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 _____	08/28/2024

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 State Licensure survey completed at your facility on 08/28/24 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for twenty Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was twelve. Ten resident files and eight 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		
0104 SS= D	Personnel Files - Background Checks - NAC 449.200 Personnel files. (NRS 449.0302) 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. Inspector Comments: Based on record review, document review and interview, the facility failed to ensure a background check was completed every five years through the Nevada Automated Background Check System (NABS) for 1 of 8 sampled employees (Employee #2). Employee #2 (E2) E2 was hired on 12/16/17 as a Caregiver. E2's NABS Clearance Letter was dated 01/04/18 and expired on 01/04/23. E2's file lacked documented evidence of a five-year fingerprint renewal and a current NABS Clearance Letter. On 08/28/24 in the afternoon, the Nurse acknowledged E2's NABS Clearance Letter had expired. Severity: 2 Scope: 1	0104	A new fingerprint clearance has been submitted for employee E2 and results will be placed in her file as soon as they are received by the facility. The house manager will audit the files of all current employees to determine if all are in compliance with the 5-year renewal requirement. Any lacking the updated background check will be submitted for clearance. The house manager will review all employee files for compliance at least annually, in connection with annual performance reviews.	09/10/2024

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0170 SS= F	Health And Sanitation-Safe Water & Sewage - NAC 449.209 Health and sanitation. (NRS 449.0302) 1. A residential facility must: (a) Have a safe and sufficient supply of water, adequate drainage and an adequate system for the disposal of sewage. Inspector Comments: Based on observation and interview, the facility failed to ensure a facility's water was safe for residents to use. Findings include: On 08/28/24 between 9:05 AM and 10:00 AM, the water temperature was measured in six resident rooms at different ends of the facility. Water temperatures varied between 100 degrees Fahrenheit (F) to 110 degrees Fahrenheit (F). The six rooms had faucet and/or shower water temperature readings exceeding 110 degrees Fahrenheit (F). The surveyor tested the water in each of the residents' rooms and felt the water created a burning sensation to the surveyor's hand after running for 15 seconds. The surveyor had to withdraw the hand after 15 seconds as the water was too hot to continue. Room 14: faucet water temperature 126.0 degrees F, shower water temperature 110.1 degrees F. Room 3: faucet water temperature 125.6 degrees F, shower water temperature 116.1 degrees F. Room 5: faucet water temperature 129.2 degrees F, shower water temperature 118.4 degrees F. Room 6: faucet water temperature 127.7 degrees F, shower water temperature 117.1 degrees F. Room 10: faucet water temperature 129.9 degrees F, shower water temperature 118.4 degrees F. Room 18: faucet water temperature 127.5 degrees F, shower water temperature 112.1 degrees F. On 08/28/24 in the morning, the Nurse observed the thermometer readings at the residents' faucets showers and verified they were elevated temperatures and could potentially burn the residents at that high temperature. The Nurse agreed the water temperatures were too hot and should have been lowered to prevent a potential safety hazard. Severity: 2 Scope: 3	0170	The facility hired a plumber to evaluate the hot water supply and make necessary adjustments. The hot water temperatures have been adjusted to be between 100 and 110 degrees. The hot water temperature requirement and adjustments were discussed with the residents at their resident council meeting on 9/11/24. The house manager will test water temperatures weekly for 60 days, then at least monthly thereafter to ensure they are within the acceptable range.	08/30/2024

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0174 SS= F	Health& Sanitation-odors-hazards-insects-dirt - NAC 449.209 Health and sanitation. (NRS 449.0302) 4. To the extent practicable, the premises of the facility must be kept free from: (a) Offensive odors; (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility; (c) Insects and rodents; and (d) Accumulations of dirt, garbage and other refuse. Inspector Comments: Based on observation and interview, the facility failed to ensure water temperatures were within the acceptable range of 100 degrees Fahrenheit (F) to 110 degrees Fahrenheit (F). Findings include: On 08/28/24 between 9:05 AM and 10:00 AM, the water temperature was measured in six resident rooms at different ends of the facility. The six rooms had a faucet and/or shower water temperature readings exceeding 110 degrees Fahrenheit (F). Room 14: faucet water temperature 126.0 degrees F, shower water temperature 110.1 degrees F. Room 3: faucet water temperature 125.6 degrees F, shower water temperature 116.1 degrees F. Room 5: faucet water temperature 129.2 degrees F, shower water temperature 118.4 degrees F. Room 6: faucet water temperature 127.7 degrees F, shower water temperature 117.1 degrees F. Room 10: faucet water temperature 129.9 degrees F, shower water temperature 118.4 degrees F. Room 18: faucet water temperature 127.5 degrees F, shower water temperature 112.1 degrees F. On 08/28/24 in the morning, the Nurse observed the thermometer readings and verified the elevated temperatures. The Nurse agreed the water temperatures should be lowered, and explained the water heater was in the attic, and the plumber would not be able to adjust the water temperature until the next day. Severity: 2 Scope: 3	0174	The facility hired a plumber to evaluate the hot water supply and make necessary adjustments. The hot water temperatures have been adjusted to be between 100 and 110 degrees. The hot water temperature requirement and adjustments were discussed with the residents at their resident council meeting on 9/11/24. The house manager will test water temperatures weekly for 60 days, then at least monthly thereafter to ensure they are within the acceptable range.	08/30/2024
1840 SS= F	UNL Caregiver Training - R063-21 Sec. 4 1. An unlicensed caregiver who provides care to residents, patients or clients at a facility described in section 3 of this regulation shall annually complete evidence-based training provided by a nationally recognized organization concerning the control of	1840	Employees E1, E2, E3, and E6 have completed the required infection control training. The house manager will identify other current employees who need to complete the training within their first year of employment, and schedule the training for them so that it is completed by their first	09/25/2024

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	infectious diseases. The training must include, without limitation, instruction concerning: (a) Hand hygiene; (b) The use of personal protective equipment, including, without limitation, masks, respirators, eye protection, gowns and gloves; (c) Environmental cleaning and disinfection; (d) The goals of infection control; (e) A review of how pathogens, including, without limitation, viruses, spread; and (f) The use of source control to prevent pathogens from spreading. 2. Each unlicensed caregiver who completes the training required by subsection 1 must provide proof of completion of that training to the administrator or other person in charge of the facility in which the unlicensed caregiver provides care. Inspector Comments: Based on record review and interview, the facility failed to ensure 4 of 8 sampled employees obtained the required infection control training (Employees #1, #2, #3, and #6). Findings include: Employee #1 (E1) E1 was hired as the House Manager on 01/16/23. E 's employee file lacked documented evidence of training concerning the control and prevention of infections from the approved nationally recognized organizations. Employee #2 (E2) E2 was hired as a Medication Technician and Caregiver on 12/16/17. E2's employee file lacked documented evidence of training concerning the control and prevention of infections from the approved nationally recognized organizations. Employee #3 (E3) E3 was hired as a Caregiver on 05/03/23. E3's employee file lacked documented evidence of training concerning the control and prevention of infections from the approved nationally recognized organizations. Employee #6 (E6) E6 was hired as a Caregiver on 08/23/22. E6's employee file lacked documented evidence of training concerning the control and prevention of infections from the approved nationally recognized organizations. On 08/28/24 in the afternoon, the Nurse acknowledged E1, E2, E3, and E6 did not obtain the required infection control and prevention training from the approved nationally recognized		anniversary date. This topic will be added to the facility's list of required annual training, to be monitored for completion for each employee by the house manager.	

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	organizations.. Severity: 2 Scope: 3			