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 _____	**09/28/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAMILY HOME CARE RHL	**975 CORDONE AVENUE, RENO, NEVADA ,89502**

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey and complaint investigation conducted at your facility on 09/28/22. This State Licensure Survey was conducted 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 persons with mental illness, and/or persons with chronic illness, Category II residents. The census at the time of the survey was nine. Nine resident files and four employee files were reviewed. The facility received a grade of B. There was one complaint investigated. Complaint# NV00065771 with the following allegations could not be substantiated due to lack of evidence. Allegation #1, a resident was sent to the emergency department without a valid medical reason. Allegation #2, the facility refused to take a resident back after sending the resident to the hospital. The investigation into the allegations included: Observations of the residents in the facility, including the resident of concern, interacting with facility staff. Interviews were conducted with two residents, including the resident of concern, and a Caregiver/Administrator Designee. Review of nine resident records. Review of the hospital discharge summary for the resident of concern. 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		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | Name: FLORENTINO T. LEANILLO | Title: Adminsitrator | Date: 11/05/2022

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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1540 SS= B	Cultural Competency Training Inspector Comments: Based on personnel record review and interview, the facility failed to ensure cultural competency training was completed timely for 2 of 4 employees (Employees #3 and #4). Findings include: Employee #3 Employee #3 was hired as a Caregiver and the Administrator Designee with a start date of 01/17/22. The personnel record for Employee #3 had a cultural competency training certificate dated 07/23/22. Employee #4 Employee #4 was hired as a Caregiver with a start date of 04/20/13. The personnel record for Employee #4 had a cultural competency training certificate dated 08/06/22. On 09/28/22 at 11:00 AM, the Caregiver/Administrator Designee confirmed the cultural competency training for Employee #3 and #4 was completed late. Severity: 1 Scope: 2	1540	1540 A) The facility will ensure that all caregiver, personnel will take the Cultural Competency Training be starting to work B) The facility and the Administrator of this group home will ensure that all personnel and caregiver have completed the training of Cultural Competency Training before they can start the first day of work. C) The facility and the administrator of this group home will ensure that this problem will not happen again	10/13/2022

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0174 SS= D	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 a bathroom in the facility did not have a towel bar coming loose from the wall, a thick layer of dust covering the exterior of the vent, and a thick layer of dust covering the top of the towel dispenser. Findings include: On 09/28/22 at 9:00 AM, the bathroom across from bedroom number three had a towel bar coming loose from the wall. The end of the towel bar closest to the door had the top two screws hanging out of the wall by approximately a half an inch. The bottom two screws were completely detached from the wall. The vent in the ceiling of the bathroom had a thick layer of dust covering the exterior of the vent. A paper towel dispenser located above the toilet had a thick layer of dust covering the top of the dispenser. On 09/28/22 at 9:17 AM, the Caregiver/Administrator Designee confirmed the findings. Severity: 2 Scope: 1	0174	0174 A. Please find the following: (1) towel bar repaired, (2) vent bathroom 1 already clean, (3)vent in bathroom 2 cleaned, (4) ceiling vent at the smoking area cleaned, (5) Wall heater at the living room/family room cleaned B. (1) The facility and the administrator had a meeting with all the caregiver and agreed that when cleaning the bathroom all the following should be included, vent in the ceiling, top of the paper towel dispenser, all shelves in the bathroom. (c) The facility will ensure that all bathroom are clean everyday (d) The facility and the administrator will ensure that all parts of the house/ facility is clean.(D)The facility and the administrator will ensure that the group is free from any obstacle that will be dangerous for all the resident (E) The facility will ensure that this problem will not happen again.	10/13/2022

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0178 SS= D	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility failed to ensure two screens were not torn and separating from the window frame and an unplugged steam dryer was not located in the back yard in a resident use area. Findings include: On 09/27/22 at 9:10 AM, two screens on the exterior of windows on the side of the house by the gas meter were torn and were separating from the window frames. On 09/27/22 at 9:15 AM, a steam dryer was unplugged and in the backyard of the facility in an area designated as the resident smoking area. On 09/27/22 at 9:16 AM, the Caregiver/Administrator Designee confirmed the screens were torn and separating from the frames. The Caregiver/Administrator Designee verbalized the steam dryer was not in use by the facility and was being stored in the backyard. Severity: 2 Scope: 1	0178	0178 A) Please find the picture of the repaired screen of Window 1 and window 2 B) The facility repaired the screen of window of windo1 and window 2. C) The facility already disposed the old dryer located at the smoking area D) The facility will ensure that all the things that need repair in the group home are done right away. The facility will ensure that all minor and major repair are in the facility done as soon as possible, The facility will also ensure that all the premises of the facility are clean and the facility will also ensure that interior and exterior of the group home are well maintained and also the landscaping is clean and well manicured. (e) The facility and the administrator will ensure that this problem will not happen again	10/13/2022
0870 SS= D	Medication Administration-Accuracy & Report - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility. (b) Include a	0870	0870 A) (1) The medication review of the facility is done every 6 month (2). medication review of the facility is requested to the pharmacy who supplying the medication of all the resident of the facility 3. Medication review that is fax to the facility is already reviewed and sign by the pharmacist. (please find our medication review signed by the pharmacist, (4). when the facility received the medication review from the pharmacy , the facility will call the doctors office to notify the doctor if there are problems that need to be relay to the primary doctor. (5) The administrator of this facility will ensure that all medication review are fax to the primary physician (6) The notation of the pharmacy in the medication	10/13/2022

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	copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). Inspector Comments: Based on interview and clinical record review, the facility failed to ensure a physician was notified of pharmacist recommendations for 2 of 9 residents (Residents #5 and #6). Findings include: Resident #5 Resident #5 was admitted to the facility on 10/08/21, with diagnoses including mood disorder and allergic rhinitis. A Pharmacy Medication Review for Resident #5, dated 03/23/22, documented a recommendation to monitor the resident due to an identified medication issue of citalopram, olanzapine, and quetiapine causing a risk of increased QTc intervals. The review lacked documentation the physician had been notified of the recommendation and was not signed by the physician. A Pharmacy Medication Review for Resident#5, dated 08/18/22, documented citalopram and quetiapine could cause an irregular heart rate. Monitor heart rate periodically. The review lacked documentation the physician had been notified of the recommendation and was not signed by the physician. Resident #6 Resident #6 was admitted to the facility on 08/30/21, with diagnoses including paranoid schizophrenia and anxiety. A Pharmacy Medication Review for Resident #6, dated 09/23/22, documented a recommendation to monitor the resident as the resident was taking olanzapine and quetiapine. Both medications increased the possibility of extrapyramidal symptoms. The review lacked documentation the physician had been notified of the recommendation and was not signed by the physician. On 09/28/22 at 11:00 AM, the		review of resident #5 and resident #6 was verbally relayed to the primary physician (7) The primary physician of resident #5 and #6 was ordered to do urine test. (8) The facility will ensure that medication review is done every 6 months and the medication will be fax to the primacy doctor.(9) The facility and the administrator will ensure that this problem will not happen again	

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	Caregiver/Administrator Designee confirmed the Pharmacy Medication Reviews for Resident's #5 and #6 lacked documentation the physician had been notified of the recommendations. Severity: 2 Scope: 1			
0885 SS= D	Medication - Destruction - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Inspector Comments: Based on observation, interview, and clinical record review, the facility failed to ensure a discontinued and expired medication was destroyed for 1 of 9 residents (Resident #4). Findings include: Resident #4 Resident #4 was admitted to the facility on 12/08/11, with diagnoses including psychosis and hyperlipidemia. A physician's order for Resident #4, dated 09/12/22, documented polyethylene glycol 3350, mix one packet into eight ounces of juice or water and drink daily for seven days. The September 2022 Medication Administration Record (MAR) for Resident #4 documented the polyethylene glycol was administered as ordered for the dates of 09/12/22 through 09/19/22. The medications for Resident #4 included a bottle of polyethylene glycol 3350 with the directions to mix 17 grams in eight ounces of water or juice and drink once daily documented on the label. The documented fill date was 10/16/20 and the expiration date was 10/16/21. On 09/28/22 at 10:50 AM, the Caregiver/Administrator Designee confirmed the polyethylene glycol had been	0885	0885 (A) Medication of resident # 4 was destroyed using the correct methods of disposing the medication (b) The facility will ensure that all expired medication will not be keep in the medication cabinet (d) The facility will ensure that all discontinued medication are not keep in the medicine cabinet (e) The administrator and the facility will ensure that the problem will not happen again	10/13/2022

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	expired since 10/16/21. The Caregiver/Administrator Designee verbalized the medication was from an old order and had been discontinued. The medication should have been destroyed so the expired medication was not administered to the resident. Severity: 2 Scope: 1			
0905 SS= D	Administration of Medication Restrictions - NAC 449.2746 Administration of medication: Restrictions concerning medication taken as needed by resident; written records. (NRS 449.0302) 1. A caregiver employed by a residential facility shall not assist a resident in the administration of a medication that is taken as needed unless: (a) The resident is able to determine his or her need for the medication; (b) The determination of the resident ' s need for the medication is made by a medical professional qualified to make that determination; or (c) The caregiver has received written instructions indicating the specific symptoms for which the medication is to be given, the exact amount of medication that may be given and the frequency with which the medication may be given. Inspector Comments: Based on observation, interview, and clinical record review, the facility failed to ensure an as needed narcotic pain medication did not have a range order without a specific symptom noted for 1 of 9 residents (Resident #2). Findings include: Resident #2 Resident #2 was admitted to the facility on 02/08/21, with diagnoses including schizophrenia and age-related cognitive decline. A physician's order, dated 09/08/22, and the September 2022 Medication Administration Record for Resident #2 documented hydrocodone 5/325 milligram (mg), take one to two tablets every six hours as needed for pain. The label on the medication matched the order and the Medication Administration Record for Resident #2. On 09/28/22 at	0905	0904 (a) Orientation of of medication administration was done to all caregiver (b) All caregiver are given a re-training on all on the administration of all medication to all resident (c) All caregiver was given a refresher training on how to give a PRN medication and how to documents the PRN (as needed medication)(d) The caregiver are given a re training on how to read and interpret the doctors order written on the label of the medication (e) The facility will ensure that the caregiver are trained to administer all the PRN to the resident especially on all opiod medication (f) The administrator did a re training to all caregiver on the proper administration of all PRN pain medication pills to the resident, orientation of 2xday PRN and 3xday PRN, caregiver given also orientation on the problem is the resident asking for more pain pills because they are still in so much pain , the caregiver are instructed to call the primary doctor of the resident or call 911 (g) The facility and the administrator will ensure the problem on PRN medication will not happen again . y-0905 (a) - Medication was not given to the resident #2 at all - Our MAR indicates that this medicine was not given to resident @2 - This medication is PRN (b) - the facility tried to request the doctor to change the order to specify the range order of the PRN but did not received any response from the doctor, the dental	11/05/2022

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	10:53 AM, the Caregiver/Administrator Designee confirmed the order was for a range of doses for the medication and was unable to verbalize how the caregivers would determine whether the resident needed one or two tablets if the resident requested the medication. Severity: 2 Scope: 1		assistant told us that this medication is PRN and no refill anyway (c) The facility will ensure that all PRN medication will have a range order (d) The facility will ensure that all Narcotic and other pain medication should have/include range order when prescribe to al the residents (e) The administrator will ensure that the facility will not accept a non range orders from the the prescribing doctor. (f) The facility will also ensure that the pharmacy will also be inform of the problem (g) The administrator and the owner of this facility will ensure that this problem will not happen again y-0905 c) The facility will ensure that all prescribe medication andall PRN medication will not have range order d) The facility will ensure that all narcotic and other pain medication should not have range order when prescribe to all the residents e) The administrator will ensure that the facility will not accept a range orders from the prescribing doctors	