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
	10355	A. BUILDING _____ B. WING _____	11/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MERRILL GARDENS AT GREEN VALLEY RANCH	1935 PASEO VERDE PARKWAY, HENDERSON, NEVADA ,89012

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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 11/28/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 108 Residential Facility for Group beds for elderly and disabled persons and/or persons with chronic illness, Assisted Living services, Category II residents. The census at the time of the survey was 100. Twenty resident files and ten employee files were reviewed. The facility received a grade of D. 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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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 observation and interview, the facility failed to ensure the acting Administrator was prepared to provide oversight and direction so the facility was in compliance with certain requirements of NAC 449.156 to 449.27706, inclusive, and chapter 449 of NRS. Findings include: On 11/28/23 in the morning, it was observed the facility Administrator and Resident Care Director were absent from their duties as Administrator. In their place, the Maintenance Director was the documented designated facility Administrator. On 11/28/2023 in the morning, the facility lacked a posted non-discrimination statement, information about filing a complaint with the State Agency, and the contact information for the State Agency for the residents and public to view. On 11/28/2023 in the morning, the Maintenance Director was unable to locate the non-discrimination statement, information about filing a complaint with the State Agency, and the contact information for the State Agency for the residents and public to view. The Maintenance Director was unaware the information was to be posted at all times. In addition, when the Maintenance Director was asked to locate a resident record, the Maintenance Director responded being unable to do so and would have to ask for assistance. Severity: 2 Scope: 3	0050	A. The maintenance director was educated on the location and purpose of the non-discrimination statement, information about filing a complaint with the state agency and the contact information to the state agency for the residents and public view. B. Staff education occurred on 12/18/2023 on the non-discrimination statement, information about filing a complaint with the state agency and the contact information for residents to contact the state agency. C. The business office director and/or designee will ensure the non-discrimination statement, information about filing a complaint with the state agency and the contact information to the state agency is available for resident review. Any findings will be discussed in morning meeting for immediate action, recommendations, suggestions or comments. D. General Manager and/or designee will be responsible for compliance.	12/18/2023

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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. Inspector Comments: Based on record review and interview, the facility failed to ensure annual caregiver training was completed for 1 of 10 sampled employees (Employee #8). Findings include: Employee #8 (E8) E8 was hired on 07/10/19 as a Caregiver. E8's last caregiver training was in July of 2022. E8's file lacked documented evidence of 8 hours of annual caregiver training. On 11/28/23 at 2:00 PM, the Office Manager was unable to provide documentation of 8 hours of annual caregiver training. Severity: 2 Scope: 1	0065	A. The identified employee #8 completed required caregiver training on 10/05/2023. B. Staff education will occur on 12/21/2023 on the required compliance with annual caregiver training. C. The business office director and/or designee will audit the current audit the current employee caregiver roster to ensure all caregivers have completed their annual care giver training weekly for four weeks, then monthly for 12 months. Any findings will be discussed in morning meeting for immediate actions, recommendations, suggestions or comments. D. Business office director and/or designee will be responsible for compliance.	12/21/2023

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0102 SS= E	Personnel File - TB Screening - NAC 449.200 Personnel files. 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: (d) The health certificates required pursuant to chapter 441A of NAC for the employee; Inspector Comments: Based on record review and interview, the facility failed to ensure 3 of 10 sampled employees completed annual tuberculin (TB) testing, or a TB Signs and Symptoms Review. (Employee 3, #4 and #8) Findings include: Employee #3 (E3) E3 was hired on 06/08/22, as a Caregiver/Medication Technician. E3's record lacked documented evidence of an annual TB test, per the requirement. Employee #4 (E4) E4 was hired on 10/26/22, as a Caregiver. E4's record documented a positive QuantiFERON test dated 10/05/22, and a negative chest x-ray dated 10/11/22. E4's record lacked documented evidence of an annual TB Signs and Symptoms review. Employee #8 (E8) was hired as a Caregiver on 07/10/19. A review of E8's file revealed a lack of documented evidence of an annual TB test, per the requirement. The Office Manager was unable to provide documented evidence of an annual TB Signs and Symptoms Review for E4, and an annual TB test for E3 and E8. Severity: 2 Scope: 2	0102	A. The identified employees #3, #4 and #8 have completed the TB testing or TB signs and symptoms review. B. Staff education will occur on 12/21/23 on the required compliance with TB testing and/or TB signs and symptoms screening. C. The Business office director and/or designee will audit the current employee roster to ensure all employees have completed their required annual TB testing and/or TB signs and symptoms screening, then monthly thereafter for 12 months. Any findings will be discussed in morning meeting for immediate actions, recommendations, suggestions or comments. D. General Manager and/or designee will be responsible for compliance.	12/21/2023

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0220 SS= F	Laundry & Linen Services Provided - NAC 449.213 Laundry and linen services. (NRS 449.0302) 1. A residential facility shall: (a) Provide laundry and linen services on the premises of the facility; or (b) Contract with a commercial laundry for the provision of those services. 2. A residential facility that provides its own laundry and linen services shall have accommodations which are adequate for the proper and sanitary washing and finishing of linen and other washable goods. 3. The laundry room in a residential facility must be situated in an area which is separate from an area where food is stored, prepared or served. The laundry must be adequate in size for the needs of the facility and maintained in a sanitary manner. The laundry room must contain at least one washer and at least one dryer. All the equipment must be kept in good repair. All dryers must be ventilated to outside the building. If a washer or dryer is located outside the residential facility, the washer or dryer must be in a room or enclosure. Inspector Comments: Based on observation and interview, the facility failed to ensure a dryer was free from excessive lint. Findings include: On 11/28/2023 in the morning, the household sized dryer in the laundry room had a thick layer of lint in the lint trap. The Maintanance Director acknowledged the excessive lint and verbalized the importance of cleaning the lint trap after each laundry load. Severity: 2 Scope: 3	0220	A. The lint in the identified dryer was removed and disposed. B. Staff education occurred on 12/18/2023 on the importance and procedure of removing the lint that can accumulate in the dryers. C. The maintenance director and/or designee will audit the daily lint trap sign off form to ensure that it is being cleaned daily. General manager will conduct monthly audits randomly to ensure the lint traps are cleaned and for continued compliance. D. Maintenance director and/or designee will be responsible for compliance.	12/18/2023

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0859 SS= D	Medical Care of Resident After Illness - NAC 449.274 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. (NRS 449.0302) 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his or her physician. The resident must be cared for pursuant to any instructions provided by the resident ' s physician. Inspector Comments: Based on record review and interview, the facility failed to ensure an annual physical examination was completed for 1 of 20 residents. (Resident #12) Findings include: Resident #12 (R12) R2 was admitted on 11/13/21 with diagnoses including hypertension and right hip pain. R12's file lacked documented evidence of an annual physical examination. On 11/28/23 in the morning, the Senior Caregiver indicated the annual physical examination was not completed and should have been. Severity: 2 Scope: 1	0859	A. The annual physical examination for resident #12 was completed on 12/01/2023. B. Staff education will occur on 12/21/2023 on the importance and requirement of an annual general physical examination for each resident. C. The resident care director and/or designee will audit the current resident roster to ensure that the residents are compliant with the required annual general physical examination weekly for four weeks then monthly for 12 months. Any findings will be discussed in morning meeting for recommendations, suggestions or comments. D. Resident Care director and/or designee will be responsible for compliance.	12/22/2023
0876 SS= E	Medication Administration - NRS 449.0302 - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of: (a) Controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.0302 are met. (b) Insulin using an auto-injection device only if the conditions prescribed in NRS 449.0304 and NAC 449.1985 are met. Inspector Comments: Based on interview and record review, the facility failed to ensure an Ultimate User Agreement, authorizing the facility to administer medications to residents, was signed and dated and/or updated for 6 of 20 residents (Resident #3, #8, #9, #13, #14, and #16).	0876	A. The ultimate user agreement for residents #3, #8, #9, #13, #14 and #16 have been completed and/or updated. B. Staff education on the use and requirement of the ultimate user agreement will occur on 12/21/2023. C. The Resident care director and/or designee will audit the resident charts of the current resident roster to ensure that the ultimate user agreement is available for review and/or updated. A new resident ultimate user agreement will be completed upon any new resident admission. Any findings will be discussed in morning meeting for immediate action, recommendations, suggestions or comments. D. Resident Care Director and/or designee will be responsible for compliance.	12/22/2023

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	Findings include: Resident #8 (R8) R8 was admitted on 10/10/19 with diagnoses including chronic obstructive pulmonary disease and heart failure. R8's file lacked a signed ultimate user agreement. Resident #14 (R14) R14 was admitted on 11/10/23 with diagnoses including chronic obstructive pulmonary disease and chronic illness. R14's file lacked a signed ultimate user agreement. Resident #3 (R3) R3 was admitted on 05/10/22, with diagnoses including chronic back pain and menieres disease. R3 had a signed ultimate user agreement dated 05/13/22, indicating R3 self-administered medications. The November 2023 Medication Administration Record (MAR) documented the facility administered R3's medication. R3's file lacked an updated ultimate user agreement authorizing the facility to administer medications to the resident. Resident #9 (R9) R9 was admitted on 06/29/22 with diagnoses including trigeminal neuralgia and hypertension. R9's file was missing a signed ultimate user agreement authorizing the facility to administer medications to the resident. Resident #13 (R13) R13 was admitted on 01/27/17, with diagnoses including atrial fibrillation and heart failure. R13 had a signed ultimate user agreement dated 05/13/22, indicating R13 self-administered medications. The November 2023 MAR documented the facility administered R13's medication. R13's file lacked an updated ultimate user agreement authorizing the facility to administer medications to the resident. Resident #16 (R8) R16 was admitted on 02/02/22 with diagnoses including depression and hypertension. R16's file was missing a signed ultimate user agreement authorizing the facility to administer medications to the resident. On 11/28/23 in the afternoon, the Caregiver confirmed the ultimate user agreements were not signed off or dated and should have been for R8, R9, R14 and R16. The Caregiver indicated upon admission Resident #3 and #13 self-medicated and recently transitioned to having the facility administer the resident's medication. The Caregiver acknowledged the ultimate user agreements were not updated when the change occurred and			

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	should have been. Severity: 2 Scope: 2			
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, record review and interview, the facility failed to ensure an expired medication was destroyed for 1 of 20 Residents (Resident #11). Findings include: Resident #11 (R11) R11 was admitted on 02/28/19, with a diagnosis of senile degeneration of the brain. The Physician's Order dated 02/20/23 documented Benzonatate 100 mg, take 1 capsule by mouth 3 times daily as needed for cough. The medication cart contained a bottle of Benzonatate 100 milligrams (mg) CAP, take 1 capsule by mouth 3 times daily as needed for cough. The medication documented the expiration date of 11/18/23. On 11/28/23 in the afternoon, the Med Tech acknowledged the medication was expired and should have been destroyed. Severity: 2 Scope: 1	0885	A. The identified medication for resident #11 was destroyed on 11/28/2023. B. Staff education will occur on 12/18/2023 on the destruction of the medications procedure. C. The Resident Care director and/or designee will audit the current medications in the medication carts to ensure there are no expired medications, discontinued medications or contaminated medications then weekly for four weeks then monthly for 12 months. D. Resident Care Director and/or designee will be responsible for compliance.	12/22/2023

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0936 SS= D	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 20 sampled residents received tuberculin (TB) testing prior to admission (Resident # 19). Findings include: Resident #19 (R19) R19 was admitted on 07/07/22 with diagnoses including chronic lower back pain, spinal stenosis, and microscopic colitis. A review of R19's file revealed a lack of documented evidence of an initial two step TB test. The Office Manager was unable to provide documentation of an initial two step TB test for R19, per the requirement. Severity: 2 Scope: 1	0936	A. The identified resident #19 had a Quantiferon-TB test completed on 4/30/22 prior to her admission to the facility with a negative result. B. Staff education will occur on 12/21/23 on the requirement of proper TB testing prior to a resident being admitted to the facility. C. Resident Care Director and/or designee will audit resident charts for our current resident roster to ensure that all residents have completed their required appropriate TB testing, then monthly for 12 months. Any findings will be discussed in morning meeting for immediate action, recommendations, suggestions or comments. D. Resident Care Director, Admissions Director and/or designee will be responsible for compliance.	12/22/2023

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1001 SS= D	Elderly Care Training for Caregivers - NAC 449.2758 Residential facility which provides care for elderly persons or persons with disabilities: Training for caregivers. (NRS 449.0302) 1. Within 60 days after being employed by a residential facility for elderly persons or persons with disabilities, a caregiver must receive not less than 4 hours of training related to the care of those residents. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 10 sampled employees had initial training in Caregiving for elderly or disabled persons within 60 days of hire (Employee #10). Findings include: Employee #10 (E10) E10 was hired on 11/16/21 as the Administrator. E10's file lacked documented evidence E10 had received 4 hours of Caregiver training for elderly or disabled persons within 60 days of hire. The Office Manager was unable to provide documentation of 4 hours of Caregiver training for E10 within the first 60 days of E10's hire date. Severity: 2 Scope: 1	1001	A. The identified employee #10 completed the required caregiver training on 11/07/23. B. Staff education will occur on or before 01/11/2024 on the required compliance with caregiver training. C. The business office director and/or designee will audit the current employee roster to ensure all identified employees have completed the required annual caregiver training for four weeks then monthly for 12 months. Any findings will be discussed in morning meeting for recommendations, suggestions or comments. D. Business office director and/or designee will be responsible for compliance.	12/21/2023
1540 SS= F	Cultural Competency Training - R016-20 Section 14.1 1. Pursuant to subsection 1 of NRS 449.103, within 30 business days after the course or program is assigned a course number by the Division pursuant to section 18 of this regulation or within 30 business days of any agent or employee being contracted or hired, whichever is later, and at least once each year thereafter, a facility shall conduct training relating specifically to cultural competency for any agent or employee of the facility who provides care to a patient or resident of the facility so that the agent or employee may: (a) More effectively treat patients or care for residents, as applicable; and (b) Better understand patients or residents who have different cultural backgrounds, including, without limitation, patients or residents who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103. Inspector Comments: Based on record review and interview, the facility failed to	1540	A. The identified employees #1, #2, #3, #4, #6, and #7 have completed the required cultural competency training on 12/16/2023. B. Staff education will occur 12/21/2023 on the required compliance with state approved cultural competency training. C. The business office director and/or designee will audit the current care appropriate employee roster to ensure the employees have completed the required cultural competency training weekly for four weeks then monthly for 12 months. Any findings will be discussed in morning meeting for immediate action, recommendations, suggestions or comments. D. General Manager and/or designee will be responsible for compliance.	12/21/2023

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	ensure 6 of 10 sampled employees were in compliance with Nevada Revised Statutes (NRS) 449.103, regarding initial cultural competency training. (Employee #1, #2, #3, #4, #6 and #7) Findings include: Employee #1 (E1) E1 was hired on 09/15/23, as a Caregiver. E1's file lacked documented evidence of initial cultural competency training. Employee #2 (E2) E2 was hired on 04/03/23, as a Caregiver. E2's file lacked documented evidence of initial cultural competency training. Employee #3 (E3) E3 was hired on 06/08/22, as a Caregiver/Medication Technician. E3's file lacked documented evidence of initial cultural competency training. Employee #4 (E4) E4 was hired on 10/26/22, as a Caregiver. E4's file lacked documented evidence of initial cultural competency training. Employee #6 (E6) E6 was hired on 10/02/23, as a Dining Room Server. E6's file lacked documented evidence of initial cultural competency training. Employee #7 (E7) E7 was hired on 03/15/23, as a Concierge. E7's file lacked documented evidence of initial cultural competency training. On 11/28/23 in the afternoon, the Business Manager was unable to provide evidence of initial cultural competency training for E1, E2, E3, E4, E6 and E7. This was a repeat deficiency from the 11/30/22 annual State Licensure survey. Severity: 2 Scope: 3			