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
	10333	A. BUILDING _____ B. WING _____	01/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AEGIS LIVING LAS VEGAS	9100 WEST DESERT INN RD., LAS VEGAS, NEVADA ,89117

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of the Annual State Licensure and Infection Control survey conducted at your facility on 01/11/22, in accordance with Nevada Administrative Code Chapter 449, Residential Facilities for Groups. The facility is licensed for 74 Residential Facility for Group beds for elderly or disabled persons and/or persons with Alzheimer's disease and Assisted Living services, Category II residents. The census at the beginning of the survey was 37. Ten resident records and nine employee records were reviewed. The facility received a grade of B. The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of antidiscrimination policy; posting of nondiscrimination statement and certain other information, NRS 449.102 - Duties of licensed facility to protect privacy of patient or resident, and LCB File No. R016-20 - Cultural competency training; complaint policy; development of gender identity/expression policy; designated person responsible for compliance with these regulations. Failure to comply with NRS 449.101, NRS 449.102 and LCB File No. R016-20 may result in future deficiencies. 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		
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.	0050	1) Appropriate signage was placed immediately following the inspection. The sign includes label of "COVID-19 Quarantine Area" as required 2) The facility has made arrangements to add two additional Care Staff members to take the required Medication Training so they can be assigned as 'dedicated staff' in the cohort area during outbreak or as needed. The employees are registered for the course on or about March 1st and 2nd	01/11/2022

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	Inspector Comments: Based on observation, interview and document review, the facility failed to: 1) have signage posted on the double doors leading into the facility's COVID-19 quarantine area and 2) ensure a dedicated staff member was assigned to administer medications to quarantined COVID-19 positive residents. Findings include: 1) On 01/11/22 in the afternoon, signage was not posted on the double doors leading to the COVID-19 quarantine area. On 01/11/22 in the afternoon, the facility's Health Services Director and Administrator confirmed the quarantine area should have had signage posted to ensure facility staff and visitors were made aware they were entering a COVID-19 quarantine area. 2) On 01/11/22 in the afternoon, a review of facility staffing schedules and a list of N95 Fit-Tested employees revealed there were no dedicated staff members to administer medications to COVID-19 positive residents. On 01/11/22 in the afternoon, the facility's Administrator explained there was currently a staffing shortage at the facility and they did not have dedicated staff members to administer medications to the quarantined COVID-19 positive residents. The Administrator indicated there should have been dedicated staff members to care for the COVID-19 positive residents' medication administration needs in the quarantine area. A review of facility document titled, Recommended Infection Prevention and Control Plan for Group Homes-Nevada, dated 09/22/20, documented the following: 4. Identify space in the facility that could be dedicated to care for residents with confirmed COVID-19. This could be a dedicated floor, unit, or wing in the facility or a group of rooms at the end of the unit that will be used to cohort residents with COVID-19. a. Identify caregivers who will be assigned to work only on the COVID-19 care unit when it is in use. Severity: 2 Scope: 3		2022. Additionally, fit-tested staff certified to pass medications, have also been identified to assist and serve as back up in the cohort as needed. All individual's Med Class certificates are attached.	

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0393 SS= F	Safety Requirements - NAC 449.226 Safety requirements for residents with restricted mobility or poor eyesight; water hazards; auditory systems for bathrooms and bedrooms; access by vehicles. (NRS 449.0302) 4. In a residential facility with more than 10 residents: (a) Each resident must be provided with, or the bedroom and bathroom of each resident must be equipped with, an auditory system that is monitored by a member of the staff of the facility. (b) An auditory system must be available for use in the bathroom of each resident of the facility if the facility was issued its initial license on or after January 14, 1997, so that a resident needing assistance can alert a member of the staff of the facility of that fact from the toilet and the shower. (c) A bathroom that is located in a common area of the facility must be equipped with an auditory system that is monitored by a member of the staff of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure the resident auditory call system was responded to in a timely manner. Findings include: On 01/22/2022, Health Facilities Inspectors pulled two alarms in two resident's bathrooms. The Health Facilities Inspectors waited approximately five minutes in each room and facility staff did not respond to alarms being pulled. The Administrator confirmed the auditory systems in residents' rooms were not responded to in a timely manner. Severity: 2 Scope: 3	0393	Auditory System:Facility conducted an evaluation of the current system and the procedures associated with it. They identified some opportunities for improvement and in an effort to resolve this issue in a timely manner, below are the actions taken:1) Radio earpieces were issued for all Care Staff members who carry a radio, allowing for the transmission of the auditory alarm to be heard by multiple individuals at once.2) When an alarm is activated and there is no response within a reasonable amount of time, communication to the Administrative Support Team will step in and attend to the alert.3) Community leadership provided training on the Aegis policy for responding to emergency calls. (policy attached) Training records attached4) On an on-going basis and as a way to measure the effectiveness of the process, all Directors in the community will randomly test the process by activating the alarm devices throughout the community at a minimum once every other week to verify response-time compliance.5) The Maintenance Director of his designee, will conduct monthly tests of the alert devices to ensure proper functioning and will log the results on Aegis internal System (TELS)	02/18/2022
0878 SS= D	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-	0878	The Community has provided training to the Medication Care Managers who administer Medications related to following Doctor's Orders in all routine and PRN medications. (Policy and Training attached)Additionally, the Community will do the following:1) Conduct random audits of all medication administration procedures2) The Health Services Director will ensure that the MCMs fully understand and can demonstrate with accuracy the processing a 'return demonstration' approach. This training will be documented and maintained for record keeping.3) The Regional Health Services	02/18/2022

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	the-counter medications and dietary supplements must be included in the record 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, record review, and document review, the facility failed to ensure medication was administered per physician's orders for 1 of 10 sampled residents (Resident #2). Findings include: Resident #2 (R2) R2 was admitted to the facility on 05/02/17 with diagnoses including dementia, anxiety disorder, and chronic kidney disease. On 01/11/22 at 10:30 AM, the Medication Technician (Med Tech) indicated the morning dosages of R2's medications, including Carbidopa / Levodopa, Quetiapine Fumarate, Memantine, Lorazepam, Loratadine, Divalproex Sodium, and Acetaminophen, had not been administered to R2. Additionally, the Med Tech indicated R2 did not receive the morning dosage of medications regularly throughout the week. The Physician's Order dated 02/11/20		Director will conduct quarterly visits and will review thisprocess as needed.4) The community will ensure that the coordination between Hospice or other Outside Agencies ispresent in order to better serve the resident andtheir scheduled care.	

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	documented Carbidopa / Levodopa 10/100 milligrams (mg), take one tablet by mouth four times a day while awake at 8:00 AM, 11:00 AM, 2:00 PM, and 5:00 PM. The Medication Administration Record (MAR) for January 2022 documented R2 was given the Carbidopa / Levodopa incorrectly and late on the following dates: -01/04/22: 3 tablets given at 1:18 PM and 1 tablet given at 4:09 PM. -01/06/22: 3 tablets given at 1:28 PM and 1 tablet given at 4:43 PM. -01/07/22: 3 tablets given at 1:00 PM and 1 tablet given at 4:06 PM. -01/08/22: 1 tablet given at 7:25 AM, 2 tablets given at 1:11 PM, and 1 tablet given at 4:02 PM. -01/10/22: 2 tablets given at 10:55 AM, 1 tablet given at 1:20 PM, and 1 tablet given at 5:22 PM. The Physician's Order dated 10/04/21 documented Quetiapine Fumarate, 25 mg, take 1 tablet by mouth twice daily for mood. Pass times: 8:00 AM, 8:00 PM. The MAR for January 2022 documented R2 was given the 8:00 AM dose of Quetiapine Fumarate late on the following dates: -01/04/22: 1:18 PM. -01/06/22: 1:28 PM. -01/07/22: 1:00 PM. -01/10/22: 10:55 AM. The Physician's Order dated 02/11/20 documented Memantine, 10 mg, take 1 tablet by mouth 2 times per day, Pass times: 8:00 AM, 8:00 PM. The MAR for January 2022 documented R2 was given the 8:00 AM dose of Memantine late on the following dates: -01/04/22: 1:18 PM. -01/06/22: 1:28 PM. -01/07/22: 1:00 PM. -01/10/22: 10:55 AM. The Physician's Order dated 11/19/21 documented Lorazepam, 2 mg/mL (milliLiters) vial, take 0.25 mL by mouth daily at 6:00 AM for anxiety / agitation. The MAR for January 2022 documented R2 was given the 6:00 AM dose of Lorazepam late on the following dates: -01/05/22: 8:22 AM. -01/06/22: 1:28 PM. -01/07/22: 7:43 AM. -01/08/22: 7:25 AM. The Physician's Order dated 04/05/21 documented Loratadine, 10 mg, take 1 tablet by mouth daily, pass times: 8:00 AM. The MAR for January 2022 documented R2 was given the 8:00 AM dose of Loratadine late on the following dates: -01/04/22: 1:18 PM. -01/06/22: 1:28 PM. -01/07/22: 1:00 PM. -01/10/22: 10:55 AM. The Physician's Order dated 07/27/20 documented Divalproex Sodium Delayed Release			

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	Sprinkles, 125 mg, take 2 capsules by mouth twice daily, pass times: 8:00 AM, 8:00 PM. The MAR for January 2022 documented R2 was given the 8:00 AM dose of Divalproex Sodium late on the following dates: -01/04/22: 1:18 PM. -01/06/22: 1:28 PM. -01/07/22: 1:00 PM. -01/10/22: 10:56 AM. The Physician's Order dated 04/12/21 documented Acetaminophen 325 mg, take 2 tablets by mouth four times daily, indication - pain, pass times: 8:00 AM, 12:00 PM, 4:00 PM, 8:00 PM. The MAR for January 2022 documented R2 was given the Acetaminophen late and inaccurately on the following dates: -01/04/22: 4 tablets given at 1:18 PM. -01/06/22: 4 tablets given at 1:28 PM. -01/07/22: 4 tablets given at 1:00 PM. -01/10/22: 4 tablets administered at 10:55 AM, then 2 tablets given at 12:06 PM. On 01/11/21 in the afternoon, the hospice CNA indicated R2 should have been given the medications per the doctor's orders. The Wellness Director reported it was the facility's policy for medication to be administered within a two-hour time frame (one hour before or one hour after the scheduled time) and per physician's orders. The Medication Technician was expected to document on the MAR immediately after the administration. The Wellness Director and the Administrator acknowledged it was unacceptable for the medication to be administered late and not per physician's orders. The facility's Medication Administration policy, revised 04/13/15, documented, Medications are to be administered at the given time, or at least one hour before or one hour after the written time. Severity: 2 Scope: 1			

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0991 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure three doors leading into the Alzheimer's unit were equipped with an audible alarm upon opening the door. Findings include: On 01/14/22, the doors leading to the three Alzheimer's units did not have an audible alarm upon opening. The Administrator and a Caregiver confirmed the three doors leading into the Alzheimer's units should have been equipped with an audible alarm. Severity: 2 Scope: 3	0991	The Community installed the proper audible alarms on the doors leading to the three (Neighborhoods) Alzheimer's Units as requested.	01/14/2022
0999 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure toxic substances were made inaccessible to the residents. Findings include: On 01/11/22 during a facility tour, the laundry room door was unlocked. Cleaning chemicals and laundry detergent were observed in the laundry room. The Administrator confirmed the laundry room door should have been locked at all times. Severity: 2 Scope: 3	0999	The Laundry Room door lock has now been replaced with an auto-lock mechanism in order to avoid future accidental access. Staff has been in-serviced as to maintaining doors locked and inaccessible to residentsat all times.	01/12/2022