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 _____	02/05/2019

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 2/04/19 and completed on 2/05/19. This State Licensure survey was conducted by the authority of NRS 449.0307, Powers of the Division of Public and Behavioral Health and in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. 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 ten. The facility received a grade 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 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		

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0053 SS= D	449.194(4) - Administrator's Responsibilities-Complete Rec - NAC 449.194 Responsibilities of administrator. The administrator of a residential facility shall: 4. Ensure that the records of the facility are complete and accurate. Inspector Comments: Based on observation, interview and document review the facility failed to ensure a Medication Administration Record (MAR) was complete for 1 of 10 residents (Resident #8). Findings include: Resident #8 was admitted to the facility on 04/07/16 with diagnoses including high blood pressure and chronic obstructive pulmonary disease. The Medication Administration Record (MAR) dated February 2019 documented Triple Antibiotic Ointment, apply a thin layer topically to the affected area daily. The MAR lacked documented evidence the medication had been applied in the morning on 02/03/19 and 02/04/19. The area on the MAR were blank or lacked the initials to indicate a caregiver had administered the medication. On 02/04/19 the Administrator confirmed the observation. Caregiver #1 advised it was not signed out. Caregiver #1 explained he had forgotten to document the ointment had been applied. Caregiver #1 was not able to verbalize where the affected area was to apply the medication. Severity: 2 Scope: 1	0053	A. Caregiver responsible failed to record their initial on 2/3/19 and 2/4/19 for the Triple Antibiotic ointment. B. The caregiver has been in-serviced to re-check MAR after each time medications are dispensed to residents. C. Administrator to check for compliance of this deficiency during routine visits to the facility. D. Date corrected: 2/4/19/ E. The Administrator will check the facility between the last of the month or by the 5th day of each month.	02/04/2019

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0069 SS= D	449.196(1)(e) - Qualifications of Caregiver-Meet needs - NAC 449.196 Qualifications of caregivers. 1. A caregiver of a residential facility must: (e) Possess the appropriate knowledge, skills and abilities to meet the needs of the residents of the facility. Inspector Comments: Based on observation and interview the facility failed to ensure caregivers had been trained on the use of a Hoyer Lift. Findings include: Resident #8 was admitted to the facility on 04/07/16 with diagnoses including high blood pressure and chronic obstructive pulmonary disease. On 02/04/19 at 12:20 PM, Caregiver #1 was observed transferring a resident from the wheelchair to the recliner with a Hoyer lift. On 02/04/19 at 3:45 PM, Caregiver #1 verbalized he had not been trained by the facility in the use of the Hoyer lift. The medical file contained a Needs Assessment dated 8/30/18, which documented the resident was wheelchair bound and required maximum assistance with bathing and dressing. The documentation indicated the resident was non- ambulatory. On 0/2/05/19 at 9:05 AM, Caregiver #2 verbalized she had not received training on the use of a Hoyer Lift. The personnel files for Caregiver #1 and Caregiver #2 lacked documentation they had been trained on the Hoyer lift. On 02/05/19 in the morning, the Administrator verbalized she would expect staff to be trained on the lift. The Administrator explained the instructions for the use of the Hoyer lift were at the facility and staff had been instructed on how to use the Hoyer Lift. The Administrator was not able to provide documentation to show staff had been trained for the use of a Hoyer lift. Severity: 2 Scope: 1	0069	A. Facility failed to provide written documentation of Hoyer lift training to staff. B. The facility will now provide Hoyer lift training to staff. C. The administrator will be responsible that the staff will receive Hoyer lift training when allocated. D. On the monthly checklist, we have added "Specialized Training for Restricted Conditions or Specialized Equipment Use". E The addition to the checklist will remind us that we should make sure that any and all new employees have been trained for restricted conditions or equipment Please see attached documents showing Hoyer lift training.	02/28/2019

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0178 SS= D	449.209(5) - Health and Sanitation-Maintain Int/Ext - NAC 449.209 Health and sanitation. 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. Inspector Comments: Based on observation and interview the facility failed to ensure the interior furnishings were well maintained. Findings include: On 02/04/19 during the facility tour, 3 brown colored recliners with a leather covering were cracked and worn. The head rests on the recliners had exposed padding material and one of the recliners had padding material visible in an arm rest. On 02/04/19 the Administrator confirmed the observation. The Administrator confirmed the exposed padding material could be an infection control concern. Severity: 2 Scope: 1	0178	We have budgeted to purchase new or slightly use furniture from a dealer to replace the recliners. We have a monthly checklist. The Administrator will calendar the event on her smartphone to complete the checklist between the 3rd and 5th of each month. The Administrator and the owner are the responsible parties to ensure the implementation of the plan.	03/04/2019

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0250 SS= F	449.217(1) - Kitchens-Equipment works; Clean and Sanitary - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. 1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition. Inspector Comments: Based on observation and interview the facility failed to ensure the equipment in the kitchen was clean and allowed for sanitary food preparation. Findings include: On 02/04/19 at 8:40 AM, a tour of the kitchen revealed the following; The top oven handle was greasy to the touch and contained dirt. The top of the coffee pot and the rice cooker contained food debris. The bottom of a kitchen drawer which contained Reynolds wrap and Press and seal had food debris. The shelves of a lazy Susan contained food debris. The lazy Susan contained a containers of chicken cubes, onion powder and seasoned cooking base. The outside of these containers were sticky to the touch. A Caregiver confirmed the observation. The glass plate in the microwave contained several white colored spots. A Caregiver confirmed the observation. The inside of the dishwasher contained yellowish stains. A Caregiver revealed it was greasy and did not look clean. On 02/04/19, the Owner confirmed the observations of the oven handle, the coffee pot and the rice cooker. On 02/04/19 at 8:50 AM, a Caregiver explained the kitchen, the appliances and the kitchen drawers were cleaned daily. The caregiver explained the microwave should be cleaned after being used. Severity: 2 Scope: 3	0250	1. We have implemented a clean schedule for Weekly and Monthly events that must be completed. 2. We will have an in-service on the correct procedures on cleaning the kitchen on a daily, weekly and monthly schedule. 3. We have created a checklist for the weekly and monthly schedule cleaning events. 4. We will have an in-service regarding the proper procedures for a safe and clean kitchen. 5. Each month between the last day of the month and before the 5th of the new month the Administrator will us Administrator's Monthly Plan – March QA-RM along with a monthly maintenance checklist. 6.. The Administrator is the person responsible for the implementation of procedures.	02/20/2019

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0251 SS= F	449.217(2) - Storage of Food-Perishable foods refrigerated - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. 2. Perishable foods must be refrigerated at a temperature of 40 degrees Fahrenheit or less. Frozen foods must be kept at a temperature of 0 degrees or less. Inspector Comments: Based on observation and interview the facility failed to ensure perishable food items had been refrigerated. Findings include: On 02/04/19 in the morning, during the tour of the kitchen the following items were stored in a lazy Susan located in the kitchen: A 24 ounce opened container of Parmesan Cheese A 32 ounce opened container of minced garlic A 2 quart opened container of Soy sauce The containers of Parmesan Cheese, minced garlic and the Soy sauce documented to refrigerate after opened. A Caregiver and the Administrator observed the containers and confirmed the observation. Severity: 2 Scope: 3	0251	1. We will check all items in the pantry and refrigerator to make sure that all condiments are stored 2. We will have an in-service on the correct procedures on identify products that must be refrigerated after being open for use. 3. We have created a daily checklist for the caregiver to complete and send over to the administrator. 4. The Administrator is the person responsible for the implementation of procedures. 5. Each month between the last day of the month and before the 5th of the new month the Administrator will us Administrator's Monthly Plan – March QA-RM along with a monthly maintenance checklist.	02/28/2019
0272 SS= E	449.2175(3) - Service of Food - Menus - NAC 449.2175 Service of food; seating; menus; special diets; nutritional requirements; dietary consultants. 3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days. Inspector Comments: Based on observation, interview and document review, the facility failed to ensure a menu was planned one week in advance. Findings include: On 02/04/19 the menu for March 3, 2019 thorough March 9, 2019 was posted in the kitchen on the wall over a kitchen table. The Administrator confirmed the observation. On 02/04/19 at 11:20 AM, a Caregiver indicated the January 2019 menu was just taken down and had followed the March menu for the meals. Severity: 2 Scope: 2	0272	1. We will check the menus to make sure that the correct menu is posted correctly and is for the correct week. 2. We will have an in-service on the correct procedures on identity how the caregiver must document any changes in the menu. 3. We have created a Monthly Checklist for the Administrator to review and ensure implementation between the 1st and 5th of each month. 4. The Administrator is the person responsible for the implementation of procedures.	02/20/2019
0273 SS= D	449.2175(4) - Service of Food - Special Diets - NAC 449.2175 Service of food; seating; menus; special diets; nutritional requirements; dietary consultants. 4. A resident who has been placed on a special diet by a physician or dietitian must be	0273	1. We discussed with Hospice the use of a thickener for Resident #3 and after their review, they discontinued the order for thickener. We have listed the food restrictions for Resident #6. 2. On February 20, 2019, we will have	02/20/2019

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	provided a meal that complies with the diet. The administrator of the facility shall ensure that records of any modification to the menu to accommodate for special diets prescribed by a physician or dietitian are kept on file for at least 90 days. Inspector Comments: Based on observation, interview and document review, the facility failed to ensure 2 of 10 residents (Resident #3 and Resident #6) received a prescribed special diet. Findings include: Resident #3 Resident #3 was admitted to the facility on 11/03/17, with diagnoses including dementia and high blood pressure. The Hospice file had an order dated 08/23/18 to add thick it to the residents liquid. The documentation indicated to follow the directions on the container for nectar thick liquids. On 02/04/19 in the morning, Resident # 3 had refused to speak with the inspector. On 02/04/19 at 11:00 AM, Resident #3 was sitting at the kitchen table with a cup of coffee. The coffle did not appear to be thickened. The coffee acknowledged the coffee was a thin liquid. On 02/04/19 at 11:05 AM, two Caregivers explained the resident was on a regular diet with regular thin liquids. On 02/04/19 at 11:25 AM, Resident #3 was served a glass of water with the lunch meal. The water in the glass appeared to be thin liquid. A Caregiver verbalized the water was regular water and acknowledged the water was a thin liquid. On 02/05/19 at 8:30 AM, a Caregiver verbalized the facility did not have thick it at the facility. The Caregiver advised Hospice had not brought it to the facility. The Caregiver was not able to provide a time frame as to when the resident had stopped receiving the thickened liquids. Resident #6 Resident #6 was admitted to the facility on 05/22/17 with diagnoses including dementia, high blood pressure and chronic Coumadin therapy. A Home Health Certification and Plan of Care for 08/31/18 through 10/29/18 documented for Nutritional requirements: No added salt, high fiber Coumadin diet. Heart Healthy. The documentation indicated the resident had orders to receive Coumadin orally Monday through Friday. On 02/04/19 in the		an in-service on Speciality Diets for residents. 3. Between the 1st and 5th of each month will review the dietary plan. 4. The administrator will use an "Administrator Monthly Plan Guideline" 5. The Administrator is the person responsible for the implementation of the review.	

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	afternoon, the Administrator indicated the resident was forgetful. On 02/04/19 in the afternoon, Resident #6 was not able to verbalize the current year, current president or the day of the week. On 02/05/19 at 8:40 AM, the Administrator was not able to verbalize what a Coumadin diet entailed. The Administrator explained no one had explained the resident was on a special diet. On 02/05/19 at 8:45 AM, a Caregiver explained she had not been told the resident was on a special diet, but was told not to give the resident greens. The Caregiver did not know how many grams of fiber was in a high fiber diet. The Caregiver explained the resident received fruit and ate a lot of vegetables. The Caregiver revealed the meals were cooked with some salt and for some meals soy sauce was used, depending upon the menu. The Caregiver explained she should have asked about the amount of fiber and the resident was allowed in the diet. Severity: 2 Scope: 1			
0274 SS= F	449.2175(5) - Service of Food - Substitutions - NAC 449.2175 Service of food; seating; menus; special diets; nutritional requirements; dietary consultants. 5. Any substitution for an item on the menu must be documented and kept on file with the menu for at least 90 days after the substitution occurs. A substitution must be posted in a conspicuous place during the service of the meal. Inspector Comments: Based on observation, interview and document review, the facility failed to ensure any substitution of the menu was documented and posted in a conspicuous place during the meal service. Findings include: On 02/04/19 the menu posted in the kitchen was dated March 3, 2019 through March 9, 2019. The menu posted in the kitchen on the wall by a kitchen table indicated the residents were to receive the following: Chicken/Dijon sauce, rice pilaf, broccoli, a baked roll and peach cobbler. During the lunch meal on 02/0419 at 11:20 AM, the residents had received Chicken/Dijon sauce with snow peas and carrots, white rice and grapes. A Caregiver explained she should follow what was on the menu, but the	0274	1. We will have a training class based on regulation. 2. Between the 1st and 5th of each month, the Administrator will review the menus and go over an errors found and do a retraining program with the staff. 3. The Administrator has a form to use to remember to check for problems with dietary issues. 4. An in-service will be held on February 20, 2019, with the staff. 5. The Administrator is the person responsible to oversee this deficiency in the future.	02/20/2019

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	residents did not like broccoli. The caregiver explained the residents received grapes and not the peach cobbler. On 02/04/19 at 11:25 AM, a Caregiver explained the menu for January had just been taken down and did not see the menu was for March. On 02/04019, the posted menu for dinner indicated the residents were to have received cheddar burger, pineapple chunks, a pickle/relish dish and french fries. On 02/04019 in the afternoon, the dinner served to the residents included: pot pie soup, pineapple chunks and garlic bread. A Caregiver explained she had spoken with a resident and "they" did not want the burgers. The posted menu in the kitchen did not reflect the changed menu for the lunch or dinner meal on 02/04/19. On 02/05/19 at 9:00 AM, a Caregiver explained the substitutions for 02/04/19 were not documented on the menu. The caregiver revealed she was aware the changes were to be made on the menu, but had not documented the changes to the menu. On 02/05/19 in the morning a copy of the menu which had been posted was received. The menu lacked documented evidence of the changes made to the menu for the lunch and dinner meal on 02/04/19. Severity: 1 Scope: 3			

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0592 SS= D	449.268(1)(c) - Resident Rights - NAC 449.268 Rights of residents; procedure for filing grievance, complaint or report of incident; investigation and response. 1. The administrator of a residential facility shall ensure that: (c) The residents are treated with respect and dignity. Inspector Comments: Based on observation and interview, the facility failed to treat 1 of 10 residents (Resident #5) with dignity and respect. Findings include: Resident #5 was admitted to the facility with diagnoses including dementia and high blood pressure. On 02/04/19 in the afternoon, the Administrator indicated the resident was alert and oriented to person. On 02/04/19 in the afternoon, a Care giver asked the resident, Mama are you ready for me Mama? On 02/04/19 in the afternoon Resident #5 refused to speak with the inspector. On 02/05/19 at 9:00 AM, the Administrator confirmed staff should call a resident by their name. Severity: 2 Scope: 1	0592	1. We will ask each resident or their family member what name they wish to be addressed by the staff. 2. We will add their preferred name to their plan of care for review by the caregivers and other staff members. 3. An in-service was held on February 20, 2019, with the staff. 4. The Administrator is the person responsible to oversee this deficiency in the future. 5. The Administrator and the owner will monitor the employees when they are at the facility to ensure that they are complying with the policy.	02/20/2019

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0885 SS= D	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 record review, the facility failed to ensure an expired medication had been destroyed for 1 of 10 residents (Resident #6). Findings include: The medical file for Resident #6 documented a physician's order for Acetaminophen 500 milligram tablet orally twice a day. On 02/04/19 in the afternoon, Resident #6's medication bin contained a bottle of Acetaminophen 500 milligram. The bottle indicated the medication expired in 10/18. On 02/04/19 at 1:25 PM, the Administrator confirmed the observation. The Administrator explained the medication needed to be destroyed if it had expired. Severity: 2 Scope: 1	0885	1. All medications, including dietary supplements and over-the-counter medication, will be checked to ensure they have not expired 2. At the end of each month when new MAR's are being made for the next month each medication will be checked for discoloration or expiration if there is a problem or the meds or expired they will be discarded according to Clark County Ordinance and shall never be administered. You always check the expiration date on the medication label before administering medications, but in practicality, this probably not done. If we find the expiration date on the medication label is past its shelf life it will be destroyed. 3. When the medication arrives from the pharmacy or the family and is logged in and counted the expiration date will be checked. 4. The Administrator is the responsible person to oversee the medication.	02/20/2019

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AMEERY CARE	333 PRINCE GEORGE ROAD, LAS VEGAS, NEVADA ,89123

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0923 SS= D	449.2748(3)(a-b) - Medication Container - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. 3. Medication including, without limitation, any over-the-counter-medication or dietary supplement, must be: (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician; and (b) Kept in its original container until it is administered. Inspector Comments: Based on observation, interview and record review the facility failed to ensure medication was labeled with the name of the resident for whom it was prescribed and the name of the prescribing physician. Findings include: On 02/04/19 at 2:25 PM, a pink basin was labeled with Resident #9's name. The pink basin was located in a locked cabinet which contained personal care supplies. The pink basin contained two bottles of Fluticasone Propionate 50 micrograms. The two bottles did not contain a label with the name of the resident for whom it was prescribed and the name of the prescribing physician. Both medication bottles documented for Rx (prescription) only. A Caregiver confirmed the observation. The medical file for Resident #9's lacked documented evidence of an order for Fluticasone Propionate 50 micrograms. On 02/04/19 in the afternoon, the Administrator confirmed the two bottles of Fluticasone Propionate 50 micrograms did not have a pharmacy label, with a residents name of the physician who prescribed the medication. Severity: 2 Scope: 1	0923	The medication was removed from Resident #9 pink basket. The medication actually belongs to Resident #10. The caregiver gave the medication to the resident to use as he felt it was needed. We had the physician rewrite the order for once daily. We place the new order on the MAR. The Administrator will audit the medication, MAR, storage distractions and other complaint issues between the last of the month or by the 5th day of each month. The Administrator is the person responsible.	02/19/2019