned and repaired; * Inoperable washing machine was removed and disposed of; * Broken furniture was removed and disposed of; * Telephone line was elevated 10' above the ground to eliminate trip hazard; * Dead bushes and weeds were cleaned out and removed; * Tree branches stored under the Hay Structure were removed and disposed of; * Weeds that were through out the front and rear yards were removed; * Miscellaneous discarded furniture was removed and disposed of. Administrator has contracted with Professional landscapers to ensure that the landscaping and outdoor environment remains presentable and free of weeds and unkempt foliage. Administrator has contracted with a bulk trash removal company that will be utilized to remove bulk furniture and large items that cannot be disposed of through Waste Management. House Coordinator has initiated a cleaning checklist and will complete a routine inspection to ensure the cleanliness of vents and kitchen appliances. All areas of deficiency were remedied or have contracts to be remedied by 11/10/2017.	(X5) COMPLETION DATE 11/07/201 7

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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 1 of 10 caregivers received first aid training within thirty days of employment (Employee #3). Findings include: Employee #3 started work on 8/1/17. On 10/23/17 in the afternoon, the employee file revealed first aid training dated 10/9/17, beyond 30 days of hire. On 10/23/17 at 12:20 PM, Employee #2 confirmed the deficiency. Severity: 2 Scope: 1	0450	Individual was hired with what was believed to be First Aid and CPR Certification. Upon receipts of his actual cards from his other employer, it was discovered that he was only certified in CPR and AED and NOT First Aid. He was immediately required to take a course in First Aid to gain compliance with standards. All staff are required to schedule First Aid and CPR Training at the time of completing their Fingerprinting Documentation. Unless the individual can provide copies of their First Aid and CPR Cards at that time, they will be required to participate in a course as contracted through CPR Connections. House Coordinator and Administrator will review all external First Aid and CPR Documents prior to individuals having ability to work independently on the floor. Anyone who is unable to provide appropriate documentation will be required to participate in the First Aid/CPR Course through CPR Connections that ASI contracts with prior to their 30-day anniversary. Deficiency remedied 10/09/2017 and documentation of such was in file during review	10/23/2017
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	On the day of the inspection, Administrator informed inspector that she was aware of the requirement to review the provided 6-month medication reviews; however she was not aware that there was a requirement to sign off on these within 72 hours. Administrator, is now competent in the requirements and will review and sign all Medication Reviews as required within 72-hours of receipt. House Coordinator will review Medication Reviews prior to filing to assure that all have been signed accordingly. Deficient 6-month medication reviews were all signed, dated, and placed in resident files on 10/23/2017. Copies of signed documents were provided to surveyor on the evening of the survey but can be submitted again.	10/23/2017

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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 8 of 8 residents residing in the facility for longer than six months (Resident #1, #2, #3, #4, #5, #6, #7 and #8). Findings include: On 10/23/17 in the morning, resident files revealed six month medication reviews were completed, the 4/17/17 and 10/10/17 reviews being the most recent for Residents #1, #2, #3, #4, #5, #6, #7 and #8. The medication reviews lacked documented evidence of the Administrator initials, confirming review of the reports. On 10/23/17 in the afternoon, Employee #1 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-the-counter medications and dietary	0878	Resident has been taking over the counter Fish Oil since January 2017. Family purchases and provides the facility with this medication as it is not covered by his insurance. The most recent bottle purchased was 1200mg and not the prescribed 1000mg. Staff who completed the intake of the medication did not catch the discrepancy; labeled the bottle as the medication was prescribed and staff began to administer the medication as such. Medication was immediately removed and destroyed upon discovery. New medications were secured to replace the medications that were too high of a dose.	10/23/2017

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	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 record review and interview, the facility failed to ensure 1 of 8 residents received medications as prescribed (Resident #2). Findings include: Resident #2 was admitted on 6/25/09 with primary diagnoses of traumatic brain injury, memory loss, hyperlipidemia and gait disturbance. On 10/23/17 in the afternoon, the resident medications and Medication Administration Record (MAR) revealed a 1/6/17 physician order and MAR documentation for Fish Oil 1000 milligrams (mg) take 2 capsules twice daily. The bottle in the resident's medication bin was for Fish Oil 1200 mg. The medication was not administered as prescribed. On 10/23/17 at 12:10 PM, Employee #2 confirmed the incorrect mg being administered to the resident, indicating an unawareness of the incorrect mg of the current medication bottle. Severity: 2 Scope: 1		House Coordinator will complete a weekly review of all Over the Counter medications purchased and taken into the house to ensure that they match the prescription exactly as issued by the physician. Contract Nurse, will complete a monthly medication QA to ensure that there are no other medication / prescription related issues. Administrator will complete random spot assessments to ensure continued compliance with medication administration policies and procedures. Deficiency was corrected 10/23/2017	

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