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
	2016	A. BUILDING _____ B. WING _____	09/12/2018

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

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0000	Initial Comments - Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on September 12, 2018. This State Licensure Survey was conducted 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 mental illness and mental retardation, Category II residents. The census at the time of the survey was ten. Ten resident files were reviewed and five 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		

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: LUCKY ARCHIE GUY Title: Owner Date: 10/23/2018

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0859 SS= D	449.274(5) - Periodic Physical examination of a resident - NAC 449.274 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. 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 his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician. Inspector Comments: Based on record review and interview, the facility failed to ensure a resident had history and physical examination completed by a physician prior to being admitted to the facility for 1 of 10 resident (Resident #8). Findings include: Resident #8 was admitted on 02/01/18. The resident file lacked documentation of a History and Physical examination. On 09/12/18 at 11:30 AM, Employee #2 explained the resident was transferred from another facility and only record sent to the facility was the tuberculosis (TB) test. Employee #2 acknowledged the resident had no History and Physical examination. Severity: 2 Scope: 1	0859	a) Resident #8's History and Physical Examination were obtained on 9/15/2018. (attachment #1 page 1 to 9) b) An agreement was made after this event between administrator and facility staff within 24 hours with the new resident admission, the team will identify admission checklist not completed which includes History and Physical among others. This collaboration will identify early on measures and actions to take to speed up procurement of the lacking requirements. c) The administrator will initiate and hold this meeting each time within 24 hours with the new resident admission. d) The administrator will be responsible for ensuring the plan of correction is implemented. e) 9/15/2018.	09/15/2018

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0870 SS= D	449.2742(1)(a-c) 2 - Medication Administration - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregivers 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; and (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). 2. Within 72 hours after the administrator of the facility receives a report submitted pursuant to paragraph (a) of subsection 1, a member of the staff of the facility shall notify the resident ' s physician of any concerns noted by the person who submitted the report. The report must be reviewed and initialed by the administrator. Inspector Comments: Based on record review and interview, the facility failed to ensure a medication review was completed every six months for accuracy and appropriateness for 1 of 10 resident (Resident #10). Findings include: Resident #10 was admitted on 01/30/14, the resident file lacked documentation a medication review had been completed in the last six months. On 09/12/18 at 12: 20 PM, Employee #2, acknowledged the resident medication had not been reviewed in last six month . Severity: 2 Scope: 1	0870	a) Resident #10's Medication Review was done April 18, 2018 and the copy of this review is now on the resident's file. Filed 9/15/2018. (attachment #2) b) A big desk calendar is now utilized to get reminders for the every six months medication review. The administrator and staff reached an agreement to check off the reminder only if the facility has the medication review copy filed in the resident's chart. c) The administrator will ensure this process is being met by checking the calendar and that the actual medication review copy is already filed in resident's chart every last week of the month. d) The administrator is responsible in ensuring the plan of correction is implemented. e) 9/15/2018	09/15/2018

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0936 SS= D	449.2749(1)(e) - Resident file-NRS 441A Tuberculosis - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he 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 record review and interview, the facility failed to ensure the required purified protein derivative (PPD)/ tuberculosis (TB) test was administered to 2 of 10 residents (Resident # 3 and #2). Findings include: Resident #2 was admitted on 03/19/18. The resident's file revealed the last one step- PPD skin test was administered on 05/11/17 and read on 05/13/17 with negative result. There were no documentation a PPD skin test had been completion in 2018. Resident #3 was admitted on 03/13/18. The resident's record revealed the last one step dose of PPD test was administered on 05/08/ 17 and read on 05/10/17 with negative result. There were no documentation a PPD test had been completed in 2018. On 09/12/18 at 9:55 AM, Employee #2 (E2) acknowledged the two resident's PPD test for 2018 were not completed. Severity: 2 Scope: 1	0936	a) Resident #3 and Resident #2 Quanterferon TB-gold plus laboratory results were both negative which were collected 10/04/2018 and 10/17/2018 respectively. (attachment #3 page 1 and 2). b) A big desk calendar is now utilized to get reminders when TB test is due for each resident annually. The administrator and staff reached an agreement to check off the reminder only if the facility has the TB test final report copy filed in the resident's chart. c) The administrator will ensure this process is being met by checking the calendar and that the actual final TB test result is already filed in resident's chart every last week of the month. d) The administrator is responsible in ensuring the Plan of Correction is implemented. e) 10/22/2018.	10/22/2018

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0960 SS= E	449.2754(1) - Alzheimer's Endorsement - NAC 449.2754 Residential facility which provides care to persons with Alzheimer's disease: Application for endorsement; general requirements. 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 Health 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 record review and interview, the facility failed to ensure a Alzheimer disease endorsement was in place to meet care needs for 3 of 10 resident (Resident #5, #7 and #8). Findings include: Resident #5 was admitted on 09/15/16 with diagnoses of dementia, has cognitive level of alert with confusion. Resident #7 was admitted on 12/12/13 with diagnoses of dementia. Resident was alert and oriented only on time. Resident #8 was admitted on 02/01/18 with diagnoses of dementia, cognitive level of alert with confusion. On 09/12/18 at 11:30 AM, Employee #2 (E 2) aware the three resident had a dementia diagnoses and acknowledged a concern for the residents safety. Severity: 2 Scope: 1	0960	a) Resident #5, #7 and #8 each has written endorsement from their physician to have continued care with the residential facility concerned. (attachment #4 page 1 to 3) b) An agreement was made after this event between administrator and the facility staff to now include Dementia in the admission checklist as an exclusion criteria among others identified for new resident admission. In the event existing resident will get new diagnoses of Alzheimer's and related dementia, a standard placement determination will be filled out by the resident's physician to place patient in a facility that meets resident's needs. If the existing concerned facility is deemed incapable of the current need, the administrator will make sure resident and resident's family will find the appropriate placement. c) The administrator modified the checklist to include Dementia in the exclusion criteria for new resident admission. d) The administrator will be responsible for ensuring the Plan of Correction is implemented. d) 9/14/2018.	09/14/2018