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
	10619	A. BUILDING _____ B. WING _____	12/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AWAY FROM HOME ADULT CARE	**1040 VIA DELL BACIO 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 completed at your facility on 12/21/23 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, Category II residents. The census at the time of the survey was six. Six resident files and four 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 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		

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: BRIEN SONSON Title: Owner Date: 01/08/2024

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0740 SS= D	Residents Requiring Indwelling Catheter - NAC 449.272 Residents requiring use of indwelling catheter. (NRS 449.0302) 1. A person who requires the use of an indwelling catheter must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless: (a) The resident is physically and mentally capable of caring for all aspects of the condition, with or without the assistance of a caregiver; (b) Irrigation of the catheter is performed in accordance with the physician ' s orders by a medical professional who has been trained to provide that care; and (c) The catheter is inserted and removed only in accordance with the orders of a physician by a medical professional who has been trained to insert and remove a catheter. Inspector Comments: Based on observation, record review and interview, the facility failed to obtain a medical exemption to maintain a resident who had a urinary catheter for 1 of 6 residents (Resident #5). Findings include: Resident #5 (R5) R5 was admitted on 12/11/23, with diagnoses including urinary tract infection (UTI), diabetes, and hypertension. R5's physical dated 11/23/23, documented R5 had an indwelling catheter. R5's file lacked documented evidence of a medical exemption for the catheter. On 12/20/23 in the morning, the Caregiver confirmed R5 had a catheter and was not capable of caring for all aspects of the catheter independently. On 12/20/23 in the morning, the Administrator confirmed the facility had not submitted a medical exemption to the Bureau for approval of the catheter. Severity: 2 Scope: 1	0740	1) Foley Catheter Care in service completed. Caregivers are now capable of caring for all aspects of the catheter independently. Medical exemption was submitted 01/07/24. 2) Caregivers are no longer deficient in providing care to residents with Foley catheter in place. Foley catheter replacement will be performed by a registered nurse assigned by the resident's hospice care service. 3) Caregivers will maintain knowledge of catheter care during hire 4) Owner 5) 12/22/2023 6) Foley Catheter in-service form and owner's RN license attached 7) Owner will ensure that caregivers are trained in all aspects of residential care	12/22/2023
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	0878	1) Medication for R6 was changed to the following order on 11/30/23 by Dr. Jaimee Imperial: AmLODIPine Besylate 5 mg oral tablet, Take 1 tablet by mouth every day Owner did not update the MAR to reflect the new order. Owner will update MAR accordingly 2) Medication reconciliation will be completed once a month. Medication reconciliation will also be completed if	12/26/2023

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	or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-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, record review, and interview, the facility failed to administer medications per the physician's order for 1 of 6 residents (Resident #6). Findings include: Resident #6 (R6) R6 was admitted on 10/16/2023, with diagnosis of hypertension. R6's Medication Administration Record (MAR) listed Amlodipine 2.5mg tablet (tab), take 1 tab by mouth once daily. The physician's order dated 11/30/2023, listed Amlodipine 2.5mg tab, take 1 tab by mouth once daily. On 12/20/23, observation of R6's medication bottle, revealed Amlodipine 5mg tab, take 1 tab by mouth once daily. On 12/20/2023 in the morning, the Owner acknowledged R6 was being administered Amlodipine 5 mg once daily and did not		medication is added/changed/discontinued 3) Owner/caregiver will update MAR immediately after every new medication order 4) Owner 5) 12/26/2023 6) AmLODIPine Besylate order attached 7) Cross check prescription/order, medication bottle/package, and MAR to ensure all items reflect the same order	

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	administer the Amlodipine per the physician's order. Severity: 2 Scope: 1			
0938 SS= E	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: (g) An evaluation of the resident ' s ability to perform the activities of daily living and a brief description of any assistance he or she needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his or her ability to perform the activities of daily living; and (3) In any event, not less than once each year. Inspector Comments: Based on record review and interview, the facility failed to ensure an Activities of Daily Living (ADL) Assessment was completed upon admission for 3 of 6 residents (Resident #1, #2, and #3). Findings include: Resident #1 (R1) R1 was admitted on 12/18/23, with diagnoses including diabetes and mild cognitive impairment. R1's file lacked documented evidence of an ADL assessment upon admission. Resident #2 (R2) R2 was admitted on 12/15/23, with diagnoses including dementia. R2's file lacked documented evidence of an ADL assessment upon admission. Resident #3 (R3) R3 was admitted on 11/11/23, with diagnoses including cerebral vascular accident. R3's file lacked documented evidence of an ADL assessment upon admission. On 12/20/23 in the morning, the Caregiver acknowledged R1, R2, and R3 did not receive an ADL assessment upon admission. Severity: 2 Scope: 2	0938	1) Owner will complete Activities of Daily Living (ADL) Assessment today, 12/26/2023 2) Activities of Daily Living (ADL) Assessment will be completed upon admission or new resident 3) Owner will check all resident's files to ensure Activities of Daily Living (ADL) Assessments are completed 4) Owner 5) 12/26/2023 6) Activities of Daily Living (ADL) Assessments for R1, R2, and R3 attached 7) All other requirements for resident admission will be completed upon date of admission	12/26/2023

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0994 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: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. Inspector Comments: Based on observation and interview, the facility failed to ensure sharp objects were secured. Findings include: On 12/20/23 at 9:00 AM, the kitchen drawer which contained knives was secured with a lever, which could easily be accessed by residents. There was an unsecured pair of scissors and nail clippers in a second kitchen drawer and unsecured scissors on the desk in the office. On 12/20/23 at 9:00 AM, the Caregiver acknowledged the knife drawer was easily accessible by residents and acknowledged the scissors and nail clippers were unsecured. Severity: 2 Scope: 3	0994	1) Owner will secure sharp objects in kitchen pantry and lock kitchen pantry when not in use 2) All sharp objects will be stored and secured in the kitchen pantry; kitchen pantry is only accessible by key 3) Kitchen pantry will remain locked when not in use; kitchen pantry will only be opened to access items stored inside 4) Owner 5) Owner 6) Picture of sharp objects stored in locked kitchen pantry attached 7) All sharp objects will be stored in a locked room	12/26/2023
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 12/20/23 at 9:00 AM, there was unsecured multi-purpose cleaner and air freshener in the kitchen cabinet under the sink and there was no lock on one side of the cabinet to secure the toxic substances. On 12/20/23 at 9:00 AM, the Caregiver acknowledged the unsecured toxic substances and reported it should have been locked. Severity: 2 Scope: 3	0999	1) Owner will secure toxic substances in a locked cabinet 2) All toxic substances will be safely secured in a locked room or cabinet 3) Owner will check laundry room and kitchen sink cabinet to ensure it is locked when not in use 4) Owner 5) 12/26/2023 6) Video of toxic substances secured in locked cabinet attached 7) All toxic substances will be stored in a locked room or cabinet	12/26/2023