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 _____	**01/25/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAPPY ADULT CARE	**1905 QUAIL POINT COURT, LAS VEGAS, NEVADA ,89117**

(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 at your facility on 01/25/19, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for six Residential Facility for Group beds for persons with Alzheimer's disease, Category II resident. The census at the time of the survey was six. Six resident files were reviewed and two 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		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: ROBERT MARTINEZ Title: Residential Facility Administrator Date: 02/26/2019

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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0620 SS= D	449.2702(4)(a), (6)(a)(1&2) - Admission Policy - NAC 449.2702 Written policy on admissions; eligibility for residency. 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. 6. As used in this section: (a) "Bedfast" means a condition in which a person is: (1) Incapable of changing his position in bed without the assistance of another person; or (2) Immobile. Inspector Comments: Based on record review and interview, the facility failed to obtain a bedfast waiver for 1 of 6 residents (Resident #1). Findings include: Resident #1 Resident #1 was admitted on 12/31/18, with diagnoses of dementia. The resident's medical record lacked documented evidence a bedfast exemption waiver was obtained. On 01/25/19 at 11:50 AM, the resident was not able to demonstrate the ability to turn and reposition without assistance from a Caregiver. On 01/25/19 at 11:55 AM, a Caregiver indicated the resident had not been able to turn and repositioned without assistance from a staff member. The Caregiver explained the resident was bedbound. On 01/25/19 at 12:20 AM, the Administrator acknowledged the resident was bedfast. The Administrator reported he did not apply for a bedfast waiver. Severity: 2 Scope: 1	0620	1.) Citation will be corrected by emailing the proper department a completed bedfast waiver form. 2.) Administrator and staff will monitor resident condition in regards to being able to move in bed. Medical professionals for a particular resident will also be consulted as to whether or not a bedfast waiver is necessary. 3.) Administrator will implement a procedure to determine the necessity of a bedfast waiver for a resident, and will train the staff in its implementation. 4.) Administrator will monitor for compliance. 5.) Corrective action completed 2/19/2019.	02/19/2019
0886 SS= D	NAC 449.2742(10) - Medication Administration Responsibility - NAC 449.2742(10) Administration of medication: Responsibilities of administrator, caregivers and employees of facility. 10. The administrator of a facility is responsible for any assistance provided to a resident of the residential facility in the administration of medication, including, without limitation, ensuring that all medication is administered in accordance with the provisions of this section.	0886	1.) Citation for Resident #1 will be corrected by changing the MAR to match the bottle's prescription label. Citation for Resident #5 will be corrected by obtaining a PRN order for her oxygen use. 2.) Administrator will retrain staff to ensure that MAR and prescription label should ALWAYS match. This may include having the caregiver match the MAR and label as they are administering each medication. Residents on oxygen will be further	01/25/2019

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	Inspector Comments: Based on observation, record review and interview the facility failed to ensure 1) a medication was administered as prescribed and 2) physician's orders were followed for Oxygen therapy for 2 of 6 residents (Residents #1 and #5). Findings include: Resident #1: Resident #1 was admitted on 12/31/18, with diagnoses of dementia. Observation of the resident's medications revealed a medication bottle was labeled Lorazepam 1 milligram (mg), take one tablet by mouth once a day. The medication was written on the Medical Administration Record (MAR), Lorazepam 1 mg, take 1 tablet by mouth twice a day routinely for anxiety or agitation. On 01/25/19 at 9:15 AM, a Caregiver acknowledged the medication was not given as prescribed and was not accurate on the MAR. The Caregiver explained it was the facility's error. On 01/25/19 at 10:30 AM, the Administrator acknowledged the medication had not been given as prescribed. The Administrator verified the physician's order for the medication. The Administrator indicated it would be corrected on the MAR and given as prescribed by the physician. Resident #5 Resident #5 was admitted on 5/12/16, with diagnoses of dementia and chronic obstructive pulmonary disease (COPD). On 01/25/19 at 9:25 AM, during a tour of the facility, the resident was observed in bed without oxygen. The oxygen concentrator was turned off. Resident #5's medical record had documented evidence of a prescription dated 10/15/18, for Oxygen 2 liters per minute via nasal cannula continuous. On 01/25/19 at 12:20 PM, a Caregiver indicated the resident had a physician's order for oxygen as needed. Later, the Caregiver verified the physician's order for continuous Oxygen at 2 liters per minute via nasal cannula. The Caregiver explained, the resident would take the oxygen off during the day and only used Oxygen at night. Severity: 2 Scope: 1		monitored for PRN or continuous use. 3.) Administrator will discuss with staff the citations, the reasons for the citations, and what will need to be implemented in order for the citations to not reoccur. 4.) Administrator will monitor for compliance. 5.) Corrective action taken 1/25/19.	