

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>7942</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/18/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROSARIO'S GROUP HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE  <b>2885 RED ROCK STREET, LAS VEGAS, NEVADA ,89146</b>		
(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 completed at your facility on 02/18/20. This State Licensure Survey was conducted in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for eight Residential Facility for Group beds for elderly and disabled persons and/or persons. Three category 1 residents and five category II. The census at the time of the survey was five. The facility received a grade of B. 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 regulatory deficiencies were identified:	0000		
0104 SS= E	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, document review and interview, the facility failed to ensure 2 of 3 employees met the background check requirements of the Nevada Revised Statute (NRS) 449.124 (Employees #1 and #2). Employee #1 lacked a current Nevada Automated Background Check System (NABS) clearance letter. Employee #2 had a NABS undetermined status letter informing of the need for additional documentation to be submitted. The employee file and NABS lacked documentation that the required information was submitted. Severity: 2 Scope: 2	0104	Employee 1 was notified and will do a new fingerprints in the next next 2 weeks! Employee 2 was notified and required to do fingerprints and follow the steps to get clearance letter as soon as possible! A reminder would be set to follow the steps to get the clearance letter! The administrator would be responsible for the corrections.	04/03/2020

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 Name: ROSARIO RAMIREZ Title: Administrator  
REPRESENTATIVE'S SIGNATURE

Date: 04/07/2020

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(X4) ID PREFIX TAG  <b>0178 SS= F</b>	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  <b>Health &amp; Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 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.</b>  <b>Inspector Comments: Based on observation and interview, the facility failed to ensure the premises were kept clean and well maintained as evidenced by: Holes in the yard for tree planting, standing mop and water from the day prior, a bed frame, a dirty bathroom vent (Resident #2's bath) and a full urine container at residents bedside. (Resident #5) Severity: 2 Scope: 3</b>	ID PREFIX TAG  <b>0178</b>	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  <b>At this time we do not have any ambulatory residents that we go out but we put a caution signs around the holes to let people know to be cautions. The mop, the water and the urinal for resident #5 was cleaning immediately discussed with caregivers to clean up things right away after use them. Also the bed frame that was outside the house was put it at the store room and the vent for resident #2 was clean up immediately. All caregiver were educated about keeping clean all areas, administrator would be responsible of fallow the corrections.</b>	(X5) COMPLETION DATE  <b>04/03/202 0</b>
<b>0870 SS= D</b>	<b>Medication Administration-Accuracy &amp; 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).</b>  <b>Inspector Comments: Based on record review and interview, the facility failed to ensure a medication review was completed at least once every six months for 1 of 5 residents. (Resident #3) Severity: 2 Scope: 1</b>	<b>0870</b>	<b>The medication review for resident # 3 was completed, but it was not in the resident file, a copy of the medication review was emailed to the surveyor the next day In the future medications review would be in the resident file as soon as we received them, the med technician and the administrator would fallow the corrections.</b>	<b>04/03/202 0</b>

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(X4) ID PREFIX TAG  <b>0895 SS= D</b>	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Administration of Medication Maintenance - NAC 449.2744 Administration of medication: Maintenance and contents of logs and records. (NRS 449.0302) 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident ' s physician.  Inspector Comments: Based on record review and interview, the facility failed to ensure the Medication Administration Record (MAR) was accurate for 1 of 5 residents (Resident #1). Findings include: Resident #1 was admitted to the facility on 12/17/19. Diagnoses unknown. Resident #1's physician order and medication on-site documented Nitrofurantoin, take one cap every 12 hours prior to upcoming cystoscopy procedure. The medication was not documented on the February 2020 MAR. Severity: 2 Scope: 1	ID PREFIX TAG  <b>0895</b>	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  The medication Nitrofurantion for resident#1 was immediately documented in the February 2020 MAR and fallowed Dr's order. All medications would be enter in the residents MAR immediately to prevent this deficiency! Med technician and administrator would be responsible.	(X5) COMPLETION DATE  <b>04/03/202 0</b>

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(X4) ID PREFIX TAG  <b>0920 SS= F</b>	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG  <b>0920</b>	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE  <b>04/03/202 0</b>
	<p>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.</p> <p>Inspector Comments: Based on observation and interview, the facility failed to ensure medications were secured as evidenced by; prescribed tube of Clobetasol 0.05 cream found in bathroom drawer. (Resident #2) Severity: 2 Scope: 3</p>		The tube of medication Clobetasol 0.05 for resident #2 was secured immediately. Had a education communication with the med technicians to let them know to be sure to keep medications in the proper place. Med technician and administrator would be responsible for this corrections.	

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0936 SS= D	<p>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.</p> <p>Inspector Comments: Based on interview and record review, the facility failed to ensure annual Tuberculin (TB) testing was completed and documented for 1 of 5 residents. (Resident #3-lacked TB testing in 2019). Severity: 2 Scope: 1</p>	0936	The TB test for resident #3 for 2019 was completely on 02/03/20 a copy of the document was already emailed it to surveyor. A Tb test calendar reminder would be set for this matter and the administrator would be responsible for this correction.	04/03/2020