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
	176	A. BUILDING _____ B. WING _____	09/23/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE ROSE OF SHARON	355 EVAN PICONE, HENDERSON, NEVADA ,89014

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of the Annual Grading Survey conducted at your facility on 09/23/19, in accordance with Nevada Administrative Code, Chapter 449, Residential Facilities for Groups. The facility is licensed for eight Residential Facility for Group beds for elderly / disabled persons, Category II residents. The facility has endorsements to provide care for persons with mental illness and chronic illness. The census at the time of the survey was 5. Five resident records were reviewed and four employee records were reviewed. The facility received a grade of C. 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		
0104 SS= D	Personnel Files - Background Checks - NAC 449.200 Personnel files. (NRS 449.0302) 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. Inspector Comments: Based on interview and record review, the facility failed to obtain fingerprinting results every five years for 1 of 4 employees (Employee #3). Severity: 2 Scope: 1	0104	Employee #3 Finger printing result obtained April 11th, 2017. See Attachment. Administrator will monitor for compliance.	04/11/2017

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: GEOFFREY GOMEZ Title: Administrator Date: 10/28/2019

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0178 SS= F	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation on 09/23/19 and interview, the facility failed to ensure the back yard was free from an accumulation of cluttered items, as evidenced by seven wheelchairs, one desk, a washing machine (not in use), a Hoyer lift, and a shopping cart. Severity: 2 Scope: 3	0178	All cluttered items were disposed on October 1st, 2019. Administrator will monitor for compliance.	10/01/2019

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0620 SS= D	Written Policy on Admissions - NAC 449.2702 Written policy on admissions; eligibility for residency. (NRS 449.0302) 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast; (b) Requires restraint; (c) Requires confinement in locked quarters; or (d) Requires skilled nursing or other medical supervision on a 24-hour basis. Inspector Comments: Based on observation, interview, and record review, the facility failed to provide requested information to obtain the bedfast waiver for 1 of 5 sampled residents (Resident #4 (R4)). (Note: The facility submitted a request for special permission to obtain a bedfast resident (R4) on 08/12/19. The Bureau sent correspondence to the Administrator on 08/21/19 indicating the request would be denied if the Nursing Plan of Care and a dated History and Physical Examination were not provided within ten days. The facility did not provide the requested information. During the survey on 09/23/19 and confirmed with the Hospice Registered Nurse on 09/26/19, it was determined R4 had severe dementia, stage 4 pressure ulcers, required frequent repositioning with a 2-person assistance with transfer / repositioning, and was contracted in a fetal position. The extensive care for this resident exceeded the level of care available in a residential facility for groups.) Severity: 2 Scope: 1 Repeat Deficiency: 10/10/18	0620	Resident #4 Bedfast waiver completed. Faxed to Crystal. Patient transferred Novemeber 1st, 2019 to Ameery Care. Administrator will monitor for compliance.	10/16/2019
0878 SS= F	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 or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-	0878	Resident #1, Resident #3, Resident #4, and Resident #5 Medications were not filled. See Attachments. Administrator will monitor for compliance.	06/25/2019

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	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, interview, and record review, the facility failed to ensure medications were available at the facility and able to be administered per physician's orders for 4 of 5 sampled residents (Resident #1: As-needed (PRN) medications Xanax and Roxanol ordered on 07/25/19; Resident #3: Routine Loratadine ordered on 08/27/19; Resident #4: PRN Lorazepam, Robafen, Acetaminophen, and Morphine ordered on 07/25/19; and Resident #5: PRN Lorazepam ordered on 09/11/19). The Owner / Operator indicated these PRN medications were never filled and followed up on because the residents did not need the medications. Severity: 2 Scope: 3			

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0905 SS= D	Administration of Medication Restrictions - NAC 449.2746 Administration of medication: Restrictions concerning medication taken as needed by resident; written records. (NRS 449.0302) 1. A caregiver employed by a residential facility shall not assist a resident in the administration of a medication that is taken as needed unless: (a) The resident is able to determine his or her need for the medication; (b) The determination of the resident ' s need for the medication is made by a medical professional qualified to make that determination; or (c) The caregiver has received written instructions indicating the specific symptoms for which the medication is to be given, the exact amount of medication that may be given and the frequency with which the medication may be given. Inspector Comments: Based on interview and record review, the facility failed to ensure written instructions indicating the specific symptoms for administration of as-needed (PRN) medications were received for 2 of 5 sampled residents (Resident #2: Docusate capsules; Resident #4: Robafen and Nutritional Supplement.). Severity: 2 Scope: 1	0905	Resident #2 Prescription obtained. See Attachment. Resident #4 Prescription obtained. See Attachment. Administrator will monitor for compliance.	10/22/2019

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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 tuberculin testing results were documented for 1 of 5 sampled residents (Resident #2: File lacked 2-step and annual 1-step results). Severity: 2 Scope: 1	0936	Resident #2 TB test done. See Attachment. Administrator will monitor for compliance.	10/25/2019

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0938 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: (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 interview and record review, the facility failed to provide an activities of daily living assessment for 2 of 5 sampled residents (Resident #2, admitted on 03/25/18 and Resident #5, admitted on 09/11/19). Severity: 2 Scope: 1	0938	Resident #1 ADL completed February 1st, 2019. Resident #5 ADL completed September 11th, 2019. See attachment. Administrator will monitor for compliance.	02/01/2019

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0960 SS= D	Alzheimer's Care Application for Endorsement - NAC 449.2754 Residential facility which provides care to persons with Alzheimer ' s disease: Application for endorsement; general requirements. (NRS 449.0302) 1. A residential facility which offers or provides care for a resident with Alzheimer ' s disease or related dementia must obtain an endorsement on its license authorizing it to operate as a residential facility which provides care to persons with Alzheimer ' s disease. The Division may deny an application for an endorsement or suspend or revoke an existing endorsement based upon the grounds set forth in NAC 449.191 or 449.1915. Inspector Comments: Based on observation, interview, and record review, the facility admitted and retained 2 residents with dementia who exceeded the level of care for a non-Alzheimer's residential facility for groups. Resident #1 (R1), who was admitted on 06/16/17 had a diagnosis of senile degeneration of the brain and a Standard Placement Determination dated 01/23/17 which indicated R1 required placement in an Alzheimer's facility; Resident #4 (R4), who was admitted on 07/31/18, had a diagnosis of end stage senile dementia of the brain. Severity: 2 Scope: 1 Repeat Deficiency: 10/10/18	0960	Resident #1 Reevaluated. See attachment. Resident #4 Transferred to Ameery Care November 1st, 2019. Administrator will monitor for compliance.	10/02/2019