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 _____ | 08/24/2023 |

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

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| 0000 | Initial Comments<br><br>Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey completed at your facility on 08/24/23, 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 with assisted living services, Category II residents. The census at the time of the survey was 12. Ten resident files and ten 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 | | |

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| 0065 SS= D | Qualifications of Caregivers-Age-Eng-Training - NAC 449.196 Qualifications and training of caregivers. (NRS 449.0302) 1. A caregiver of a residential facility must: (a) Be at least 18 years of age; (b) Be responsible and mature and have the personal qualities which will enable him or her to understand the problems of elderly persons and persons with disabilities; (c) Understand the provisions of NAC 449.156 to 449.27706, inclusive, and sign a statement that he or she has read those provisions; (d) Demonstrate the ability to read, write, speak and understand the English language; (e) Possess the appropriate knowledge, skills and abilities to meet the needs of the residents of the facility; and (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility.<br><br>Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 10 Caregivers received eight hours of elderly and disabled training (Employee #4 was hired on 12/18/17, and was missing seven hours of annual elderly and disabled training). On 08/24/23 at 12:30 PM, the House Manager was unable to provide documented evidence of elderly and disabled training for Employee #4 and acknowledged the missing documents. Severity: 2 Scope: 1 | 0065 | Employee #4 has completed an additional 7.75 hours of training. The house manager will monitor each caregiver's training hours monthly to ensure that each caregiver completes a minimum of 8 hours of training annually. The administrator will work together with the house manager to ensure that each caregiver's hours are completed annually by their anniversary date, as a condition of their annual performance review. | 08/29/2023 |

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| 0106 SS= E | Personnel File - 1st Aid & CPR - NAC 449.200 Personnel files 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1: (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation;<br><br>Inspector Comments: Based on record review and interview, the facility failed to ensure 4 of 10 employees were trained in cardiopulmonary resuscitation (CPR) and first aid (Employee #3 (E3) was hired on 01/18/23. E3's last CPR and first aid was completed online on 01/22/22. E3's file lacked documented evidence E3 completed CPR in person, per the requirement. Employee #6 was hired on 06/16/23, and lacked documented evidence of CPR and first aid training. Employee #7 (E7) was hired on 05/03/23. E7's CPR and first aid expired on 06/14/23. Employee #9 was hired on 07/02/23, and lacked documented evidence of CPR and first aid training). On 08/24/23 at 12:30 PM, the House Manager was unable to provide documented evidence of the CPR and first aid trainings for Employee #3, #6, #7, and #9 and acknowledged the missing documents. Severity: 2 Scope: 2 | 0106 | Employee #3 is no longer employed at the facility. CPR and first aid training has been completed for employees 6, 7, and 9, and is now recorded in their personnel files. The house manager will ensure that evidence of current CPR and first aid training is on file for each caregiver employed. The administrator will review new employee files for compliance and also coordinate with the house manager as a condition of employment for each caregiver's annual performance review. | 09/10/2023 |
| 0255 SS= D | 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.<br><br>Inspector Comments: Based on observation on 08/24/2023, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Major Violations: a. There was a crack in the granite countertop in front of the three-compartment sink. b. The vinyl floor around the dish machine was peeling and in disrepair. Severity: 2 Scope: 1 | 0255 | The crack in the granite countertop was repaired with an epoxy sealer. The flooring repair has been contracted and is scheduled to be completed on 09/11/23. The dietary manager will notify the administrator of any repair issues needing attention, and the administrator will also note any repairs needed from the consulting dietitian periodic inspection reports. | 09/10/2023 |
| 0840 | Review of Medical Condition of Resident - | 0840 | Resident #1 and Resident #2 were | 08/24/202 |

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| SS= D | NAC 449.2738 Review of medical condition of resident; relocation or transfer of resident having certain medical needs or conditions. (NRS 449.0302) 1. If, after conducting an inspection or investigation of a residential facility, the Bureau determines that it is necessary to review the medical condition of a resident, the Bureau shall inform the administrator of the facility of the need for the review and the information the facility is required to submit to the Bureau to assist in the performance of the review. The administrator shall, within a period prescribed by the Bureau, provide to the Bureau: (a) The assessments made by physicians concerning the physical and mental condition of the resident; and (b) Copies of prescriptions for medication or orders of physicians for services or equipment necessary to provide care for the resident.<br><br>Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 10 residents with diagnoses of dementia were evaluated by a physician to determine placement (Resident #1 and #2). Findings include: Resident #1 (R1) R1 was admitted on 08/24/19, with a diagnosis of dementia. On 08/24/23 in the morning, R1's file lacked documented evidence of a Standard Physician Placement Determination form documenting the resident was able to reside in a home not licensed for dementia. R1 was not available for a cognitive assessment. R2 was admitted on 11/17/20, with diagnosis of dementia. On 08/24/23 in the morning, R2's file lacked documented evidence of a Standard Physician Placement Determination form documenting the resident was able to reside in a home not licensed for dementia. R2 was not available for a cognitive assessment. The House Manager and the nurse acknowledged R1 and R2 both had diagnoses of dementia and R1 and R2's files were missing a Standard Physician Placement Determination form documenting whether they could reside in the facility with a dementia diagnosis. The House Manager and nurse acknowledged the facility did not have an Alzheimer's endorsement to retain | | evaluated by their physician and each now has a placement determination form in their record. Each new resident will be evaluated prior to admission for proper placement in the facility. If any new resident has a diagnosis of dementia but is determined appropriate for placement, a standard placement determination form will be completed, signed by the physician, and kept in the resident's record. The administrator will review each new admission for the need for the determination and ensure the appropriate documentation is in the record. | 3 |

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| | residents with a dementia diagnosis. Severity: 2 Scope: 1 | | | |