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
	8675	A. BUILDING _____ B. WING _____	01/11/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMEERY CARE	333 PRINCE GEORGE ROAD, 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 an annual State Licensure survey conducted in your facility on 01/08/17. 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 ten Residential Facility for Group beds for elderly and disabled persons 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 five employee files were reviewed. The facility received a grade of C. 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		
0885 SS= F	449.2742(9) - Medication / Destruction - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregivers 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, interview and policy review, the facility failed to destroy medications for both discharged residents and current residents medications after they were discontinued or had expired. Findings include: On 01/08/18, the following was found: At 9:13 AM, the following medications were found in an unlocked file cabinet near the kitchen: ABC Plus Senior Multi-Vitamin. Tumeric	0885	1. Immediately after the inspection, the administrator conducted a staff meeting reinforcing compliance to facility Policies and Procedures. It was emphasized during the meeting the importance of being in compliance to the policies to avoid mistakes that will impact residents' safety. All expired and discontinued medications were taken from the cabinets and destroyed by an acceptable method of destruction with the presence of a witness. The administrator and owner will work hand-in hand to monitor for compliance. Monitoring will be done on a weekly basis to avoid the same mistake.	01/09/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8675	A. BUILDING _____ B. WING _____	01/11/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMEERY CARE	333 PRINCE GEORGE ROAD, 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
	Curcumin 500 milligrams (mg). Absorbable Selenium 200 mg. Preparation H Cream 0.25%. Metoprolol 25 mg. Senna/DSS 8.6-50 mg. Fluoxetine HCL 20 mg. Divalproex 500 mg. Lactulose Solution USP 10 grams (gm)/15 milliliters (ml). At approximately 9:20 AM, the following medications were found in a small unlocked refrigerator on a table near the kitchen: Aplisol 5 0.1 mg injectable with an expiration date of 11/04/17. Heparin 5000 unit/ml with an expiration date of 05/20/17. Resident #1: Resident #1's medication inventory revealed the following: Tramadol HCL 50 mg tablets with an expiration date of 01/08/17. Senna 8.6 mg tablet with an expiration date of 07/12/17. Resident #4: Resident #4's medication inventory revealed four Polyethylene Glycol 3350 POW with an expiration date of 11/28/17. Resident #7: Resident #7's medication inventory revealed the following: Oxycodone/APAP 10-325 mg. The medication label was marked as discontinued. Zolpidem Tartrate 5 mg tablets. The medication label was marked as discontinued. Ondansetron HCL 4 mg tablets. The medication was marked as discontinued. Resident #5's medication inventory revealed discharged Resident #10's Milk of Magnesia with an expiration of 12/05/17. Facility policy entitled Key Points to Remember when Preparing, Administering, Documenting, Storing, and Disposing Medication (undated), indicated any discontinued and/or expired medication must be removed from medication storage cabinet and returned to family or destroyed and documented by facility administrator. In the morning, Employee #1 confirmed their policy was not followed. The employee reported the medications in the file cabinet were awaiting destruction. The employee confirmed the expired, discontinued, and discharged residents' medications. In the afternoon, Employee #1 reported that Resident #10's medication must have been accidentally put in with Resident #5's medication bin. The employee confirmed Resident #10 had been discharged and their medication had expired. Severity: 2 Scope: 3			
0905	449.2746(1)(a)-(c) - PRN Medication - NAC	0905	Resident #7 was newly admitted to the	01/11/201

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8675	A. BUILDING _____ B. WING _____	01/11/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMEERY CARE	333 PRINCE GEORGE ROAD, 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
SS= D	449.2746 Administration of medication: Restrictions concerning medication taken as needed by resident; written records. 1. A caregiver employed by a residential facility shall not assist a resident in the administration of medication that is taken as needed unless: (a) The resident is able to determine his need for the medication. (b) The determination of the resident's need for the medication is made by a medical professional qualified to make that determination; or (c) The caregiver has received written instructions indicating the specific symptoms for which the medication is to be given, the exact amount of medication that may be given and the frequency with which the medication may be given. Inspector Comments: Based on observation, interview record review, the facility failed to ensure an assessment was not needed prior to the administration of medication for 1 of 9 residents (Resident #7). Findings include: On 01/08/18, the following was found: Resident #7 was admitted on 01/04/18, with a diagnoses including pneumonia, and neoplasm of prostate. The January 2018 Medication Administration Record (MAR) revealed the following: Roxanol 5 milligrams (mg) sublingual every one hour as needed for mild shortness of breath. Roxanol 10 mg sublingual every one hour as needed for moderate pain, breakthrough pain, and shortness of breath. The medication was initialed as administered on 01/07/18. Roxanol 20 mg sublingual every one hour as needed for severe pain, breakthrough pain, and shortness of breath. The medication was initialed as administered on 01/05/18 and 01/06/18. The resident's medication inventory revealed two Morphine Sulfate Oral Solution 100 mg per 5 milliliters (20 mg/ml), take 0.25 ml (mild), 0.5 ml (10 mg moderate), and 1 ml (20 mg severe) by mouth every one hour as needed for pain and shortness of breath. In the afternoon, Employee #1 confirmed the resident's medication inventory and MAR contained range medications. Severity: 2 Scope 1		facility at the time of inspection. This was the time that the resident's charge nurse and the facility staff was in the process of putting all of his medication in place. While waiting for the nurse to have the physician change the order to specific doses, for the Roxanol, we were instructed to follow the order that was given at the time of admission. We got the changed order on January 11, 2018 and the inspector was furnished a copy of this. Range orders on medications was also discussed during staff meeting. The administrator and owner will monitor on a weekly basis for compliance.	8

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8675	A. BUILDING _____ B. WING _____	01/11/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMEERY CARE	333 PRINCE GEORGE ROAD, 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
0920 SS= F	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. Inspector Comments: Based on observation, interview and policy review, record review, the facility failed to ensure medications were secure. Findings include: On 01/08/17, the following was found: At 9:13 AM, the following medications were found in an unlocked file cabinet near the kitchen: ABC Plus Senior Multi-Vitamin. Tumeric Curcumin 500 milligrams (mg). Absorbable Selenium 200 mg. Preparation H Cream 0.25%. Metoprolol 25 mg. Senna/DSS 8.6-50 mg. Fluoxetine HCL 20 mg. Divalproex 500 mg. Lactulose Solution USP 10 grams (gm)/15 milliliters (ml). At 9:16 AM, Skintegrity Wound Cleanser was found in an unlocked cabinet above the desk area near the kitchen. At approximately 9:20 AM, the following medications were found in a small unlocked refrigerator on a table near the kitchen: Morphine Sulfate 100 mg/5 ml. Bisac-Evac Suppository 10 mg. Lorazepam 2 mg/ml. Aplisol 5 0.1 mg injectable with an expiration date of 11/04/17. Heparin SOD 5000 unit/ml with an expiration date of 05/20/17. At approximately 9:25 AM, two Humulin N 100 units/ml vials were found in an unlocked container inside a small	0920	Proper storage of medications including without limitations any over-the-counter medications were also discussed during the meeting with staff. Also, it was stressed out that medications for external use must be kept in a locked area separate from all other oral medications to avoid contamination. Medication cabinets will be secured/locked at all times. "Keep Medication and File Cabinets locked at all times" is posted at the front of the cabinet as a reminder. The administrator and owner will monitor for compliance.	01/09/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8675	A. BUILDING _____ B. WING _____	01/11/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMEERY CARE	333 PRINCE GEORGE ROAD, 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
	unlocked refrigerator on a table near the kitchen. At approximately 9:32 AM, DermaSyn/AG Silver Antimicrobial Wound Gel was found inside an unlocked first-aid cabinet hanging on a wall near the desk area adjacent to the kitchen. Facility policy entitled Key Points to Remember when Preparing, Administering, Documenting, Storing, and Disposing Medication (undated) indicated an unlocked medication cart/cabinet must be in plain sight or kept locked. In the morning, Employee #1 confirmed their policy was not followed. In the morning, Employee #4 confirmed the unsecured medications. Severity: 2 Scope 3			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8675	A. BUILDING _____ B. WING _____	01/11/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMEERY CARE	333 PRINCE GEORGE ROAD, 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
0930 SS= F	449.2749(1)(a) - Resident File-Storage, Res Information - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he 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: (a) The full name, address, date of birth and social security number of the resident. Inspector Comments: Based on observation and interview, the facility failed to ensure residents health information was secured for both current and discharged residents. Findings include: On 01/08/18, the following was found: At 9:14 AM, the Medication Administration Record (MAR) and resident health information were unattended and unsecured on a table next to the file cabinet near the kitchen. At 9:20 AM, there was a unattended and unsecured resident health information on the table near the kitchen. In the morning, Employee #4 confirmed the unattended and unsecured resident health information. At 9:41 AM, there were several unsecured residents health information and an old MAR in an unlocked shed on the side of the facility. In the morning, Employee #1 confirmed the unsecured resident health information. Severity: 2 Scope: 3	0930	HIPAA Law was one of the topics discussed during staff meeting. All files and health information pertaining to the residents are kept in a locked cabinet to protect their privacy and to protect them from unauthorized use by anybody. Staff are required to follow this policy. The administrator will ensure this is strictly followed. Monitoring will be done on a weekly basis.	01/09/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8675	A. BUILDING _____ B. WING _____	01/11/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMEERY CARE	333 PRINCE GEORGE ROAD, 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
0991 SS= F	449.2756(1)(b) - Alzheimer's Fac door alarm - NAC 449.2756 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 2 of 3 of exit doors had installed alarms that operated when the exit door was opened. Findings include: On 01/08/18, the following was found: At 9:40 AM, the side exit door alarm was not on. At 9:55 AM, the back patio sliding door alarm did not consistently sound when the door was opened. In the morning, Employee #1 confirmed the side exit door alarm was not on and the back patio sliding door was not consistently sounding when opened. Severity: 2 Scope: 3	0991	Side exit door alarm was immediately turned after it was noticed that it was off during the inspection. The alarm at the back patio sliding door that sounded when opened but not consistent, was replaced with a new one. Staff are reminded to always keep the exit alarms on at all times. The administrator will closely monitor by checking these alarms when she comes to the facility and calling the staff to remind them. This must be followed in strict compliance.	01/08/2018
0994 SS= F	449.2756(1)(e) - Alzheimer's facility - Dangerous items - NAC 449.2756 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 dangerous items were not accessible to 9 of 9 residents (Resident #1,#2, #3, #4, #5, #6, #7, #8, #9). Findings include: On 01/08/18, the following was found: At approximately 9:13 AM, there were two pairs of scissors in an unlocked file cabinet near the kitchen. At approximately 9:13 AM, Employee #4 confirmed the two pairs of scissors were unsecured. At 9:45 AM, there was a barbeque lighter in an unsecured end table drawer on the back patio. In the morning, Employee #1 confirmed the unsecured barbeque lighter. At approximately 10:10 AM, there was a non-electric razor in an unsecured cabinet drawer in the bathroom next to Room #3. Severity: 2 Scope: 3	0994	A general clean up was done to ensure all all sharp objects (i.e. knives, scissors, tools etc) are kept secured in a locked area. All areas were checked to make sure other items that could constitute danger to residents are secured and inaccessible to them. The barbecue lighter and the non-electric razor found at the unlocked end table drawer at the back patio and unsecured bathroom drawer respectively were placed in secured locations. The administrator will regularly check to ensure compliance for the safety of the residents.	01/09/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8675	A. BUILDING _____ B. WING _____	01/11/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMEERY CARE	333 PRINCE GEORGE ROAD, 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
0999 SS= F	449.2756(1)(g) - Alzheimer's Facility-Toxic substances - NAC 449.2756 Residential facility which provides care to persons with Alzheimer's disease: Standards for safety; personnel required; training for employees. 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 inaccessible to 9 of 9 residents. Findings include: On 01/08/17 at 9:15 AM, the following were found by a desk in the kitchen: Two bottles of nail polish remover in an unsecured desk drawer. One Glade air freshener spray canister and one container of Clorox Disinfecting Wipes on the desktop. At 9:37 AM, there was small container of Dawn Dish Soap in an unlocked lower cabinet near the sink in the kitchen. At 9:41 AM, the following items were found in an unlocked shed on the side of the house: Roundup weed killer. Several large bags of grass feed/seed. Several one gallon paint containers. Several five gallon paint buckets. At 9:45 AM, there was one bag of barbeque briquettes pre-infused with lighter fluid under an end table on the back patio. At 10:10 AM, there was an air freshener spray canister on the counter in the bathroom next to Room #3. At 10:21 AM, the following were found in an unlocked lower cabinet in the bathroom next to room #4: Three disinfectant wipes in a cabinet. One air freshener spray canister. Six bottles of bleach. Toilet bowl cleaner. One glass cleaner spray canister. At approximately 10:21 AM, there was an air freshener spray canister on the counter near the medicine cabinet. In the morning, Employee #1 confirmed the unsecured toxic substances. This is a repeat deficiency from an annual inspection on 01/10/17. Severity: 2 Scope: 3	0999	All toxic substances (i.e. air freshener, chlorox disinfecting wipes, Dawn dish soap, lighter fluid, glass cleaner, nail polish remover, round-up weed killer, bleach, toilet bowl cleaner are kept secured and inaccessible to residents. The administrator will regularly monitor for compliance to ensure this deficiency will not recur.	01/09/2018