

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 79	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/19/2017	
NAME OF PROVIDER OR SUPPLIER BECKY'S HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 4055 CLOUD NINE LANE, LAS VEGAS, NEVADA ,89115		
(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	<p>Initial Comments -</p> <p>Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 09/19/17. 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 six Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illnesses, Category II residents. The census at the time of the survey was four. Four resident files were reviewed and three 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:</p>	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: MARIA FE FELIX Title: Administrator Date: 11/05/2017

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0920 SS= F	<p>449.2748(1-2) - Medication Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. 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. Medication 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 without supervision may keep his medication in his 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.</p> <p>Inspector Comments: Based on observation and interview, the facility failed to ensure medications were stored and secured in a locked area. Findings include: On 09/19/17 during a facility tour in the morning, the following medication was found to be unsecured: Room #5 - Tube of triamcinolone acetone prescription ointment on resident nightstand. On 09/19/17 in the morning, Employee #3 acknowledged the medication was found unsecured and reported they forgot to secure the medication after showering and administering to the resident. Severity: 2 Scope: 3</p>	0920	<p>a)The triamcinolone ointment was placed back in the medication cabinet by caregiver after inspector pointed it out. b)Administrator reminded caregivers to secure medications immediately in the medication cabinet after use. Administrator will check for unsecured medications when visiting the facility to monitor for compliance.</p>	09/19/2017