DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**03/16/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OLIVE GROVE RESIDENTIAL CARE FACILITY	**9446 BACK BAY CIRCLE, LAS VEGAS, NEVADA ,89123**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a annual State Licensure survey and complaint investigation completed in your facility on 03/16/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Requirements for Residential Facilities for Groups. The facility is licensed for four Residential Facility for Group beds for elderly and disabled persons and/or persons with chronic illness, Category II residents. The census at the time of the survey was two. Two resident files, one discharged resident file, and three employee files were reviewed. The facility received a grade of B. There was one complaint investigated. Unsubstantiated: 1. Complaint #NV00067802 could not be substantiated. No regulatory deficiencies could be identified. The investigation of the complaint included: Observation of cleanliness of the facility, preparation of meal, Caregiver to resident interaction, Caregiver perfoming duties, cleaning supplies, and operation of television. Interviews were conducted with residents, Caregivers, and the Owner. Record Review of three resident records including the resident of concern. Document Review included the menu. 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 investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified:	0000		
0072 SS= D	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,	0072	**CORRECTIVEACTION:** The Governing Body through the Administrator are responsible for reviewing, discussing, revising if needed, and approving revisions	04/08/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | Name: MARY ALYN DOMONDON | Title: Director/Owner | Date: 04/28/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	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 record review and interview, the facility failed to ensure 1 of 3 employees received initial medication management training. Employee #3 (E3) was hired on 03/05/23. E3's file lacked documented evidence of a 16 hour medication training certificate. The Owner indicated E3 had an eight hour medication class and had not received 16 hours of medication training. Severity: 2 Scope: 1		made, and/or adopted facility policies, programs, and tools to use for corrective actions for compliance. The Administrator is responsible in hiring qualified personnel that has the training required which must include at least 16 hours of training in the management of medication initially and obtain a certificate acknowledging the completion of such training and annually thereafter at least 8 hours approved by the Bureau; pursuant to paragraph (e) of subsection 6 of NRS 449.0302 **POTENTIAL AFFECT FOR OTHER INDIVIDUAL PATIENT:** The Governing Body through its administrator have identified that all patients have the potential to be affected by this deficient practice. **CORRECTIVE MEASURES/SYSTEMATIC CHANGES:** Starting April 10, 2023, employee #3 has her scheduled Medication Management training for 16 hours. The Medication management certificate (16 hours) will be submitted to the Department of Health upon completion of the said training. **MONITORING OF CORRECTIVE ACTION:** The Administrator is responsible for checking and completing a pre-employment requirement particularly on training required at least 16 hours of training in the management of medication initially and obtains a	

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			certificate acknowledging the completion of such training and annually thereafter at least 8 hours approved by the Bureau; pursuant to paragraph (e) of subsection 6 of NRS 449.0302. The administrator is responsible for monitoring compliance through employee file audits and prompt/immediate corrective actions will be done for employee files who are non-compliance. This will be monitored on an ongoing basis to ensure that the deficient practice does not recur. **PERSON RESPONSIBLE:** Administrator **DATE OF COMPLETION:** APRIL 30, 2023	

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0104 SS= F	Personnel Files - Background Checks - 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: (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. Inspector Comments: Based on record review and interview, the facility failed to ensure background checks were current and completed under the facility's Nevada Automated Background Check System (NABS) account for 3 of 3 employees. Employee #1 (E1) was hired on 06/15/22 and Employee #3 (E3) was hired on 03/05/23. Both employees had a background check completed under the Owner's home health and hospice agency. Employee #2 (E2) was hired on 06/27/17, the background check had expired on 06/13/22. The Owner acknowledged E1 and E3 were not fingerprinted under the correct facility's NABS account and acknowledged E2's background check had expired on 06/13/22. This was a repeat deficiency from the 04/11/22 State Licensure survey. Severity: 2 Scope: 3	0104	**CORRECTIVEACTION:** The Governing Body through the Administrator is responsible for reviewing, discussing, revising if needed, and approving revisions made, and/or adopted facility policies, programs, and tools to use for corrective actions for compliance. The Administrator is responsible for making sure that the background checks for current and future employees will be current and completed under the facility's Nevada Automated Background Check System (NABS) account, pursuant to - NAC 449.200 Background Checks Personnel files. (NRS 449.0302) **POTENTIALAFFECT FOR OTHER INDIVIDUAL PATIENT:** The Governing Body through its administrator have identified that all patients have the potential to be affected by this deficient practice. **CORRECTIVEMEASURES/SYSTEMATIC CHANGES:**	04/08/2023

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			Employee #1 will have her fingerprint redone on April 10, 2023, under the facility's Nevada Automated Background Check system. Employee # 2- who is an Administrator is no longer an active employee. The Facility has a new administrator changed effective April 1, 2023.Background checks are current and completed under the facility's Nevada Automated Background Check System (NABS) account. Employee # 3- Her background check was completed under the facility's Nevada Automated Background Check system. **MONITORINGOF CORRECTIVE ACTION:** The Administrator is responsible for checking and completing a pre-employment requirement particularly in compulsory completing the background checks for current and future employees will be current and completed under the facility's Nevada Automated Background Check System (NABS) account. The administrator is responsible for monitoring compliance through employee file audits and prompt/immediate corrective actions will be done for employee files who are non-compliance. This will be monitored on an ongoing basis to ensure that the deficient practice does not recur. **PERSONRESPONSIBLE:** Administrator **DATE OF COMPLETION:** APRIL 30, 2023	

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0255 SS= F	Permits-Comply with NAC 446 on Food Service - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 6. A residential facility with more than 10 residents shall: (a) Comply with the standards prescribed in chapter 446 of NAC; and (b) Obtain the necessary permits from the Division. Inspector Comments: Based on observation and interview, the facility failed to ensure food was not expired as evidenced by two loaves of bread expired on 03/04/23 and 03/15/23. The Caregiver indicated they were going to make sandwiches for lunch and was not aware the bread was expired. The Caregiver indicated a second time sandwiches were for lunch after informed of the expired bread. There was no bread at the facility past expiration. Severity: 2 Scope: 3	0255	**CORRECTIVEACTION:** The Governing Body through the Administrator is responsible for reviewing, discussing, revising if needed, and approving revisions made, and/or adopted facility policies, programs, and tools to use for corrective actions for compliance. The Administrator is responsible to make sure that the Caregiver/staff must always check expiration of food supplies to comply with NAC 446 on Food Service - NAC 449.217 Kitchens; storage of food; adequate supplies of food. **POTENTIALAFFECT FOR OTHER INDIVIDUAL PATIENT:** The Governing Body through its administrator have identified that all patients have the potential to be affected by this deficient practice. **CORRECTIVEMEASURES/SYSTEMATIC CHANGES:** On 3/16/2023after the Surveyor from the Bureau exited, the Governing Body including the staff checked all food supplies stored at the pantry and cabinet inspected particularly on the expiration of each food item. The Governing Body instructed all employees/staff to carefully always check each food item expiration date before the food be offered to the Residents.	04/08/2023

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			MONITORINGOF CORRECTIVE ACTION: The Governing Body mandated the Administrator and Staff of the Facility to be responsible in monitoring and checking all food supplies stored at the pantry and cabinetmaking sure that the expiration date of each food item will be checked before it will be served to all Residents. This mandate is to comply with NAC446 on Food Service - NAC 449.217 Kitchens; storage of food; adequate supplies of food particularly on food expiration. This will be monitored on an ongoing basis to ensure that the deficient practice does not recur. **PERSONRESPONSIBLE:** Administrator **DATE COMPLETED:** March 16, 2023	
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	0920	**CORRECTIVEACTION:** The Governing Body through the Administrator is responsible for reviewing, discussing, revising if needed, and approving revisions made, and/or adopted facility policies, programs, and tools to use for corrective actions for compliance. The Administrator is responsible for making sure that medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored	04/08/2023

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	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 medications were secured as evidenced by: There was unsecured cough medicine in the refrigerator door and there was a medication bin of overflow medications for Resident #1 and #2 unsecured under the bathroom sink in the Caregiver's room. The Caregiver acknowledged the medications should have been secured and could not provide an explanation why the medications were stored in the Caregiver's bathroom. Severity: 2 Scope: 3		in a locked area that is cool and dry pursuant to NRS 449.0302, Storage; duties upon discharge, transfer and return of residents. **POTENTIALAFFECT FOR OTHER INDIVIDUAL PATIENT:** The Governing Body through its administrator have identified that all patients have the potential to be affected by this deficient practice. **CORRECTIVEMEASURES/SYSTEMATIC CHANGES:** On 3/16/2023after the Surveyor from the Bureau exited. The Administrator secured a locked area for medication including, without limitation, any over-the-counter medication, narcotics, and controlled drugs should be stored in an assigned refrigerator at a residential facility must be stored in a locked area that is cool and dry. One -on -one instruction of the staff responsible on a day-to-day medication management was done by the Administrator. **MONITORINGOF CORRECTIVE ACTION:** The Administrator is responsible in making sure that all medications, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored and secured in a locked area that is cool and dry. The administrator instructed the caregivers employed by the facility to ensure all medication of all Resident including overflow medications should be secured in a locked area and stored in a cool and dry place. making sure that this deficient practice does not recur. This will be	

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			monitored on an ongoing basis to ensure that the deficient practice does not recur. **PERSONRESPONSIBLE:** Administrator **DATE of COMPLETION:** March 16, 2023	
1540 SS= F	Cultural Competency Training - R016-20 Section 14.1 1. Pursuant to subsection 1 of NRS 449.103, within 30 business days after the course or program is assigned a course number by the Division pursuant to section 18 of this regulation or within 30 business days of any agent or employee being contracted or hired, whichever is later, and at least once each year thereafter, a facility shall conduct training relating specifically to cultural competency for any agent or employee of the facility who provides care to a patient or resident of the facility so that the agent or employee may: (a) More effectively treat patients or care for residents, as applicable; and (b) Better understand patients or residents who have different cultural backgrounds, including, without limitation, patients or residents who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103. Inspector Comments: Based on record review and interview, the facility failed to post a non-discrimination sign and ensure staff were trained in cultural competency for 2 of 3 employees (Employee #1 was hired on 06/15/22 and Employee #2 was hired on 06/27/17). The Owner provided certificates dated after the survey was completed and	1540	**CORRECTIVEACTION:** The Governing Body through the Administrator is responsible for reviewing, discussing, revising if needed, and approving revisions made, and/or adopted facility policies, programs, and tools to use for corrective actions for compliance. The Administrator is responsible in hiring qualified personnel that has the Cultural Competency Training within 30 business days after the course or program is assigned a course number by the Division pursuant to section 18 of this regulation and at least once each year thereafter, to any agent or employee of the facility who provides care to a patient or resident of the facility so that the employee maybe more effectively treat/care for residents. **POTENTIALAFFECT FOR OTHER INDIVIDUAL PATIENT:** The Governing Body through its administrator have identified that all patients have the potential to be	04/08/2023

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	acknowledged Employee #1 and #2 were not trained in cultural competency prior to the survey date. Severity: 2 Scope: 3		affected by this deficient practice. **CORRECTIVEMEASURES/SYSTEMATIC CHANGES:** On March 16,2023, Employee # 1 and 3 completed their Cultural Competency Training with certificate. Employee # 2 is no longer an active employee of the Facility. **MONITORINGOF CORRECTIVE ACTION:** The Administrator is responsible for making sure that all hired and qualified personnel should have Cultural Competency Training with certificate upon hiring and at least once each year thereafter, so that the employee maybe more effectively in treating/caring for all residents in the facility. This will be monitored on an ongoing basis to ensure that the deficient practice does not recur. **PERSONRESPONSIBLE:** Administrator **DATE of COMPLETION:** April 1, 2023	