DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**09/19/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARING HEARTS CARE HOME	**64 NORTH PEARL STREET, LAS VEGAS, NEVADA ,89110**

(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 and a complaint investigation conducted in your facility on 9/19/17. This State Licensure survey was conducted by the authority of NRS 449.0307 Powers of the Division of Public and Behavioral Health. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled person and/or persons with mental retardation and/or persons with mental illness, Category II residents. The census at the time of the survey was ten. Ten resident files were reviewed and four employee files were reviewed. The facility received a survey grade of A. There was one complaint investigated. Complaint # NV00050380 was substantiated. Allegation #1 - medication not given per physicians orders (see TAG Y0878) 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		
0878 SS= F	NAC 449.2742(5)(6) - Medication / OTCs, Supplements, Change Order - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregivers 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-the-counter medications and dietary	0878	0878 a) On 9/19/17, the medication Lantus was obtained by the facility. The POA (Power of Attorney) of Resident #1 has been administering it as ordered by the Physician. b) An Agreement was made after this event with the administrator and the facility staff. Within 24 hours with new resident admission, the administrator will meet with the caregivers to identify and formulate an individualized plan of care. Timely plan of	10/09/2017

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: ANNA GUY Title: Administrator/owner Date: 10/09/2017

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	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 (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 record review, interview and document review, the facility failed to ensure medications were available on site and administered as prescribed for 1 of 10 residents (Residents #1). Findings include: Resident #1 Resident #1 was admitted on 9/2/17 with diagnoses including type one diabetes mellitus and depressive disorder. Review of resident's records revealed on 8/30/17, the resident's physician ordered Lantus 10 units. On 9/19/17, the medication was not on site. Interview with Resident #1 on 9/19/17, revealed the POA had been checking the blood sugars and there were "no instances when the resident was affected by not receiving the medication". Review of the		care will not only ensure an effective care but will also identify early on any barriers implementing them thus find solutions promptly. c) The administrator will initiate and hold this meeting each time, within 24 hours with new resident admission. d) The administrator will be responsible for ensuring the plan of correction is implemented. e) 9/21/17	

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	September 2017 MAR revealed Lantus 10 units was not listed. On 9/19/17, in the afternoon, Employee #1 acknowledged the medication had not been available. The medication was obtained by the facility on this date. Severity: 2 Scope: 3			