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
	7699	A. BUILDING _____ B. WING _____	01/22/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIGNITY CARE HOME, LLC	**3740 LA JUNTA DRIVE, LAS VEGAS, NEVADA ,89120**

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a State Licensure annual survey conducted at your facility on 01/22/20, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten Residential Facilities for Group beds for elderly and disabled persons and/or persons with chronic illness, and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was Nine. Nine resident files were reviewed and four employee files were reviewed. The facility received a grade of D. 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 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: NANA GYEABOUR Title: Administrator Date: 02/12/2020

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0826 SS= D	Tracheostomy or Open Wound - NAC 449.2734 Residents having tracheostomy or open wound requiring treatment by medical professional; residents having pressure or stasis ulcers. (NRS 449.0302) 3. The administrator of the facility shall ensure that records of the care provided to a person who has a pressure or stasis ulcer pursuant to subsection 2 are maintained at the facility. The records must include an explanation of the cause of the pressure or stasis ulcer. Inspector Comments: Based on observation, interview and record review, the facility failed to maintain documentation of the care provided to 1 of 9 residents with a pressure ulcer (Resident #5). Findings include: Resident #5 (R5) R5 was admitted on 02/01/19, with diagnoses including physical debility. R5 was on hospice care. On 01/22/20 in the morning, R5's resident file lacked documented evidence of information on the wounds or wound care. On 01/22/20 in the morning, a Caregiver verbalized R5 had two pressure ulcers, one on R5's backside, and one on the heel. The Caregiver explained R5 was on hospice, and received wound care treatment. The Caregiver was unsure of what the wound care treatments entailed. On 01/22/20 in the morning, the Administrator verbalized the facility did not retain information on the wound care treatment for R5, and all information was with hospice. The Administrator explained R5 was admitted to the facility with the two pressure ulcers. Severity: 2 Scope: 1	0826	Y 0826 1. The administrator of the facility have received documentation evidence of information on the wound care that resident # 5 is receiving from the hospice agency. This is now part of the residents record which was separated from the facility files. The record shows care treatment the resident is receiving. Resident # 5's records show now documentation of wound care plan provided by the hospice agency. 2. The administrator will review weekly to ensue that the deficient practice does not recur by doing file audits of all the residents to make sure they are getting all the care they need by coordinating with the outside agencies. 3. The facility administrator will monitor the corrective action to ensure the deficient practice will not recur by communicating and receiving documentation on the residents wound care with the outside agencies. 4. The administrator and the caregivers of the facility will be responsible for ensuring the plan of correction is implemented by communicating with the outside agencies that are providing wound care to obtain proper documentation and care treatment. 5. The corrective action completed on 1/23/2020	01/23/2020

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0830 SS= E	Exemption Requests - NAC 449.2736 Procedure to exempt certain residents from restrictions. (NRS 449.0302) 1. The administrator of a residential facility may submit to the Division a written request for permission to admit or retain a resident who is prohibited from being admitted to a residential facility or remaining as a resident of the facility pursuant to NAC 449.271 to 449.2734, inclusive. Inspector Comments: Based on observation, record review and interview, the facility failed to obtain a bedfast exemption for 4 of 9 residents (Resident #2, #4, #5, and #6). The Caregiver and the Administrator confirmed the four residents were bedfast, and required assistance to reposition in the bed. The residents were unable to demonstrate the ability to reposition in the bed without assistance. Severity: 2 Scope: 2	0830	Y 0830 1. The administrator of the facility has submitted to HCQC a written request for bedfast exemptions for resident's #2, #4, #5, #6. These residents required some assistance to reposition in bed. The administrator has also provided training to the caregivers how to repositioning a bedfast resident, infection control, signs and symptoms of dehydration and incontinence care. Residents #2, #4, #5, #6, are receiving repositioning and incontinence care every two hours to prevent bed sores . The administrator requested the waiver on 1/31/2020, and again on 2/3/2020 2. The administrator will ensure that the facility caregivers provide assistance to residents who need repositioning, incontinence care and watch for signs and symptom of dehydration and prevent bed sores. 3. The administrator will monitor the corrective action to ensure the deficient practice will not recur by doing a daily rounds to check on the residents who need assistance in repositioning and needing a bedfast exemption. The caregivers will repositioning residents every 2 hours. 4. The caregivers and the facility administrator will be responsible for ensuring the plan of correction is implemented by providing needed care for all bedfast residents. In addition, the caregivers will look for signs and symptoms of dehydration and bed sores and report that to outside agencies. 5. The corrective action completed on 1/22/2020	01/22/2020

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0859 SS= D	Medical Care of Resident After Illness - NAC 449.274 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. (NRS 449.0302) 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his or her physician. The resident must be cared for pursuant to any instructions provided by the resident ' s physician. Inspector Comments: Based on record review and interview, the facility failed to ensure an annual physical examination for 2019 was received for 1 of 9 residents (Resident #6). The Administrator indicated the resident had a physical examination but was unable to provide documented evidence. Severity: 2 Scope: 1	0859	Y 0859 1. The administrator will ensure each year after admission, or more frequently if there is a significant changes in the physical condition of a resident then, the resident requires an annual physical examination. Resident # 6. have received an annual physical examination on 1/31/2020. The resident now has a documented evidence of an annual physical in her record. 2. The administrator will review on a weekly basis to ensure all new and existing residents has documented evidence of annual physical in their record to determined their medical status if there is any changes. 3. The corrective action will be monitored to ensure the deficient practice will not recur by reviewing all the residents files to determined if there is any changes in their medical situation. 4. The administrator of the facility will be responsible for ensuring the plan of correction is implemented by reviewing on a weekly basis all the residents files to ensure they have annual physical examination completed. 5. The corrective action completed on 1/31/2020	01/31/2020

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0870 SS= F	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 record review and interview, the facility failed to ensure a pharmacy review was completed at least once every six months for 4 of 9 residents (Resident #4, #6, #8, and #9) Severity: 2 Scope: 2	0870	Y 0870 1. The administrator of the facility will ensure that all the residents received at least every six months a medication review completed for accuracy and appropriateness. The facility had medication reviews completed in October 2019, which was misplaced in the files. Residents# 4, #6, #8, #9, They all had completed medication reviews in October 2019, which is still within the six months range.(See attachments) 2. The administrator will review monthly to ensure that all the residents have documented evidence of medication reviews every six months by a physician, pharmacist, or a registered nurse and maintain a report of any action that are taken. 3. The corrective action will be monitored by the administrator to ensure the deficient practice will not recur by reviewing all the residents files to ensure they receive reviews from a physician every six months for any adjustments in residents medications 4. The administrator will be responsible for ensuring the plan of correction is implemented by reviewing on a monthly basis to comply with regulations. NAC 449.2742 5. The corrective action completed on 1/22/2020	01/22/2020
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	0878	Y 0878 1. The administrator has implemented a new lockbox where all refrigerated medications are stored and secured. Also, the caregivers have received in house medication training by the administrator of how to properly stored refrigerated medications Resident # 2, Lorazepam 2mg is stored now in a lockbox in the refrigerator since the day of the survey 1/22/2020. The caregivers will ensure all medications requiring refrigeration are done correctly according to the doctors orders and to comply by regulations. 2. The administrator will review and monitor	01/22/2020

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	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 (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 record review and interview, the facility failed to follow a pharmacy label to refrigerate a medication for 1 of 9 residents (Resident #2). Findings include: Resident #2 was admitted on 01/07/2020, with diagnoses including senile degeneration of the brain. Resident #2 was prescribed Lorazepam 2 milligrams (mg)/milliliters (ml). The label on the medication package documented refrigerate. The medication was not cold and was stored in the medication cart with the other medications. On 01/22/2020 in the morning, the Caregiver acknowledged the Lorazepam had not been stored in the refrigerator and the Caregiver and the Administrator acknowledged the medication should have been stored in the refrigerator. Severity: 2 Scope: 1		daily for accuracy of all refrigerated medications are storage and comply with this regulations. 3. The corrective action will be monitored by the administrator to ensure the deficient practice will not recur by physically checking each day the lockbox to ensure all refrigerated medications are stored properly. 4. The caregivers and the facility administrator will be responsible for ensuring the plan of correction is implemented and follow pharmacy label to refrigerate a medication for all the residents. 5. The corrective action completed on 1/22/2020	

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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 record review and interview, the facility failed to ensure 2 of 9 residents had a two-step tuberculosis (TB) test upon admission (Resident #2 and #7). The Administrator indicated Resident #2 had refused a TB test and only had received a chest x-ray. Resident #7's file lacked documented evidence of a testing and a read date for a two-step TB test. Severity: 2 Scope: 1	0936	Y 0936 1. The administrator of the facility will ensure that prior to admission of residents in the facility all residents will received documented evidence of TB step 1 and step 2. Both residents # 2, and #7 have received TB testing. Resident# 2 and #7 now have evidence of documented step 1 and step 2 TB testing (See attachments) 2. The administrator will ensure that deficient practice does not recur by making sure prior to admission, all the residents received TB testing step 1 and step 2 and read date with evidence and documentation 3. The corrective action will be monitored to ensure the deficient practice will not recur by reviewing all documentation and the admission paperwork in its entirety to ensure TB testing is completed both step 1 and step 2 and be in compliance with regulations. 4. The administrator will be responsible for ensuring the plan of correction is implemented by ensuring prior to admissions evidence of TB testing is completed 5. The corrective action completed 1/31/2020	01/31/2020

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0991 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: (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure 1 of 2 exit doors had a working audible alarm that sounded when the door was open. On 01/22/20, the front door of the facility did not sound when opened. A Caregiver verbalized the battery needed to be replaced. The Administrator confirmed the front door alarm did not work. Severity: 2 Scope: 3	0991	Y 0991 1. The administrator has changed and replaced new batteries in the audible alarm that sounds when the facility entrance/exit door opens. The facility entrance/exit door alarm sounds when the door opens up and its working properly and it operational. 2. The front entrance alarm sounds when the door opens up. The administrator of the facility has provided operational alarm that sounds when the front entrance door opens up. This measures will ensure Alzheimer's Care for Safety. NAC 449.2756, and ensure the deficient practice does not recur. 3. The corrective action will be monitored to ensure the deficient practice will not recur by compliance of regulation and changing all the batteries in all devices,which are activated when a door is opened. 4. The administrator will be responsible for ensuring the plan of correction implementation. Also, the administrator will monitor on a daily basis to ensure that all the alarm devices are working properly in the facility. 5. The corrective action completed on 1/22/2020	01/22/2020

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0994 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: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. Inspector Comments: Based on observation and interview, the facility failed to ensure sharp objects were secured. Findings include: - In Bedroom #5, a package containing 12 razors were unsecured in the bathroom drawer. - In Bedroom #1 a razor was unsecured on on bedside table while the resident was laying in bed. On 01/22/2020 in the morning, the Caregiver acknowledged the razors were unsecured and indicated they should have been locked. - A kitchen drawer that contained several kitchen knives was not locked. - In a cabinet in the hallway two screwdrivers were on top of a tool box. - A large pair of scissors were found in a drawer in the kitchen. On 01/22/20, a Caregiver confirmed the sharp objects found were not locked, and were accessible to residents. The Owner confirmed all sharp objects should be locked and secured at all times. Severity: 2 Scope: 3	0994	Y 0994 1. The administrator of the facility have provided a safety training for all the caregivers. the training included items that could constitute a danger to residents such as; knives, matches, firearms, tools and sharp objects. All sharp objects are locked and secured. Bedroom # 5, resident drawer that contained razors are now secured and locked. (see attachment) Bedroom # 1, resident's razor on the bedside table is put away in a secured locked area All the kitchen drawers that contained several knives is secured and locked including the cabinets in the hallway secured and locked. 2. The administrator of the facility will monitor closely every day to ensure all residents room drawers are locked and secured and any sharp objects are put away. This will ensure the deficient practice will not recur 3. The corrective action will be monitored daily to ensure the deficient practice will not recur by making sure no resident have access to any sharp objects in their room 4. The administrator will be responsible for ensuring the plan of correction is implemented in compliance with regulations and to provide Alzheimer's Care Standard for Safety 5. The corrective action completed on 01/22/2020	01/22/2020

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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 toxic substances were secured. Findings include: - Two large tubs of laundry soap in powder form were unsecured behind a curtain next to the washer and dryer. - In Bedroom #5 a bottle of Windex, Ajax, Lysol all purpose cleaner and Clorox bleach cleaner were unsecured under the bathroom sink . - In the hallway bathroom a bottle of Windex, Ajax, Lysol all purpose cleaner, toilet bowl cleaner and Glade air freshener were unsecured under the bathroom sink. - Three cans of air freshener and one can of Lysol spray was found in a cabinet in the hallway. On 01/22/2020 in the morning, the Caregiver acknowledged the cleaning products were unsecured and acknowleged they should have been locked. Severity: 2 Scope: 3	0999	Y 0999 1. The administrator have provided a safety training to all the caregivers to ensure that all toxic substances are stored in locked and secured area. Two large tubs of laundry soap has been relocated in a secured area Bedroom # 5, cabinets containing windex, ajax, lysol and clorox bleach all has been relocated to a secured area including the cabinet in the hallway 2. The administrator will do daily rounds in the facility to identify any toxic substance and placed them in a secured and locked area to ensure the deficient practice does not recur 3.The caregivers and the administrator will monitor to ensure the deficient practice will not recur by storing and putting away all toxic substances in a secured and locked area. The facility will comply with this regulation. 4. The administrator and the facility caregivers will be responsible for ensuring the plan of correction implementation by making rounds daily in the facility and placing toxic substances in a secured and locked area. 5. The corrective action completed on 01/22/2020	01/22/2020