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
	10740	A. BUILDING _____ B. WING _____	12/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAMILY FRIENDLY CARE HOME	3784 EDISON AVENUE, LAS VEGAS, NEVADA ,89121

(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 a State Licensure mandatory grading resurvey completed at your facility on 12/18/24, 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 and assisted living services, Category II residents. The census at the time of the survey was eight. Three resident files and zero employee files were reviewed. The facility received a grade of A. 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		
0106 SS= D	Personnel File - 1st Aid & CPR - NAC 449.200 Personnel files 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1: (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation;	0106	1. On 9/18/2024, employee #3 attended a CPR class that has in-person component as required and mandated. (Please see attached document). 2) Lead caregiver and Administrator will ensure that all caregivers will attend an actual in-person CPR training course accredited by the American Heart Association initially and every 2 years 3) The Administrator is ultimately responsible in guiding caregivers re schools that offer actual in-person CPR training course accredited by the American Heart Association	09/18/2024

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: CHARO DALE | Title: supplier representative | Date: 01/02/2025

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0690 SS= F	Residents Requiring Use of Oxygen - NAC 449.2712 Residents requiring use of oxygen. (NRS 449.0302) 1. A person who requires the use of oxygen must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless he or she: (a) Is mentally and physically capable of operating the equipment that provides the oxygen; or (b) Is capable of: (1) Determining his or her need for oxygen; and (2) Administering the oxygen to himself or herself with assistance. 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician; and (b) Ensure that: (1) The resident ' s physician evaluates periodically the condition of the resident which necessitates his or her use of oxygen; (2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored; (3) Persons do not smoke in those areas where smoking is prohibited; (4) All electrical equipment is inspected for defects which may cause sparks; (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; (6) The equipment used to administer oxygen is in good working condition; (7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and (8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident.	0690	1) On 9/19/2024, an oxygen tank holder was obtained and all unsecured oxygen tanks of the resident involved were placed inside the holder. 2) Administrator, lead caregivers and all caregivers will ensure that all oxygen tanks are properly secured at all times for safety. 3) The Administrator is ultimately responsible to make certain that oxygen tanks are properly secured at all times for safety. 4) Please see attached document that a picture was taken for oxygen tanks secured in a holder.	09/18/2024

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0859 SS= D	Medical Care of Resident After Illness - NAC 449.274 and R043-22 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 a qualified provider of health care in accordance with NRS 449.1845. The resident must be cared for pursuant to any instructions provided by the qualified provider of health care.	0859	1) Resident #4's annual physical examination was inadvertently missed. Information was requested but unfortunately a different document was sent. Lead caregiver is working on obtaining recent physical assessment. 2) Administrator and Lead caregiver will ensure that annual physical assessment is performed as mandated to update every residents' medical condition for the best quality of care. 3) The Administrator is ultimately responsible to make certain annual physical assessment is performed to update the residents' medical condition to give the best quality of care for all residents.	10/09/2024
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 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).	0870	1) Resident #5 and Resident #6 lacked the documentation of a 6-month medication review. Lead Caregiver is currently working on obtaining the medication verification process from the physicians. 2) Administrator and Lead caregiver ensure that medication verification is completed every 6 months for updates as mandated. 3) The Administrator is responsible to make certain that medication review is completed every 6 months for updates as mandate	10/09/2024
0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 and R043-22 -	0878	1. In order to correct the citation, the medication was ordered and delivered by	01/02/2025

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	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 , physician assistant or advanced practice registered nurse has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician, physician assistant or advanced practice registered nurse. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician, physician assistant or advanced practice registered nurse. 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, physician assistant or advanced practice registered nurse must be administered as prescribed by the physician, physician assistant or advanced practice registered nurse. If a physician, physician assistant or advanced practice registered nurse 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 (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, physician assistant or advanced practice registered nurse 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, physician assistant or advanced practice registered nurse, a 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		the hospice nurse on December 18, 2024 2. In order for this deficiency not to re-occur, the medication profile will be reviewed by the Lead Caregiver, administrator and the hospice nurse, to make sure that all medications are delivered on time. 3. In order for the corrective action to be monitored, Lead Caregiver, ADMINISTRATOR and hospice nurse will monitor the plan of correction by reviewing med list upon admission and every 6 months consecutively. 4. The Lead Caregiver and ADMINISTRATOR will make sure that the plan of action is implemented. 5. Corrective action was done December 18, 2024 6. CPlease see copy of MAR	

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	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 have physician-ordered medication on site for 1 of 8 residents (Resident #2). Findings include: Resident #2 (R2) R2 was admitted to the facility on 12/03/24 with diagnoses including right femur fracture, Dementia, and Senile Degradation of the Brain. A physician order dated 12/03/24 documented Levothyroxine Sodium 112 microgram (mcg) tablet once a day. R2's December 2024 Medication Administration Record (MAR) did not document Levothyroxine Sodium. R2's medication bin did not contain Levothyroxine Sodium. On 12/18/24 at 2:30 PM, the consultant contacted R2's hospice nurse who confirmed R2 had a physician's order for Levothyroxine Sodium. On 12/18/24 in the afternoon, the Caregiver acknowledged R2's MAR should have contained the physician's order for Levothyroxine Sodium and the medication should have been on site to administer to R2. Severity: 2 Scope: 1			
0895 SS= D	Administration of Medication Maintenance - NAC 449.2744 and R043-22 Administration of medication: Maintenance and contents of logs and records. (NRS 449.0302) 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician, physician assistant or advanced practice registered nurse, including, without limitation, whether the medication is to be administered according to a routine schedule or as needed; (5) Any change in an order or prescription of a resident ' s	0895	Resident 3 expired on December 23, 2024 1. In the future, in order to correct this citation, the Lead caregiver will call Hospice to medication verify order. 2. In order for this deficiency not to reoccur, medication will be reviewed by hospice nurse upon admission. Lead Caregiver will verify order immediately if there are discrepancies. 3. Corrective action will be monitored by the Lead Caregiver and administrator 4. The Lead Caregiver and ADMINISTRATOR will work together to make sure that the plan of action is implemented. 5. Corrective action was done on December 18, 2024.	01/02/2025

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	physician, physician assistant or advanced practice registered nurse,including, without limitation, the discontinuation of the medication; (6) Any time when the resident is out of the facility; and (7) Any mistakes made in the administration of medication. Inspector Comments: Based on observation, record review and interview, the facility failed to ensure a medication order was clarified by the physician for 1 of 8 residents (Resident #3). Findings include: Resident #3 (R3) R3 was admitted on 12/09/24 with diagnoses including cirrhosis, rectal bleed, and gastrointestinal (GI) bleed. R2's medication bin contained Lactulose Solution 10 grams (g)/15 milliliters (ml), give 30 ml (20 gm) by mouth twice daily, prescription dated 11/19/24. "Once by HS" was hand-written on the label. Observation of the medication label revealed inconsistencies in the amount of times the medication was to be administered to R3. R3's December 2024 MAR documented Lactulose Solution 10 gm/ 15 ml, give 30 ml (20 gm) by mouth once daily at bedtime. The facility Physician Verification of Medications form dated 12/09/24 documented Lactulose 10 milligrams (mg) /15 ml, three times daily by mouth. The hospice Start of Care Orders dated 12/09/24 documented Lactulose 30 ml by mouth every night at bedtime for constipation. The hospice "Current Treatment/Medication/DME (Durable Medical Equipment) List" dated 12/09/24 documented Lactulose 10 g/15 ml solution, 30 ml twice a day for liver disease. Review of R3's record revealed inconsistencies in the amount of times the Lactulose Solution was to be administered. On 12/18/24 at 2:45 PM, the facility's Administrative Consultant advised the Caregiver the order was for "twice a day," not "once a day" and to correct the MAR accordingly until the hospice nurse confirmed the order. On 12/18/24 at 2:50 PM, the consultant asked the hospice nurse for a discontinue (D/C) Lactulose every bedtime (q HS) order in writing. On 12/18/24 in the afternoon, the Caregiver explained the hospice nurse hand-wrote the notation on the prescription label. The Caregiver acknowledged the			

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	physician order and documentation by hospice for Lactulose was not clear and should have been clarified prior to documenting R3's December MAR. Severity: 2 Scope: 1			
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.	0936	1) Resident #7 is missing the annual TB test for 2024. 2) Administrator and Lead caregiver will ensure that TB test are done by license provider of resident annually. 3) The Administrator is ultimately responsible to make certain that TB test are done annually by license provider of a resident. Addendum: 1) Letter on 10/17/24 addressed TB test results or quantiferon test can be done on the residents. 2) TB test was done on 9/25/24 and read 9/27/24 with negative result after the survey on 9/16/24. Addendum: 11/21/24 1) Please see attached quantiferon test result.	11/21/2024

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0991 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 and R043-22 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 or other forms of dementia who meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 shall ensure that: (b) Operational alarms, buzzers, horns or other technology for notifying staff 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 the front screen door was locked and sounded an audible alarm upon opening. Findings include: On 12/18/24 at 11:30 AM when the surveyor entered the facility, the front door was open and the screen door was unlocked. The screen door was not equipped with an audible alarm. The caregiver explained the front door was open in order to bring fresh air into the home. On 12/18/24 at 11:30 AM, the Caregiver acknowledged the screen door should have had an audible alarm installed. Severity: 2 Scope: 3	0991	1. In order to correct this specific citation, an alarm was installed on the gate. 2. In order for this deficiency not to reoccur, the alarm is permanently mounted on the gate to ensure that it is operational at all times. 3. The corrective action will be monitored by ensuring that the door alarm is operational at all times. 4. The Owner, Lead caregiver and Administrator will work together to make sure that this plan of correctiion will be implemented. 5. the date of correction 12/21/2024 6. see picture attached	12/21/2024

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0995 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 and R043-22 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 or other forms of dementia who meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 shall ensure that: (f) The facility has an area outside the facility or a yard adjacent to the facility that: (1) May be used by the residents for outdoor activities; (2) Has at least 40 square feet of space for each resident in the facility; (3) Is fenced; and (4) Is maintained in a manner that does not jeopardize the safety of the residents. All gates leading from the secured, fenced area or yard to an unsecured open area or yard must be locked and keys for gates must be readily available to the members of the staff of the facility at all times.	0995	1. During the survey, the facility inadvertently failed to lock the gate leading to the street. 2) The Administrator and Lead caregiver reviewed the protocol for safety which includes keeping the gate always locked as mandated to all caregivers. 3) The Administrator, Lead caregiver. and all caregivers will ensure that the gate leading to the street is always locked as mandated. 4) the Administrator is ultimately responsible to make certain that the gate leading to the street is always locked as mandated.	11/21/2024
1700 SS= E	Annual Assessment of History of Each Resident - NRS 449.1845 Administrator of residential facility for groups to conduct annual assessment of history of each resident and cause provider of health care to conduct certain examinations and assessments; placement based on assessment. 1. The administrator of a residential facility for groups shall: (a) Annually cause a qualified provider of health care to conduct a physical examination of each resident of the facility; (b) Annually conduct an assessment of the history of each resident of the facility, which must include, without limitation, an assessment of the condition and daily activities of the resident during the immediately preceding year; and (c) Cause a qualified provider of health care to conduct an assessment of the condition and needs of a resident of the facility to determine whether the resident meets the criteria prescribed in paragraph (a) of subsection 2: (1) Upon admission of the resident to the facility; and (2) If a physical examination, assessment of the history of the resident or the observations of the administrator or staff of the facility, the family of the resident or another person who	1700	1) Residents #4, #5 and #7 lacked documented evidence of an initial and /or current placement in their files. 2) The Administrator and Lead caregiver will ensure documents regarding esident placements are obtained from the provider. 3) The Administrator is ultimately responsible to make certain documents regarding resident placements are obtained from the provider. Addendum: 11/21/24 1) Please see attached latest placement determination for above residents #4, #5, and #7	11/21/2024

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	has a relationship with the resident indicate that: (I) The resident may meet those criteria; or (II) The condition of the resident has significantly changed. 2. If, as a result of an assessment conducted pursuant to paragraph (c) of subsection 1, the provider of health care determines that the resident: (a) Suffers from dementia to an extent that the resident may be a danger to himself or herself or others if the resident is not placed in a secure unit or a facility that assigns not less than one staff member for every six residents, any residential facility for groups in which the resident is placed must meet the requirements prescribed by the Board pursuant to subsection 2 of NRS 449.0302 for the licensing and operation of residential facilities for groups which provide care to persons with Alzheimer's disease or other severe dementia. (b) Does not suffer from dementia as described in paragraph (a), the resident may be placed in any residential facility for groups. 3. As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031. (Added to NRS by 2019, 2594)			