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
	7637	A. BUILDING _____ B. WING _____	01/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT CARE GROUP HOME III, LLC	**795 SIENNA STATION WAY, RENO, NEVADA ,89512**

(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 01/23/23. This State Licensure survey was conducted by the Division of Public and Behavioral Health in accordance with NAC 449, Residential Facility for Groups. The facility was licensed for six Residential Facility for Group beds for elderly and disabled persons, one Category I and five Category II residents. The census at the time of the survey was six. Six resident files and six employee files were reviewed. The facility received a grade of C. NAC 449.27706 Resurvey: Application and fee; failure to comply. 2. If the Bureau issues a placard to a residential facility that includes a grade of "C" or "D," the administrator must submit an application to the Bureau for a resurvey of the facility not later than 30 days after the facility receives the placard. The fee for an application for a resurvey is $600 and must accompany the application. 3. The Bureau may revoke the license of a residential facility that is required to submit an application for a resurvey pursuant to subsection 2 if the facility fails to submit the application in accordance with the provisions of that subsection. 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		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: FREDA CASTRO Title: Administrator Date: 02/02/2023

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0451 SS= D	First Aid & CPR - NAC 449.231 First aid and cardiopulmonary resuscitation. (NRS 449.0302) 2. A first-aid kit must be available at the facility. The first-aid kit must include, without limitation: (a) A germicide safe for use by humans; (b) Sterile gauze pads; (c) Adhesive bandages, rolls of gauze and adhesive tape; (d) Disposable gloves; (e) A shield or mask to be used by a person who is administering cardiopulmonary resuscitation; and (f) A thermometer or other device that may be used to determine the bodily temperature of a person. Inspector Comments: Based on observation and interview, the facility failed to maintain the contents of a first aid kit required by Nevada Administrative Code 449.231(2)(e). Findings include: On 01/23/23, a review of the facility's first aid kit located in the file cabinet, the kit lacked a shield or mask for use in administering cardiopulmonary resuscitation (CPR). On 01/23/23 at 9:53 AM, a Caregiver confirmed the kit lacked a CPR shield/mask. Severity: 2 Scope: 1	0451	Tag 0451 The Administrator of the facility must have a first aid kit available in the facility. The first aid kit must include germicidal safe for humans, sterile gauze pads, adhesive bandages, tapes, roll of gauze and tapes and thermometer and shield mask for administering cardiopulmonary resuscitation. The administrator of the facility will ensure the first aid kit and cardiopulmonary resuscitation kit are complete and present at the facility. The administrator of the facility had purchased a new shield mask or CPR mask for future emergency use in the facility and placed in the file cabinet. The administrator will ensure the first aid and resuscitation kit is complete and readily available in the event if it is needed. The administrator will make sure that the completeness of this kit is closely monitored for functionality and availability with rounding's of the facility administrator. The administrator had placed the rescue CPR mask with the rest of Emergency kits. Please see Tag 0451 picture attachment.	02/02/2023
0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver 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	0878	Tag 0878 The administrator of the facility will ensure that all caregivers of the facility that all medication including over the counter medications supplements should be given and administered with the written instructions of the physician and to follow as ordered per subsection 1 of NAC 449.2744. The administrator will ensure that all caregivers will follow and carried out the doctor's order accurately and appropriately. If a physician orders a change in the amount of times medication is to be administered to a resident, the caregiver is responsible for assisting in the administration of medication to comply with the order. If there is a change had occurred and note the change that had occurred and	02/02/2023

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	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 (Previously Y 0879) (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 clinical record review and interview, the facility failed to ensure medications were on-site to administer as prescribed for 1 of 6 sampled residents (Resident #3). Findings include: Resident #3 Resident #3 was admitted to the facility on 06/03/22, with a diagnosis of Parkinson's disease, dysphagia, and chronic respiratory failure with hypoxia. Resident #3's January 2023 Medication Administration Record (MAR) documented triamcinolone acetonide 1% topical ointment, apply a thin layer to affected areas as needed (PRN) for rash. The PRN medication was not available on site. On 01/23/23 at 12:43 PM, a Caregiver confirmed the facility lacked Resident #3's PRN triamcinolone acetonide 1% topical ointment. Severity 2 Scope 1		recorded on the Medication administration record. The Administrator had found out that Resident #3's medication triamcinolone acetonide 1% topical ointment, apply a thin layer to the area PRN to rash was not available on site during the inspection related to the triamcinolone acetonide ointment 0.1% was ordered only for 2 weeks, and the end date was 04/14/22. The caregivers were not able to be discontinued in the medication administration records timely and it was missed to discontinued for the rest of months after. Please see attachment Tag 0878. The Administrator of the facility will ensure and instructed all caregivers of the facility to be more careful and accurately discontinue medication in the medication record right away to avoid the same problem occurrence again. The administrator of the facility will ensure the accuracy of noting and verifying discontinued orders are carried out correctly the Medication Administration Record so error can be prevented in the future. The administrator of the facility had instructed all caregivers to be careful and be accurately carrying out orders more carefully in the Medication Record. Please see Attachment Tag 0878.	

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0885 SS= D	Medication - Destruction - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver 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 observation, clinical record review, interview and document review, the facility failed to ensure a discontinued medication was destroyed for 1 of 6 sampled residents (Resident #3). Findings include: Resident #3 Resident #3 was admitted to the facility on 06/03/22, with diagnoses including Parkinson's disease, chronic respiratory failure with hypoxia and dysphagia A physician's order dated 11/30/22, documented benzonatate 100 milligrams (mg), take one tablet by mouth three times a day as needed for cough. Resident #3's January 2023 Medication Administration Record (MAR), documented benzonatate 100 mg, take one tablet by mouth three times a day as needed for cough. Discontinue date 01/16/23. On 01/23/23, Resident #3's medication bin contained a bottle of benzonatate 100 mg. On 01/23/23 at 12:35 AM, a Caregiver verbalized the benzonatate 100 mg was discontinued on 01/16/23 and should not have been stored with the resident's current medications. The Caregiver confirmed the bezonatate 100 mg should have been removed from Resident #3's medication bin and destroyed. Severity: 2 Scope: 1	0885	tag 0885 The Administrator of the facility had instructed all caregivers that if the medication of a resident is discontinued, the medication of a resident had passed or a resident who has been discharge from the facility does not claim the medications, an employee should destroy the medications, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained in pursuant to NAC 449.2744. The Administrator of the facility will ensure that all medications that are discontinued should be destroyed immediately, and medication discontinued should be taken out and removed from resident's medication bin and properly destroyed, witnessed by another caregiver and recorded properly. The Administrator had provided in-service to all caregivers in the facility, please see attachment. Please see attachment of destruction record, tag 0885	02/02/2023

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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 the medications were secured for 6 of 6 residents. Findings include: On 01/23/23 at 9:15 AM, during a tour of the facility, the following medication was found unsecured in the fridge: - Latanoprost 0.005% OPH solution - Place one drop in right eye every evening for glaucoma; close eyes for five minutes after instilling drops, refrigerate until ready to use. On 01/23/23 at 9:20 AM, a Caregiver confirmed the medication was unsecured in the kitchen fridge and verbalized all medications were required to be always locked to prevent the residents from ingesting medications. Severity: 2 Scope: 3	0920	Tag 0920 The administrator will ensure the medication storage including without limitation, any over the counter medication stored at residential facility must be stored in a locked area that is cool and dry. The administrator of the facility will ensure the caregivers employed by the facility shall ensure the medication or diagnostic equipment maybe misused or appropriated by resident or any other unauthorized person if leaved unlocked or not properly stored. The Administrator of the facility had instructed all caregivers in the facility to properly secured all medication and placed in a secured locked container at all times in a kitchen fridge to prevent resident or others ingesting medication that are not secured properly. The Latanoprost in kitchen fridge was placed on a safety locked container. Please see attachment Tag 0920.	02/02/2023

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0923 SS= D	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, clinical record review, and document review, the facility failed to ensure an over-the-counter medication had a physician's name on the label for 1 of 6 sampled residents (Resident #6). Findings include: Resident #6 Resident #6 was admitted to the facility on 10/04/18, with diagnoses including dementia, chronic hypoxemic respiratory failure and diabetes mellitus. Resident #6's January 2023 Medication Administration Record (MAR) documented chondroitin 1200 milligrams/glucosamine 1500 milligrams, take one tablet by mouth one daily. The medication was in Resident #6's medication bin, however, lacked documented evidence of the physician's name and resident's name on the medication. On 01/23/23 at 12:06 PM, the Caregiver confirmed the chondroitin 1200 milligrams/glucosamine 1500 milligrams did not have the name of the ordering physician and the resident's name on the medication bottle. Severity: 2 Scope: 1	0923	TAG 0923 The administrator of the facility will ensure proper medication storage including without limitation any over the counter medication or dietary supplements, must be labeled as to its contents, the name of the resident for whom it was prescribed and the name of prescribing physician and must be in the original container until its administered. The Administrator of the facility will ensure that all caregivers will notify me if new over the counter medications will be delivered to the facility with physician order to ensure confirming proper storage of medication by labeling the original container with resident's name and prescribing physician on the resident's unlabeled medication bottle. The Administrator of the facility had given in -service training reminder to all caregiver that all over the counter medication will be appropriately labeled with resident name and ordering physician before medication will be stored in resident medication bins. The resident #6 chondroitin 1200 mg milligrams/glucosamine 1500 milligrams one tablet daily in medication record has been labeled with resident's name and ordering physician name now. The resident #6 medication chondroiton 1200mg/glucosamine 1500 milligrams one daily was properly label. See attachment Tag 0923.	02/02/2023

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0936 SS= D	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 clinical record review and interview, the facility failed to ensure 1 of 6 residents met the requirements for timely tuberculosis (TB) testing in accordance with Nevada Administrative Code (NAC) 441A (Resident #5). Findings include: Resident #5 Resident #5 was admitted to the facility on 01/25/18, with a diagnosis including dementia. Resident #5's clinical record documented a one step TB test given 12/04/21 and read negative on 12/06/21. The resident's record documented evidence of a two step TB test, step one given 01/17/23 and read negative 01/19/23 and step two given 01/23/23. On 01/23/23 at 10:22 AM, the Caregiver confirmed Resident #5 lacked timely TB testing and verbalized all residents were required to completed a two-step TB test upon admission to the facility and one step TB annually thereafter. Severity: 2 Scope: 1	0936	Tag 0936 The Administrator of the facility should monitor and maintain compliance by monitoring closely the contents of separate file of each resident. The administrator of the facility will make sure the resident file must contain and up to date with all the record, letter of assessment, medical information and any other information related to resident, including without limitation by evidence of compliance with the provisions of chapter 441A of NRS and the regulations. The Administrator of the facility will ensure compliance of administrative code (NAC) 441A to meet the requirement for timely tuberculosis testing for all residents and employee are current and up to date. The administrator will closely monitor the due dates of all residents tb tastings so these circumstances will be avoided. The Administrator of the facility will make sure all residents are current and up to date with all tuberculosis testings and the administrator will continue to track all yearly requirement and timely testing of tuberculosis. The Administrator of the facility had made a work list tool for tracking yearly tuberculosis testing for residents that can be monitored closely by staff who are near due date with tb test. The resident #5 had completed her first and second step tb test and with time marked on the results. Please see attachment # TAG 0936	02/02/2023

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1540 SS= D	Cultural Competency Training Inspector Comments: Based on personnel record review and interview, the facility failed to ensure cultural competency training was completed timely for 1 of 4 employees (Employees #1). Findings include: Employee #1 Employee #1 was hired as an Administrator with a start date of 12/05/10. The personnel record for Employee #1 had a cultural competency training certificate dated 10/27/22. On 01/23/23 at 12:19 PM, the Caregiver confirmed the cultural competency training for Employee #1 was completed late. Severity: 2 Scope: 1	1540	Tag 1540 The Employee #1 had more than 10 CEU credits about cultural competency but the resident #1 was unknowingly that this are not credited and accepted by the HCQC, so therefore this were retaken in a later date of 10/27/22 once it was found out to resolve and be compliant. The Administrator of the facility will ensure employee #1 will take the cultural training competency in a timely manner and to take cultural training only to approved and accredited trainings approved by the Bureau of Health and Quality and Compliance. The administrator will continue to monitor all employees cultural training competency records are taken on timely manner.	02/02/2023

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1700 SS= F	Annual Assessment of History of Each Resident Inspector Comments: Based on record review and interview, the facility failed to obtain a complete and accurate Standard Physician Assessment and Placement Determination for 4 of 6 residents (Resident #2, #3,#4, and #5). Findings include: Resident #2 Resident #2 was admitted to the facility on 11/28/22, with diagnoses including severe sepsis, depression and seizure disorder. Resident #2's clinical record lacked documented evidence a Standard Physician Assessment and Placement Determination had been completed. Resident #3 Resident #3 was admitted to the facility on 06/03/22, with diagnoses including Parkinson's disease, chronic respiratory failure, and dysphagia. Resident #3's clinical record lacked documented evidence a Standard Physician Assessment and Placement Determination had been completed. Resident #4 Resident #4 was admitted to the facility on 12/26/19, with diagnoses including dementia, type 2 diabetes mellitus and schizoaffective disorder. Resident #4's initial Physician Determination was completed on 12/11/19. On 01/23/23 at 10:48 AM, the Caregiver confirmed Resident #4 did not have an annual Physician Determination completed to confirm the resident was in proper placement at the facility. Resident #5 Resident #5 was admitted to the facility on 01/25/18, with diagnoses including dementia, seizures, and chronic obstructive pulmonary disease. Resident #5's clinical record lacked documented evidence a Standard Physician Assessment and Placement Determination had been completed. On 01/23/23 at 10:48 AM, the Caregiver confirmed a Standard Physician Assessment and Placement Determination had not been completed for Resident #2, #3,#4, and #5 and verbalized was responsible to ensure all admission documents were accurately and entirely completed. Severity: 2 Scope: 3	1700	Tag 1700 The administrator of the facility will ensure to obtain a complete and accurately obtain Annual Asessment of History, Standard Physician and Placement determination forms for each resident to make sure all resident are properly placed in the facility for theie safety. The administrator of the facility will monitor the residents timely due date of Annual Assessment Standard Physician and placement determination to ensure the accurate placement of each resident is properly evaluated by physician to meet the needs of residents for the resident's safety. The administrator will ensure this is done yearly to ensure residents are meeting their safety needs accurately, safely and effectively that residents are at appropriate placed in the facility according to the level of needs the resident needs. The administrator of the facility had obtained the latest Standard Physician and Placement Determination forms for each resident. Please see attachments for Resident #2, Resident #3 and Resident # 4 and Resident #5. Please see attachment, Tag 1700.	02/02/2023