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 |
|---|---|---|---|
| | 158 | A. BUILDING _____ B. WING _____ | 03/02/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| DUNCAN MANOR GROUP HOME | 6165 DUNCAN DRIVE, LAS VEGAS, NEVADA ,89108 |

| (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<br><br>Inspector Comments: This Statement of Deficiencies was generated as a result of a request for an annual State Licensure survey conducted at your facility on 03/02/20, in accordance with Nevada Administrative Code, Chapter 449, Residential Facilities for Groups. The facility is licensed for nine residential beds for persons with Alzheimer's, chronic illness and elderly and disabled residents, Category II. The census at the time of the survey was seven. Seven resident records were reviewed and four employee records 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 | | |
| 0876 SS= D | Medication Administration - NRS 449.0302 - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. (as amended by LCB File No. R109-18) 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 section 13 of this regulation are met.<br><br>Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 7 residents had an ultimate user agreement (Resident #2). The Administrator was unable to provide the missing documentation. Severity: 2 Scope: 1 | 0876 | 1. The Administrator immediately had Resident #2 sign the End user Agreement the same day of the of the Inspection. (Please see attachment)<br><br>2. The Administrator and Staff hereafter shall ensure that upon admission the End User Agreement is signed.<br><br>3. Accomplished 03-02-2020 | 03/02/2020 |

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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.<br><br>Inspector Comments: Based on observation, record review and interview, the facility failed to ensure the medication administration record (MAR) was accurate and complete for 1 of 7 residents (Resident #2). Findings include: Resident #2 (R2) R2 was admitted on 02/21/20, with diagnoses including pain and hypertension. R2 was prescribed Vitamin C 250 milligrams (mg), take one tablet by mouth daily. R2's MAR lacked documented evidence the medication had been given from 02/28-03/02/20. A Caregiver was unable to confirm if the resident had received the medication. Severity: 2 Scope: 1 | 0895 | 1. The Administrator immediately checked the med records MAR and Delivery Log. Administrator immediately talked to the Staff to ensure that when giving a dietary supplement or medication the Med Tech should initial the MAR right away. It was also found that based on the Medication Received Log that said dietary supplement was received from the Family on February 29, 2020 at 7pm.<br><br>2. The Administrator and Staff shall routinely if given the time in a day to re-check the MAR to ensure that all medications and dietary supplements are given and initialed by the designated Med Tech.<br><br>3. Accomplished 03-02-2020 | 03/02/2020 |
| 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.<br><br>Inspector Comments: Based on observation and interview, the facility failed to ensure toxic substances were secured as evidenced by; two cans of engineered fuel and a gas propane tank. Severity: 2 Scope: 3 | 0999 | 1. The Administrator immediately had the empty containers thrown away and asked the Staff about the item mentioned. Staff informed that possibly the Landscaper left said items without informing them.<br><br>2. The Administrator and Staff hereafter shall ensure that all toxic substance and chemicals are always locked and secured.<br><br>3. Accomplished 03-02-2020 | 03/02/2020 |