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 _____	10/27/2021

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 grading and infection control State licensure survey conducted at your facility on 10/27/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facilities for Groups. The facility is licensed for 10 Residential Facility for Group beds for persons with intellectual disabilities and elderly or disabled persons and/or 10 category II residents. The census at the time of survey was eight. Eight resident files and four employee files were reviewed. The facility received a grade of A. The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of nondiscrimination policy; posting of nondiscrimination statement and certain other information, NRS 449.102 - Duties of licensed facility to protect privacy of patient or resident, and LCB File No. R016-20 - Cultural competency training; complaint policy; development of gender identity/expression policy; designated person responsible for compliance with these regulations. Failure to comply with NRS 449.101, NRS 449.102 and LCB File No. R016-20 may result in future deficiencies. 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: LUCKY ARCHIE GUY Title: owner Date: 11/23/2021

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0104 SS= F	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 document review, the facility failed to ensure background checks and fingerprints were completed every five years for 3 of 4 employees (Employee #1, Employee #2, Employee #3) and failed to ensure a background check with fingerprints was completed for a new employee (Employee #4). Finding include: Employee #1's fingerprints were documented as completed on 12/23/14. Employee #2's fingerprints were documented as completed on 12/12/14. Employee #3's fingerprints were documented as completed on 12/15/14. Employee #4 was hired in July 2021. Employee #4 does not have a documented background check and fingerprint results. Employee #1, #2, #3 and #4's files lacked documented evidence background checks with fingerprints were completed per the requirement. On 10/28/21 at 11:15 AM, the Owner confirmed background checks and fingerprinting had not been completed every five years for Employee #1, Employee #2 and Employee #3. The Owner acknowledged the background check for Employee #4 was not complete and there were no fingerprints on file. Severity: 2 Scope: 3	0104	1) All employees old and new will have their document files reviewed every first Monday of the month which include background check 2) A big desk calendar will be utilized to track employee document files renewable date This desk calendar will be examined and updated daily, by the administrator 3) This corrective action shall be included in the 1st week of the month personnel monthly meeting to ensure this has been carried out effectively 4) Both administrator and designee will monitor its compliance 5) 11/05/2021	11/09/2021

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0430	Requirements and Precautions - NAC 449.229 Requirements and precautions regarding safety from fire. (NRS 449.0302) 1. The administrator of a residential facility shall ensure that the facility complies with the regulations adopted by the State Fire Marshal pursuant to chapter 477 of NRS and all local ordinances relating to safety from fire. The facility must be approved for residency by the State Fire Marshal. 2. The Bureau shall notify the State Fire Marshal or the appropriate local government, as applicable, if, during an inspection of a residential facility, the Bureau knows of or suspects the presence of a violation of a regulation of the State Fire Marshal or a local ordinance relating to safety from fire. Inspector Comments: Based on observation and interview, the facility failed to ensure fire extinguishers were checked annually for 3 of 3 fire extinguishers. Fire extinguishers were last checked and serviced on 08/06/18. The Owner confirmed all fire extinguishers in the facility had not been checked or serviced annually.	0430	1) A physical monthly inspection of the facility will be done 1st monday of the month that includes but not limited to checking existing fire extinguisher 2) A neon sign will be posted near these fire extinguisher noting the date they were checked and the renewal dates These annual renewal dates will be plotted in the facility's desk calendar also to ensure proper reminders 3) Monthly personnel meeting every first week of the month will be conducted to review checklist of requirement which includes annual fire extinguisher check 4) Both administrator and designee will be responsible to follow thru 5) 11/1/2021	11/09/2021

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0870 SS= E	Medication Administration-Accuracy & Report - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregiver 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. (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). Inspector Comments: Based on interview and record review, the facility failed to ensure a medication review by a pharmacist was completed every six months for 2 of 8 residents (Resident #3 and Resident #7). Resident #3 (R3's) last documented medication review was completed on 09/11/19. There was no documented medication review for Resident #7 (R7). The Owner confirmed medication reviews were not completed every six months for R3 and R7. Severity: 2 Scope: 2	0870	1) All resident files old and new will have their document files reviewed every first monday of the month which include but not limited to medication review every 6 months 2) A big desk calendar will be utilized to track medication review renewal date This desk calendar will be examined and updated daily 3) This corrective action shall be included in the 1st week of the month personnel monthly meeting to ensure its been effectively carried out 4) Both administrator and designee will be responsible for monitoring and compliance of these corrective actions 5) 11/01/2021	11/09/2021

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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, interview and record review, the facility failed to ensure a medication was transcribed on the Medication Administration Record for 1 of 8 residents (Resident #5). A physician's order dated 09/01/21 documented Mirtazapine, 25 milligram tablet once a day. The medication was not listed on the October 2021 Medication Administration Record (MAR). The Owner confirmed they forgot to document the medication on the October MAR for Resident #5. Severity: 2 Scope: 1	0895	1) A nightly medication record review will be done with comparison to Doctor's medication order for each resident and the physical medication available at hand 2) An employee will be assigned nightly to review resident's medications for any current, new order or discontinue medications, making sure that are plotted correctly in Medication Administration record 3) Monthly employee meeting at the 1st week of the month will evaluate corrective action in place 4) Both Administrator and designee will monitor compliance 5) 11/01/2021	11/09/2021