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
	10031	A. BUILDING _____ B. WING _____	11/17/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRANQUILLIUM-HALEH SENIOR CARE	3460 W HALEH AVE, LAS VEGAS, NEVADA ,89141

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure and infection control survey conducted at your facility on 11/17/22, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for nine Residential Facility for Group beds for elderly and disabled persons and/or Alzheimer's disease, six Category II residents and three Category II (Alzheimer's) residents. The census at the time of the survey was four. Four resident files and four 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 investigation, 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		
0895 SS= D	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 observation, interview and record review, the facility failed to ensure the Medication Administration Record (MAR) reflected the physician's current order for prescribed medications for 1 of 4 residents (Resident #3). Findings include: Resident #3 (R3) R3 was admitted 10/15/22 with diagnoses of	0895	1. We corrected the specific finding by showing the discontinued order for Hydralazine and the change order for gabapentin to the surveyor at the time of survey. 2. The measure we put into place for this correction is to have on hand these orders in the MAR to show the discontinue and updated medication list for this change. 3. This corrective action will be monitored daily by the assistant manger for medication changes and correct document is in the MAR binder according to that specific month. 4. The Assistant Manager will be reviewing the MAR daily. 5. This was implemented on December 14, 2022 and will be monitored throughout the year. 6. Attached this the POC is the documentation of the change and the discontinue order. 7. To correct other areas of this the MAR will contain these documents for other residents to ensure this correction is corrected in all files.	12/14/2022

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	intervertebral disc degeneration, lumbar region, and chronic pain syndrome. The physician order dated 10/13/22 documented Gabapentin 600 milligrams (mg) tablet, take 1 tablet by oral route 2 times every day. The November 2022 MAR documented Gabapentin 600 mg tablets take 2 tablets by mouth 2 times a day for pain (Ensure Not To Exceed 3000 mg Acetaminophen for all sources). R3's record lacked documented evidence of a change order. The physician order dated 10/13/22 documented Hydralazine HCl 10 mg tablet, give 1 tablet by mouth every four hours as needed for high blood pressure. The November 2022 MAR for as needed medications did not document the medication Hydralazine HCl 10 mg tablet. The medication bottle was in R3's medication box and R3's record lacked documented evidence of the medication being discontinued. On 11/17/22 in the afternoon, the Administrator confirmed the change order was from two 600 mg Gabapentin tablets twice a day to one 600 mg Gabapentin tablet twice a day and the Hydralazine HCl 10 mg should have been discontinued and discarded and confirmed there was no documented evidence of the change orders. Severity: 2 Scope: 1			
1540 SS= E	Cultural Competency Training Inspector Comments: Based on record review and interview, the facility failed to ensure employees received cultural competency training within 30 days of their date of hire for 3 of 4 employees (Employee #2, Employee #3 and Employee #4). Findings include: On 11/17/22 in the afternoon, a review of employee files revealed the following: Employee #2 (E2) E2 was hired as a Caregiver on 07/07/22. E2's file lacked documented evidence of completion of an approved cultural competency training course. Employee #3 (E3) E3 was hired as a Caregiver on 02/02/22. E3's file lacked documented evidence of completion of an approved cultural competency training course. Employee #4 (E4) E4 was hired as a Caregiver on 02/02/22. E4's file lacked documented evidence of completion of an approved cultural competency training	1540	Cultural Competency Training 1. To correct this specific deficiency, we will ensure that the Cultural Competency Training commences within 30 days after the Division assigns a course number of our approved course for all of our current employees and that new employees will have to complete this course in order to pass all requirements of the onboarding process. 2. To ensure that this deficient	12/14/2022

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	course. On 11/17/22 in the afternoon, the Administrator acknowledged E2, E3 and E4 had not taken an approved cultural competency course. Severity: 2 Scope: 2		practice does not occur, our company's HR department will incorporate this training as part of the onboarding process of all new employees and will also make sure that they receive copies of the certificate of all current employees for their HR file. 3. We have revised the Employees checklist to include completion of the Cultural Competency Training as a requirement so that status will need to be updated as soon as training is completed for current employees. For new employees, HR will not complete the onboarding process without copy of the training certificate. 4. HR supervisor will work closely with the Housing Operations manager in making sure that all staff have the required training. 5. We have submitted our Cultural Competency course for Divisions approval on 10/21/2022 and hope to get it approved within 60 days and then be able to train all housing staff by within 30 days of approval. If we do not get approved we will use the Cultural Competency Program by Nevada Cultural Competency Course ID# CCT-2021-002. 6. See attached revised Employee checklist which includes the Cultural Competency training requirement. Email confirmation of the course we submitted for approval.	

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			7. In order that this deficient practice doesn't occur in other areas of our company, HR will make this training mandatory for all departments as soon as our course gets approved. Approved Cultural Competency Course 1. To correct this specific finding, we have developed our own Cultural competency program to use as training for all housing staff and all staff in our other departments of our company. We have submitted our program for approval on 10/21/2022. 2. By having our own approved program we can ensure that all staff have the required Cultural Competency Training in the required time mandated by the division of 30 days upon hire or upon 30 days of course approval. 3. The company will incorporate this training in our onboarding process so that we can ensure all staff will have the Cultural Competency knowledge whether they provide direct support to our clients/residents or not. 4. HR supervisor will monitor and make sure that all current and	

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			new staff have this training. 5. We have turned in our course for approval on 10/21/2022, hopefully we can get approval within 30 days and be able to train our CBLA housing staff before 12/21/2022. 6. Copy of email confirmation that we have submitted our course for approval. 7. In order that this deficient practice doesn't occur in other areas of our company, HR will make this training mandatory for all departments as soon as our course gets approved.	