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 _____	09/07/2023

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 completed at your facility on 09/07/23, 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/or persons with intellectual disabilities, Category II residents. The census at the time of the survey was ten. Ten resident files and three employee files were reviewed. The facility received a grade of B. 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		
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 and interview, the facility failed to ensure the premise was clean and well maintained. Findings include: The following observations were made on 09/07/23: - Excessive weeds measuring approximately ten inches throughout the front and back yard. On 09/07/23 in the afternoon, the Acting Administrator acknowledged the weeds were overgrown and reported the yard maintenance company had been unable to service the yard due to the recent rain. Severity: 2 Scope: 3	0178	1) A weekly outside premises maintenance is established to maintain cleanliness, every Monday or Tuesday. 2) A verbal contract with a neighbor to do the front and backyard cleaning was done. This ensure on time service as agreed. 3) Monthly personnel meeting every first week of the month will include evaluation of the neighbors service if ti meets expected outcome. 4) Both administrator and acting administrator are responsible to follow thru. 5) 9/10/2023	09/26/2023

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: 10/03/2023

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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 interview and record review, the facility failed to obtain a medical exemption, to maintain two residents who were bedfast (Resident #7 and Resident #8). Findings include: Resident #7 (R7) R7 was admitted to the facility on 01/31/23 with diagnoses including dementia. On 09/07/23 in the morning, R7 was unable to demonstrate the ability to turn from side to side in bed without assistance. Review of R7's record lacked documented evidence of an approved bedfast medical exemption from the Bureau. Resident #8 (R8) R8 was admitted to the facility on 06/06/23 with diagnoses including seizure disorder and cerebrovascular accident. On 09/07/23, R8 was unable to demonstrate the ability to turn from side to side in bed without assistance. Review of R8's record lacked documented evidence of an approved bedfast medical exemption from the Bureau. On 09/07/23 in the morning, the Acting Administrator acknowledged R7 and R8 did not currently have approved bedfast medical exemptions on file. Severity: 2 Scope: 1	0620	1) Assignment of facility's personnel to facilitate procurement of bedfast medical exemption approval for new and old residents who become bedfast. 2) New residents who meet bedfast criteria as well as existing residents becoming bedfast will be determined during admission process and monthly personnel meeting to facilitate timely application for bedfast medical exemption. 3) This will be added to special roles and responsibilities of the acting administrator and administrator during the monthly employee meeting, procurement of bedfast medical exemption approval will be one of the fixed agenda to be discussed and evaluated for progress. 4) The Administrator and acting administrator are responsible for the completion of this tasks. 5) The Facility applied medical exemption on 9/27/2023 to retain Resident #7 and resident #8 who are bedfast to Nevada Department of Health and Human Services (attachments). Completed: 9/27/2023	09/26/2023

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0870 SS= D	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 record review and interview, the facility failed to ensure medication regimen reviews were completed for 1 of 10 residents (Resident #6). Findings include: Resident #6 (R6) R6 was admitted on 01/03/22 with diagnoses including schizophrenia. R6's last medication regimen review was dated 12/16/22. On 09/07/23 in the morning, the Acting Administrator acknowledged the resident should have had medication regimen reviews completed every six months. Severity: 2 Scope: 1	0870	1) Resident's medication review was completed on 09/25/23. All residents bi-annual medication review dates will be plotted at least a month before the due dates in the desk calendar to ensure timely medications review and to give enough time for delays in providers' appointment. 2) By using a big desk calendar, bi-annual medication review dates will be plotted a month before the due dates. It will be examined daily for due requirements, finished tasks, discontinued tasks for discharged or expired residents and updated for new admissions. 3) This desk calendar will be examined daily for correct entries, updates and to follow-up on tasks on working progress for its completion. 4) The administrator and acting administrator will be responsible in maintaining and monitoring this calendar to effectively serve its purpose. 5) 9/25/2023	09/26/2023

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0885 SS= D	Medication - Destruction - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Inspector Comments: Based on observation and interview, the facility failed to ensure medications were destroyed for 1 of 10 Residents (Resident #10). Findings include: Resident #10 (R10) R10 was admitted on 12/12/13, with diagnoses of major depressive disorder and hypertension. The medication container for R10 contained Tramadol HCl 50 milligrams (mg), take one tablet by mouth two times per day as needed for pain for seven days. Discard after 04/22/23. On 09/07/23 in the afternoon, the Acting Administrator acknowledged the medication needed to be destroyed and had not been. Severity: 2 Scope: 1	0885	1) Once prescribed medications for residents arrived in the facility, each medication will be checked, taking note of directives in the bottles for storage, precautions, expirations. Follow directives and document this in the Medication Administration Record as reminders to ensure resident safety. 2) Every night as the MAR are printed, these records should be checked and compared to the resident's medication bottles and with resident's medication orders. Paying attention to directives on these bottles are reflected in the MAR. These ensure prevention of medication errors and promotion of residents safety. 3) To ensure corrective actions will be followed, a weekly medication review will be done by the administrator. This will also be reemphasized as a constant topic in the facility's monthly meeting. 4) The administrator and acting administrator are both responsible in monitoring compliance. 5) The Facility assistant administrator brought Resident #10 Tramadol HCL 50mg to Walgreen Medication Discard Box by Bonanza and Lamb on 9/07/2023. Completed: 9/7/2023	09/26/2023

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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 (TB) testing was completed per the requirement for 2 of 10 residents (Resident #7 and Resident #9). Findings include: Resident #7 (R7) R7 was admitted to the facility on 01/31/23 with a diagnosis of dementia. There was no documented evidence of an annual TB test for R7. The most recent documented TB test was a test dated 08/25/22, negative results. Resident #9 (R9) R9 was admitted to the facility on 07/24/23 with diagnoses including failure to thrive and hypertension. There was no documented evidence of a completed TB test for R9. On 09/07/23 in the morning, the Acting Administrator confirmed R7 and R9's file lacked a completed TB test per the requirement. Severity: 2 Scope: 1	0936	1) All residents required files, documents, tests during admission and specified period of time renewals will be examined and checked daily for completion. 2) Utilization of a desk calendar will be where due dates of these requirements plotted. These dates will be entered 2 months in advance from due dates to work on possible delays. This desk calendar will be checked and updated daily to ensure effectively of the tool. 3) This desk calendar will also help track completed requirements and will show if completed documents are filed to resident's folders. 4) The administrator and acting administrator will be responsible for monitoring completed resident's files, documents & tests, maintaining daily check and updates on the calendar. 5) The Facility got Resident #7 provider to administer annual Tuberculin testing, 1st step and 2nd step on 9/11/2023 and 9/18/2023 respectively which both steps read negative by licensed registered nurse. (attachment) The Facility got Resident #9 provider to administer annual Tuberculin testing, 1st step and 2nd step on 9/17/2023 and 9/24/2023 respectively which both steps read negative by the provider. (attachment) Completed: 9/26/2023	09/26/2023