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
	10175	A. BUILDING _____ B. WING _____	08/23/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEE HIVE HOMES OF HENDERSON	1000 GREENWAY RD BLDG 2, HENDERSON, NEVADA ,89002

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual and infection control State Licensure survey completed at your facility on 08/23/22, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 20 Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was 12. Twelve resident files and six 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 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		

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 REPRESENTATIVE'S SIGNATURE Name: GERALD HAMILTON Title: Administrator Date: 09/02/2022

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0050 SS= F	Administrator's Responsibilities - Oversight - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.27706, inclusive, and chapter 449 of NRS. Inspector Comments: Based on interview and document review, the facility failed to ensure COVID-19 protocols were followed in response to a COVID-19 outbreak. Findings include: On 08/23/22 at 8:45 AM, the House Manager reported 2 of 12 residents were COVID-19 positive. There was no signage present to indicate the facility had COVID-19 positive residents. The House Manager reported there were no dedicated staff to provide care for residents who tested positive for COVID-19. The Infection Prevention and Control Plan for COVID-19 policy dated 7/01/21, documented a dedicated staff member will be assigned to care only for confirmed or suspected COVID-19 positive residents. Severity: 2 Scope: 3	0050	08/25/22 Staffing schedule was made to assign designated staff for Covid positive residents where possible. The facility's COVID-19 Infection Prevention and Control plan has been updated per current CDC guidance. The plan will be consulted and followed in the event of any future outbreaks of COVID-19. 08/31/22	09/02/2022
0255 SS= F	Permits-Comply with NAC 446 on Food Service - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 6. A residential facility with more than 10 residents shall: (a) Comply with the standards prescribed in chapter 446 of NAC; and (b) Obtain the necessary permits from the Division. Inspector Comments: Based on observation on 08/23/2022, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Critical Violations: a. There were multiple items in the reach-in refrigerator that were expired and held longer than seven days past the date of preparation, such as a bottle of Caesar dressing expired 05/23/22; garlic butter prepped 08/01/22; beans and gravy prepped 08/13/22; and fruit salad, soup and	0255	Dietary Manager has included daily checks to 8/28/22 remove expired food to be done by cooks and will monitor weekly. Signage has been posted to remind cooks to wear 8/31/22 hair nets. Dietary Manager and house managers will	09/02/2022

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	bone-in turkey prepped 08/16/22. 2. Major Violations: a. The dietary employee working in the kitchen was not in a hair restraint or hair net. b. A scoop was stored in a bulk container of sugar with the handle directly touching the product. c. There was dust and grease build-up around the knobs and internal components on the range. Severity: 2 Scope: 3		monitor to ensure compliance. Our policy is to never leave scoops in bins. Caregivers 9/30/22 and kitchen employees in both buildings will be havingtraining in September done by Dietary Manager to go over kitchen policies. This will be monitored by Dietary Manager and trainingcompleted by 9/30. All new employees will receive 2 hours of training in thekitchen to be monitored by House Managers. Knob cleaning has been added to the monthly cleaning 8/29/22 schedule in the kitchen and will be monitored by the DietaryManager monthly to ensure it has been completed.	
0878 SS= E	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-the-counter medications and dietary supplements must be included in the record	0878	The medication cart audit had been completed for expired meds and shown to surveyor on 8/23. House Managers will continue to complete monthly cart audits and communicate to families and providers to ensure compliance in a timelier manner. Resident 1 D/C orders were received 8/24. Resident 2 Medication delivered 8/23 and Resident 3 medication required new orders and was delivered 9/1.	09/02/2022

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	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 observation, interview and record review, the facility failed to ensure medications were on site at the facility and available for 3 of 10 sampled residents (Resident #1, #2, and #3). Findings include: Resident #1 (R1) R1 was admitted on 03/19/18, with diagnoses including pain and tremors. A physician's order dated 06/21/18, documented R1 was prescribed Triamcinolone Acetonide topical 0.025 percent. Apply to affected area twice a day as needed. The medication was not on-site and available for R1. A physician's order dated 07/20/20, documented R1 was prescribed Nystatin 100000 unit/gram. Apply topically three times a day to affected area as needed. The medication was not on-site and available for R1. On 08/24/22 in the morning, the Wellness Director indicated R1 needed the medication every so often for skin issues. The Wellness Director acknowledged the medication			

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	should have been on site and available for R1. Resident #2 (R2) R2 was admitted on 08/19/19, with diagnoses including chronic kidney disease and dementia. A physician's order dated 09/02/19, documented R2 was prescribed Imodium 2 milligrams (mg). Take one capsule by mouth twice a day as needed for diarrhea. The medication was not on-site and available for R2. On 08/24/22 in the morning, the Wellness Director indicated needed the medication every so often for diarrhea. The Wellness Director acknowledged the medication should have been on site and available for R2. Resident #3 (R3) R3 was admitted on 05/03/17, with diagnoses including Parkinson's disease and diabetes. A physician's order dated 01/19/21, documented R3 was prescribed Nystatin 100000 unit/gram. Apply topically twice a day to affected area as needed. The medication was not on-site and available for R3. On 08/24/22 in the morning, the Wellness Director indicated R3 needed the medication every so often for skin issues. The Wellness Director acknowledged the medication should have been on site and available for R3. Severity: 2 Scope: 2			