DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**05/03/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEARL CARE HOME LLC	**1012 PARADISE VIEW ST., HENDERSON, NEVADA ,89052**

(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 a complaint investigation completed in your facility on 05/03/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The census at the time of the survey was 10. The facility received a grade of A. The sample size was three. There was one complaint investigated. Complaint #NV00068280 was substantiated (See TAG 775 and TAG 878) The investigation of the Complaint included: Interviews were conducted with residents, Caregivers and the facility Manager. Record Review of three records, which included the resident of concern. Document Review included facility Medication Administration Records (MARs) and medication Order Summary Reports. 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		
0775 SS= D	Residents Having Diabetes-Med Admin - NAC 449.2726 Residents having diabetes 1. A person who has diabetes must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless: (b) The resident's medication is administered: (1) By the resident himself or herself without assistance; (2) By a medical professional, or licensed practical nurse, who is: (I) Acting within his or her authorized scope of practice and in accordance with all applicable statutes and regulations; and (II) Trained to administer the medication; or (3) If the conditions set forth in subsection 2 are satisfied, with the assistance of a caregiver employed by the residential facility.	0775	1) A resident who requires medication for DM will not be permitted to remain as a resident of the facility unless the medication is administered by the resident or a medical professional, as required by the regulation. 2) When R1 was admitted to the facility, both the R1 and the son were well aware and understood that the facility's employees are not allowed to administer R1's insulin (See attachment A). Both R1 and the son agreed for the son (POA) to inject insulin to R1. When R1's insulin administration was missed, we have verbally informed the hospice regarding this issue. But in the future we will use the Medication Incident Report form and fax the office directly every time the residents	05/31/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: MINKYUNG LIM Title: Administrator Date: 05/31/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	Inspector Comments: Based on interview and record review, the facility failed to ensure a resident requiring daily insulin injections received injections from an appropriately trained person for 1 of 3 residents (Resident #1). Findings include: Resident #1 (R1) was admitted on 02/02/23 with diagnoses including type 2 diabetes, paraplegia and chronic congestive heart failure. Physician's orders dated 02/02/23 documented Insulin Aspart Solution, inject as per sliding scale...subcutaneously before meals and at bedtime for diabetes mellitus II. In addition, Insulin Glargine Solution Pen-Injector 100 Units per milliliter (U/ml), inject 20 Units subcutaneously one time a day for diabetes mellitus II. R1 was unable to administer the medication themselves due to both physical and cognitive issues. R1's file lacked documented evidence the facility contacted a physician, other medical professional, or the resident's family member about the resident not being administered insulin daily since being admitted on 02/02/23. On 05/03/23 in the morning, Employee #2 (E2) and Employee #3 (E3) were caregivers at the facility and verbalized that Caregivers were not allowed to administer injections to residents. E2 indicated they saw R1's son (the Power of Attorney) administer R1's insulin only one time over the two months R1 was a resident at the facility. Severity: 2 Scope: 1		misses medication to make sure all requirements are met (See attachment B). 3) We will monitor the corrective action by reviewing the MAR more strictly every week. 4) The administrator and the manager will be responsible for monitoring this corrective action. 5) Date 05/31/23.	
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-	0878	1) A resident who requires medication for DM will not be permitted to remain as a resident of the facility unless the medication is administered by the resident or a medical professional, as required by the regulation. 2) R1 and the son agreed to follow the facility's regulations by son administering R1's insulin. They both were aware that the caregivers are not allowed to inject insulin, but the son didn't come to the facility as agreed so we had to communicate with the son and hospice. Per hospice's record the son requested insulin to be converted to oral form. So insulin was discontinued on	05/31/2023

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	the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of 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 interview and record review, the facility failed to ensure 1 of 3 sampled residents received medications as prescribed (Resident #1). Findings include: Resident #1 (R1) R1 was admitted to the facility on 02/02/23 with diagnoses including type 2 diabetes, paraplegia and chronic congestive heart failure. R1's February and March 2023 Medication Administration Record (MAR) documented GNP Ulticare Pen Needles 32 Gauge (G) X 4 millimeter (mm): Generic for: Beckton Dickinson (BD) use with Insulins. R1's physician's orders dated 02/02/23 documented Insulin Aspart Solution, inject as per sliding scale...subcutaneously before		03/27/23 (See attachment C). 3) We will monitor the corrective action by reviewing MAR and doctor's orders more strictly every 2 weeks. 4) The manager and the administrator will be responsible for monitoring this corrective action. 5) Date 05/31/23.	

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	meals and at bedtime for diabetes mellitus II. In addition, Insulin Glargine Solution Pen-Injector 100 Units per milliliter (U/ml), inject 20 Units subcutaneously one time a day for diabetes mellitus II. These orders were not documented on the resident's MAR and R1's records lacked documented evidence insulin was administered to R1 since being admitted to the facility on 02/02/23. On 05/03/23 in the morning, Employee #2 (E2) acknowledged R1 was not administered insulin because being a caregiver they were not allowed to administer insulin to residents. E2 verbalized they saw R1's son (the Power of Attorney) administer R1's insulin only one time over the two months R1 was a resident at the facility. Severity: 2 Scope: 1			