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
	11151	A. BUILDING _____ B. WING _____	09/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE MEADOWS HOME	4300 DEL MONTE AVE, LAS VEGAS, NEVADA ,89102

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey initiated at your facility on 09/12/23 and completed on 09/13/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons and/or Alzheimer's disease, Category II residents. The census at the time of the survey was 9. Nine 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: EDWIN VALENTIN Title: Administrator Date: 10/13/2023

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0106 SS= E	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; Inspector Comments: Based on record review and interview the facility failed to ensure 2 of 5 employees received cardiopulmonary resuscitation (CPR) training according to American Heart Association standards (Employees #2 and #4). Findings include: Employee #2 (E2) E2 was hired on 12/01/23 as a Caregiver and Office Manager. E2 received CPR online on 06/20/23. The training lacked documented evidence of the in person component. Employee #4 (E4) E4 was hired on 09/26/12 as a Caregiver. E4 received CPR online on 06/20/23. The training lacked documented evidence of the in person component. On 09/13/23 in the afternoon, E2 confirmed E2 and E4 received CPR online and did not complete the in person component of the training. Severity: 2 Scope: 2	0106	106----- PERSONNEL FILE. First Aid and CPR. A) First Aid and CPR certificate for Employee #2 and #4 is resolved. * Please see attached documents. B) First Aid and CPR certificates for employees will be obtained from a licensed class with person component. Certificates will be reviewed every 6 months. The Administrator will monitor for compliant. C) 10/12/2023	10/12/2023

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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, interview and record review, the facility failed to ensure a resident with a Foley catheter was not admitted and retained and to apply for a medical waiver for a resident with a Foley catheter for 1 of 9 residents (Resident #2). Findings include: Resident #2 (R2) R2 was admitted on 08/31/23 with diagnoses including acute kidney failure, encephalopathy, sepsis, and urinary tract infection (UTI). On 09/12/23 at 9:45 AM, R2 was laying in bed and had a Foley catheter. R2 was not able to care for their own catheter. On 09/12/23 at 10:00 AM, Employee #3 (E3) reported R2 could not get out of bed, and the hospice nurse inserted, checked and changed the Foley catheter for R2. Per E3, the Caregivers emptied the Foley catheter bag every morning. R2's resident file lacked documented evidence of a medical waiver for a Foley catheter. On 09/12/23 in the morning, Employee #2 (E2) acknowledged the facility had not submitted an application for a medical waiver for a Foley catheter to retain R2 at the facility. Severity: 2 Scope: 1	0740	0740-------RESIDENT REQUIRING INDWELLING CATHETER. A) Indwelling catheter for Res #2 is discontinued on 9/14/2023 by Sunset Hospice nurse ordered by Hospice doctor. * Please see attached document. B) When a resident is admitted to the facility with Indwelling Foley Catheter, a medical waiver will be submitted for approval to retain a resident in the facility. The Administrator/House Manager will monitor for compliant. C) 9/14/2023	09/14/2023

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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 and interview, the facility failed to ensure expired medications were removed from use for 1 of 9 residents (Resident #8) Findings include: Resident #8 (R8) R8 was admitted on 09/11/21 with a diagnosis of late onset Alzheimer's Disease. On 09/12/23 in the afternoon, the following expired medications were found in R8's medication bin: Morphine IR 20 milligram/milliliter (mg/ml) solution, take 0.5 ml (10 mg) by mouth/under the tongue every six hours as needed for pain; expiration date 08/22/23. Lorazepam Con 2 mg/ml, take 0.5 ml (1 mg) by mouth every Tuesday and Thursday as needed for anxiety or agitation; expired August 2023. On 09/13/23 in the morning, E2 explained the hospice company had been contacted about the expired medications, and the hospice company took responsibility. Per E2, when Employee #4 (E4) had pointed out the expiration date on the bottle to the hospice nurse, the hospice nurse had told E4 the expiration date on the medication box was correct (a date in the future), not the expiration date on the bottle. E2 did not follow up with the physician to ensure the expired medication could be used. Severity: 2 Scope: 1	0885	0885----MEDICATION-DESTRUCTION. A) Expired medications for Res #8 is destroyed by coffee ground and documented in the destruction log. * Please see attached documents. B) Whenever there is a dispute between hospice license nurses and caregivers regarding medication expiration dates, the caregiver/employee of the facility will follow up with the doctor to make sure disputes will be addressed properly. All expired medication, medication that discontinued, or a resident who has been discharged from the facility that does not claim the medication will be destroyed by coffee ground and will recorded in the destruction log. The Administrator/house manager will monitor for compliant. C) 9/14/2023	09/14/2023

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0895 SS= D	Administration of Medication Maintenance - NAC 449.2744 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; and (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident ' s physician. Inspector Comments: Based on observation, record review, and interview, the facility failed to ensure the Medication Administration Record (MAR) was accurate for 1 of 9 residents (Resident #2). Findings include: Resident #2 (R2) R2 was admitted on 08/31/23 with diagnoses including acute kidney failure, encephalopathy, sepsis, and urinary tract infection (UTI). On 09/12/23 in the afternoon, R2's medication bin contained a medication bottle of Famotidine 20 mg tablets, with instructions to take one tablet by mouth twice a day as needed for acid. A physician order for Famotidine dated 08/30/23 documented Famotidine 20 mg tablet two times a day. R2's September MAR lacked documentation of Famotidine 20 mg tablets. On 09/13/23 in the afternoon, Employee #2 (E2) acknowledged R2's September MAR did not document Famotidine 20 mg tablets. Severity: 2 Scope: 1	0895	0895-----ADMINISTRATION OF MEDICATION MAINTENANCE. A) Medication Famotidine 20 mg tablet for Res #2 is added to the PRN MAR log written as ordered for the month of September. * Please see attached documents. B) All new admitted residents medication orders will be documented in the MAR written as ordered by admitting staff. The Administrator/house manager will double check orders written in the MAR. If there is discrepancy of doctors order and pharmacy labels, the admitting staff will clarify with the current physician to address the issue. The administrator/house manager will monitor for compliant. C) 9/14/2023	09/14/2023

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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 door alarms were set or activated. Findings include: On 09/12/23 at 9:10 AM, the door leading from the kitchen to the laundry room, which had a keypad for entry, was held open with a doorstop. The laundry room had another door to a small hallway which led to the garage and the back yard which was held open with a wash bucket and mop. The small hallway had a door leading to the garage and a door leading to the back yard. The door leading to the garage was not equipped with an alarm. At 9:10 AM, Employee #3 (E3) acknowledged the doors were not alarmed. Severity: 2 Scope: 3	0991	0991-----ALZHEIMER'S CARE STANDARD FOR SAFETY. A) Door alarms leading to the garage and the backyard is installed/equipped. * Please see attached picture/document. * Surveyor made aware that alarms are installed during survey. 9/13/2023 B) All doors in the facility will be equipped with door alarms for safety of residents. Alarms will be check every first week of the month to make sure it is functional. The Administrator will monitor for compliant. C) 9/13/2023	09/13/2023

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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 inaccessible to residents. Findings include: On 09/12/23 at 9:20 AM, located under an unsecured kitchen sink was a purple cleaning agent, an aerosol can of antibacterial spray, dishwasher detergent pods, granite cleaner, and stainless steel cleaner. The kichen sink was unsecure due to a broken lock. At 9:20 AM, Employee #2 (E2) and Employee #3 (E3) acknowledged the broken lock and the toxic substances underneath the sink. Severity: 2 Scope: 3	0999	0999-----ALZHEIMER'S STANDARD CARE FOR SAFETY. A) The kitchen sink broken lock is resolved. * Please see attached pictures/documents. * Surveyor made aware that broken lock is fixed. 9/13/2023 B) Cabinet broken locks for cleaning agents/toxic substances will be fix immediately once noticed. Locks will be inspected every first week of the month to ensure all locks is in working condition. The Administrator will monitor for compliant. C) 9/13/2023	09/13/2023