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
	10419	A. BUILDING _____ B. WING _____	11/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREEN VALLEY SENIOR CARE	2269 ALANHURST DRIVE, HENDERSON, NEVADA ,89052

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 11/21/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons, and/or persons with Alzheimer's disease which provide assisted living services, Category II residents. The census at the time of the survey was six. Six resident files and five employee files were reviewed. The facility received a grade of B. 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		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: JULIA A. DUGAY Title: ADMINISTRATOR Date: 12/03/2023

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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 medications were destroyed for 1 of 6 Residents (Resident #5). Findings include: Resident #5 (R5) R5 was admitted on 05/26/22, with a diagnosis of heart disease. The medication container for R5 contained Hydrocortisone 2.5% cream, gently insert into rectum 3 times a day as needed for hemorroids. Clean nozzle after each use. The medication documented the expiration date of 08/26/23. The November 2023 Medication Administration Record (MAR) documented Hydrocortisone 2.5% cream was discontinued on 11/04/23. The Hospice Medication List dated 11/04/23 did not list Hydrocortisone 2.5% cream as a current medication. On 11/21/23 in the afternoon, the Owner acknowledged the medication was expired, not a current medication, and needed to be destroyed . Severity: 2 Scope: 1	0885	1. After the survey the expired medication of Resident #5 was properly disposed and documented by Owner and Caregiver. 2. Lead Caregiver will check all medications are not expired on a daily basis while administering medications. 3. Lead Caregiver and Administrator will list all medications that will be expiring within 30 days and monitor that refills or replacements will be ordered prior to the medications expiring. 4. Administrator is ultimately responsible that expired medications will be properly disposed of and documented. 5. On 11/21/23 the expired medication of Resident #5 was properly disposed of and documented. 6. Please see attached document.	11/21/2023

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0920 SS= F	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medications for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself or herself without supervision may keep the resident ' s medication in his or her room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room. Inspector Comments: Based on observation and interview, the facility failed to ensure medications were secured. Findings include: On 11/21/23 in the morning, healing ointment and four packages of eye lubricant drops were unsecured in bedroom #4 of the facility. On 11/21/23 in the morning, the Owner acknowledged the medication was unsecured and reported it should have been locked up. Severity: 2 Scope: 3	0920	1. Immediately after the survey, the eye drops and healing ointment were placed in Resident #3's medication basket which is locked and secured in the Medication Closet. 2. Caregivers are instructed to return the eye drops after each use in the medication basket regardless of the resident's wishes. 3. Owner and all Caregivers will closely monitor that all medications are returned to the respective resident's medication cart after each use. 4. The Administrator is ultimately responsible that all medications, i.e. eye drops, creams are not left in rooms and immediately returned to medication basket after each use. 5. On 11/21/23 the eyes drops and healing ointment were returned to the resident's medication basket which is locked and secured in the Medication Closet. 6. None attached documents.	11/21/2023

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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 interview and record review, the facility failed to ensure an initial two step TB screening was completed and documented for 1 of 6 residents (Resident #2). Findings include: Resident #2 (R2) R2 was admitted on 07/14/23 with diagnoses including atrial fibrillation and hypertension. Review of R2's medical record revealed R2 completed the first of a two step TB screening on 07/14/23. There was no documentation R2 completed the second step TB screening. On 11/21/23 in the morning, the Owner confirmed R2 did not have documentation of a completed two step TB test in the medical record. The facility was unable to provide documentation R2 completed a two step TB screening. Severity: 2 Scope: 1	0936	1. On 11/22/23 a 2nd step T.B. test was administered for Resident #2 and read on 11/25/23 as negative. 2. A "Resident Checklist" was created to ensure a 2-step T.B. test will be requested and performed for all new residents. 3. Administrator, Owner and Manager will double check the resident's folder to ensure that a 2-step T.B. test was performed for all new residents. 4. The Administrator is ultimately responsible that a 2-step T.B. test has been initiated prior to admission of a new resident and completed in a timely manner. 5. The 2nd step T.B. test was administered for Resident #2 on 11/22/23 and read "negative" on 11/25/23. 6. Please see attached document.	11/22/2023

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0990 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: (a) Swimming pools and other bodies of water are fenced or protected by other acceptable means. Inspector Comments: Based on observation and interview, the facility failed to ensure a pond was fenced or protected by other acceptable means, per the requirement. Findings include: On 11/21/23 in the afternoon, a drained pond in the backyard had no gate or cover. On 11/21/23 in the afternoon, the Owner acknowledged the pond had no fence or cover, per the requirement. Severity: 2 Scope: 3	0990	1. The following day after the survey, the empty pond was was filled in so that no one might accidentally fall in. 2. Owner will closely monitor the interior and exterior of the house to ensure that no hazards are present for the residents. 3. All caregivers will advise the owner of any potential hazards or risks inside and outside of the house to avoid any accidents from occurring. 4. The Administrator is ultimately responsible that there are no hazards or risks for the residents inside and outside of the house. 5. On 11/22/23 the pond in the backyard was filled in to eliminate the risk of someone falling in the empty pond. 6. Please see attached document.	11/22/2023
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 secured. Findings include: On 11/21/23 in the morning, there was unsecured laundry detergent in bedroom #4 of the facility. On 11/21/23 in the morning, the Owner acknowledged the unsecured toxic substance and reported it should have been locked up. Severity: 2 Scope: 3	0999	1. Immediately after the survey, the detergent in Bedroom 4 was secured in a locked cabinet in the Laundry Room. 2. Caregivers are instructed to always keep toxic chemicals / detergents in a secured and locked location at all times when not being used. 3. Lead Caregiver will monitor that all chemicals / detergents are secured in a locked location at all times when not being used. 4. Administrator is ultimately responsible that all chemicals / detergents are in a locked or secured location when not being used. 5. On 11/21/23 the Detergent was removed from Bedroom 4 and secured in a locked cabinet in the Laundry Room. 6. None attached documents.	11/21/2023