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
	2769	A. BUILDING _____ B. WING _____	10/04/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HONEYBEE HOME	**1821 E AMBUSH ST, PAHRUMP, NEVADA ,89041**

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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 10/04/17. 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 persons and/or persons with chronic illnesses, Category II residents. The census at the time of the survey was nine. Nine resident files were reviewed and eight employee files were reviewed. The facility received a grade of C. 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 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: PATRICIA RIPPIE Title: administrator Date: 11/15/2017

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0072 SS= D	449.196(3)(a-c) - Qualifications of Caregiver-Med Training - NAC 449.196 Qualifications of caregivers. 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Before assisting a resident in the administration of a medication, receive the training required pursuant to paragraph (e) of subsection 6 of NRS 449.037, which must include at least 16 hours of training in the management of medication consisting of not less than 12 hours of classroom training and not less than 4 hours of practical training, and obtain a certificate acknowledging the completion of such training; (b) Receive annually at least 8 hours of training in the management of medication and provide the residential facility with satisfactory evidence of the content of the training and his or her attendance at the training; (c) Complete the training program developed by the administrator of the residential facility pursuant to paragraph (e) of subsection 1 of NAC 449.2742; and Inspector Comments: Based on record review and interview the facility failed to ensure 1 of 8 employees completed the required 16 hours initial and/or eight hours annual medication management training and completion of the post-training examination (Employee #6). Findings include: On 10/04/17, review of the employee files revealed the following: Employee #6 Employee #6 was hired on 09/08/16 as a caregiver and medication technician. Employee #6 completed 16 hours of initial medication management training on 09/06/16. The employee file lacked documented evidence of eight hours of annual medication management training for 2017. On 10/04/17 in the afternoon, Employee #3 acknowledged the missing documentation. Severity: 2 Scope: 1	0072	1. Employee 6 took the medication management refresher course on 10/8/2017 and received the certificate. 2-3. To make sure everyone gets the refresher course on time, we have everyone take it together. We all went into Las Vegas and took the class in a one week period so we are all on the same schedule. This error occurred as Employee 6 gave notice she was quitting prior to the date we had the class in February, 2017. Since her original certificate was good until September, 2017 there was no need for her to go with the rest of us. When it came time for her to leave we were short-handed so she agreed to stay on parttime. The manager forgot she hadn't taken the class with everyone else. We will continue the plan of having everyone take the class together. In the future if someone doesn't take it even if they have given notice, we will put a note in red in their file. We are setting up a computerized tickler file for the dates for all compliance issues and if anyone misses the group class, we will put the renewal date for the person who didn't go with the group into the tickler. 4. this will be monitored by the manager, employee 3. 5. completed 10/8. We were notified that the employee's refresher course taken online was not acceptable as the test had to be given in person. Before we could get a proctor to give her the exam, the employee quit. In the future, if anyone takes an online refresher course we will make sure it includes an in person exam. 6. Certificate of completion of med management refresher course.	10/08/2017

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0074 SS= E	NRS 449.093 - Elder Abuse Training - NRS 449.093 Training to recognize and prevent abuse of older persons: Persons required to receive; frequency; topics; costs; actions for failure to complete 4. An administrator or other person in charge of a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the facility, agency or home provides care to a person and annually thereafter. 5. An employee who will provide care to a person in a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the employee provides care to a person in the facility, agency or home and annually thereafter. Inspector Comments: Based on record review and interview, the administrator failed to ensure 2 of 8 employees received initial and/or annual training in the recognition, prevention and response to elder abuse per Nevada Revised Statutes (NRS) 449.093 (Employees #4 and #8). Findings include: Review of the employee files revealed the following: Employee #2 Employee #2 was hired 05/22/17. The file contained documented evidence initial elder abuse training was completed on 07/11/17, almost two months after hire. Employee #8 Employee #8 was hired on 07/24/17. The employee file lacked documented evidence of elder abuse training. On 10/04/17 in the afternoon, Employee #3 acknowledged the deficiency. Severity: 2 Scope: 2	0074	1. We cannot correct the deficiency since the caregivers did not have elder abuse training before they started. They have taken it now but that doesn't correct the deficiency. 2.We were not aware elder abuse training had to be given before an employee started work. We scheduled the training for whenever we could get it from hospice. We are aware of online classes however, most of our employees do not use computers. Employee #2 has been employed by the facility since 2009 and has had elder abuse training every year since it was required. #2 was probably listed in error and it should have been #4. We have obtained the course materials and test to give the elder abuse class. Starting immediately all employees are given the elder abuse training online or by the manager or administrator before they start working. 3. We have added a line to our employee checklist for elder abuse training. All items that must be completed before the employee starts work are marked with an asterisk. The employee may not start work until all of the starred items are completed. 4. This will be monitored by the house manager, employee #3. The administrator, Employee #1, will review the checklist to make sure all items are completed before the employee is put on the schedule. 5. This procedure was implemented on 10/20/2017 when the new checklist was completed. Employee #8 completed Elder Abuse training on 10/27/17. 6. Copy of the employee checklist. Copy of elder abuse caregiver test given to a new employee on 10/20/17 before he began work. Copy of elder abuse training certificate for Employee #8	11/27/2017
0178 SS= F	449.209(5) - Health and Sanitation-Maintain Int/Ext - NAC 449.209 Health and sanitation. 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.	0178	1. The building was sinking due to soil subsidence. Over the last year, the entire foundation was excavated and helical piers installed every 10 feet around the perimeter. After the house was lifted, all cracks in the interior walls and ceiling were patched. Doors were reinstalled, windows and closet	10/26/2017

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	Inspector Comments: Based on observation and interview, the facility failed to ensure the interior and/or exterior premises was clean and well-maintained. Findings include: On 10/04/17 in the morning during a facility inspection, the following was observed: Room #2 - Closet door was off the track or had a loose hinge. Room #9 and outside Room #6 - Concentrator hoses in foot traffic areas causing a potential for trip hazards. Front Patio - Accumulation of spider webs in entry alcove and seating area. Railing was not firmly secured. On 10/04/17 in the morning, Employee #3 acknowledged the observations and reported the railing had been tightened twice and was scheduled for further repairs. Severity: 2 Scope: 3		doors adjusted. Everything worked fine until we had a water leak and the house settled again. Foundation Stabilization Inc has returned to inject more foam under the house. Plumbers have come in to repair leaking waste lines that had broken during the settling process. The plumber and Certified Fire Protection are both doing tests to identify any additional leaks. Because of the settling closet doors have popped off their tracks throughout the house and several doors are not closing properly. The landscaping in the front yard is being removed and all irrigation lines dug up. A handyman has come in and is fixing every closet door as it comes off the track. Adjustments will be ongoing until the house has been relifted. The railing is no longer an issue as the sidewalk has been completely removed. Barricades are installed at both ends of the sidewalk to keep residents out. When they pour the new sidewalk and reinstall the railing they will use a different fastening system as the red heads were not keeping it tight. During this construction process there is a lot of dirt accumulating on the patio but the caregivers are instructed to sweep it daily and remove any spider webs. The residents with concentrators have been told they cannot use them in the dining room. All of the tubing has been cut short to only allow movement in their rooms. They now have oxygen tanks which are wheeled to the dining room so they do not need the concentrators except in their rooms 2. Foundation Stabilization is repairing the foundation. Once level the problem with the doors and railing will be eliminated. Regarding the oxygen tubing, when State Serv Medical came after the tubes had been cut down, they installed long tubes again. We cut them again and called State Serv to explain why we could not have the long ones. The caregivers and house manager will make sure State Serv does not install long tubes again. 3. The house manager will inspect the patio daily and inspect each room to see that all the doors are operating properly. If not she will call the handyman to adjust them. 4. The adminstrator, employee #1 is working with the contractor to see that the	

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			work is all completed. The house manager, employe #3, oversees the handyman making the adjustments and the caregivers cleaning the patio. 5. The oxygen tubes were cut back on 10/6. State Serv came back and reinstalled longer ones. We cut it again and asked State Serv not to bring the long tubes again. the service man said he is not allowed to cut them as that is altering the equipment but if we do it, he'll leave them alone. We don't know what date the foundation work will be completed. The engineer has been here several times studying it.They have been augering test holes in and around the house to monitor water saturation in the soil and to create a plan to correct the settling issues. They can't tell us yet how long it will take as they don't know the extent of the problem yet. All of the doors have been adjusted as of 10/26 but this will be an ongoing problem until the house is relifted. The patio has been cleaned but needs to be done every day due to the drilling and excavating. The railing can't be reinstalled until the new sidewalk is installed which will be the last step in the process. 6. Letter from the contractor, Foundation Stabilization Inc. He had intended to reinstall the railing until we discovered the sidewalk had pulled away from the house and had to be replaced. 7. The landscaping is being removed so there will be no water near the house that can cause future sinking.	

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0859 SS= E	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 3 of 9 residents met requirements for initial and/or annual physical examinations (Residents #2, #5, and #9). Findings include: On 10/04/17, a review of the resident files revealed: Resident #2 Resident #2 was admitted on 01/04/16. The resident had a physical exam on 01/04/16. There was no documented evidence a physical was completed in 2017. Resident #5 Resident #5 was admitted on 10/30/14. The resident had a physical exam on 09/14/14 and 03/17/15. There was no documented evidence a physical was completed in 2016 and 2017. Resident #9 Resident #9 was admitted on 03/25/15. The resident had a physical exam on 03/25/15 and 02/18/17. There was no documented evidence a physical was completed in 2016. On 07/06/17 in the afternoon, the Employee #3 and the Administrator acknowledged the findings and was unable to provide missing documents during the inspection. Severity: 2 Scope: 2	0859	1. We have either located copies of the missing physicals in our files or requested copies from the physician. All of the residents cited were the patients of one physician. The manager, Employee #3, had given her the wrong form for the physicals which did not have a line for the physician's signature, so she had not signed and dated them. She had not given us copies of some of them. The physician was contacted and she provided the missing forms and signed and dated the forms as of the date they were performed. The physicals for Resident #5 for 2016 and 2017 were in her book in a sheet protector and were not found by the surveyor. The 2016 physical for Resident #5 was faxed to us in March 2016 and the fax date is stamped on the form. When the physicals were uploaded here, the 2016 physical for resident #9 was incorrectly labeled as Resident #5 and the system would not allow it to be corrected after the form was uploaded. 2. The manager, Employee #3, located the correct forms for the annual physicals which do have a line for the doctor to sign and date. We also have a new checklist for the residents to go into their files so the manager must check and date when the SIGNED physical form is received, not just when the resident is given the physical. In addition the residents books are being purged of documents more than 2 years old except for the original admission forms and 2 step TB test so it will be easier for the surveyor to locate the required documents. 3. The house manager, Employee #3, will use her tickler file for the dates the physicals must be done and then will mark on the resident's checklist in their books when the form is received from the physician. 4. The administrator, Employee #1, will review the resident checklists monthly to make sure all of the required physicals have been done. 5. The corrective action was completed on 10/27/17. 6. The physicals for Residents #2, 5 and 9 are uploaded.	10/27/2017

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0905 SS= D	449.2746(1)(a)-(c) - PRN Medication - NAC 449.2746 Administration of medication: Restrictions concerning medication taken as needed by resident; written records. 1. A caregiver employed by a residential facility shall not assist a resident in the administration of medication that is taken as needed unless: (a) The resident is able to determine his need for the medication. (b) The determination of the resident's need for the medication is made by a medical professional qualified to make that determination; or (c) The caregiver has received written instructions indicating the specific symptoms for which the medication is to be given, the exact amount of medication that may be given and the frequency with which the medication may be given. Inspector Comments: Based on record review and interview, the facility failed to ensure the doctor's order for "as needed" medication for 1 of 9 residents, included specific instructions on frequency of administration and not a range (Resident #4). Findings include: Resident #4 Resident #4 was admitted on 09/29/17, with diagnoses including senile degeneration, heart failure, hypertension and Parkinson's disease. The October 2017 Medication Administration Record (MAR), medication label and physician's order documented Trazadone 50 milligrams (mg), take one to two tablets every night at bedtime, as needed for sleep. The instructions for administration included a range of dosage and would require the employee to make a medical assessment. On 10/04/17 in the afternoon, Employee #3 acknowledged the findings. Severity: 2 Scope: 1	0905	1. The Trazodone order has been change to 1 tablet at bedtime on a regular basis, not PRN. 2. The hospice nurse who wrote the order had been told repeatedly that we could not take sliding scale orders. We contacted her after the survey and she had gone on vacation. We escalated it to the supervisor who came out and redid all the orders for all of the hospice patients in our home. He created a book for each resident with their care plan. He DC'd all previous medication orders and wrote all new ones all without sliding scales. 3. We don't know yet who our regular hospice nurse will be so for now we are working with the supervisor and any medication errors are to be reported directly to him, however, he is aware of our regs and we don't anticipate this problem again from them. All of the caregivers are aware that if they see sliding scale orders when logging in meds, they are to report it to the house manager, Employee #3. She then contacts the physician to get it corrected. When we have a situation such as this Trazedone order that she was not getting action on, she will escalate it immediately to a supervisor or someone who will take action. 4. the house manager, Employee #3. 5. The new orders were given to us on 10/24/2017. 6. New order for Trazodone uploaded.	10/24/2017

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0920 SS= F	449.2748(1-2) - Medication Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication must be kept in a locked box unless the refrigerator is locked or is located in a locked room. Inspector Comments: Based on observation and interview, the facility failed to ensure medications were stored and secured in a locked area. Findings include: On 10/04/17, during a morning tour of the facility, the following medications were discovered unsecured: Room #7 - Magnesium supplements, Mature Multivitamins, and a weekly pill minder box containing various medications was observed in and on an unlocked cabinet. On 10/04/17 in the morning, Employee #3 acknowledged the medication was unsecured and reported the resident was self administering their medications until the previous day and the medications had not yet been removed from the resident's room. Severity: 2 Scope: 3	0920	1. The medications have been removed from the resident's room and those without orders have been destroyed. 2. The problem with allowing residents to self-administer is they will squirrel away medications, especially OTC meds in drawers, purses and other places. This is very difficult to police, but our policy had been that residents had the right to self-administer meds if they wished. We have changed that policy and in the future will not allow any residents to move in unless we are given permission to take control of their medications. 3. When resident #3 signed the authorization for us to hold and distribute her meds, the house manager cleaned out the locked box in her room and there were no other medications visible at that time, but she did not search all the drawers and places meds could have been stashed. The caregivers are told to look for OTC meds when they clean the rooms. The manager will do a thorough inspection of each room at least once a week to look for medications including checking cabinets, drawers, purses and Kleenex boxes, etc. 4. House manager, Employee #3. 5. All the meds that were found during the survey were removed immediately. The manager, Employee #3, did a more thorough search the next day, 10/5/17 and found more OTC meds. 6. There are no supporting documents. The medications have been removed. 7. All of the residents rooms have been searched and various OTC sprays, drops and creams have been found and removed. Family members have been reminded not to bring anything in that treats a condition without a doctors order and then it must be given to the staff and not the resident.	10/05/2017

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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 1 of 9 residents met the requirements concerning tuberculosis (TB) (Resident #2). Findings include: On 10/04/17 a review of resident files revealed the following: Resident #2 Resident #2 was admitted on 01/04/16. The resident's file contained evidence of a two step TB test completed on 01/18/16 and a two step TB test completed 05/12/17 with negative results. The annual TB test was completed four months late. On 10/04/17 in the afternoon, Employee #3 acknowledged the deficiency and reported that a two step TB test was conducted after they noticed the overdue annual TB test. Severity: 2 Scope: 1	0936	1. This deficiency cannot be corrected. The TB test was late and the resident had to have a 2 step test but it is still late. 2. All of the dates for the resident's and employee TB tests are being entered on the tickler file by the administrator (employee #1) and house manager. The date of each test will be recorded on the resident's checklist by the house manager, employee #3. 3. The house manager will check the tickler file every day to see what tests are coming up and arrange for it at least 2 weeks before it is due. The administrator, Employee #1, will monitor the tickler file at least weekly to double check that all TB tests are current or ordered. 4. The house manager, Employee #3, is responsible to order the TB tests. 5. The corrective action was implemented on October 6, 2017. 6. Copy of the Resident's Checklist.	10/06/2017

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1001 SS= D	449.2758(1) - Training Req-Elderly Disabled - NAC 449.2758 Residential facility which provides care for elderly persons or persons with disabilities: Training for caregivers. 1. Within 60 days after being employed by a residential facility for elderly or disabled persons, a caregiver must receive not less than 4 hours of training related to the care of those residents. 2. As used in this section, "residential facility for elderly or disabled persons" means a residential facility that provides care to elderly or disabled persons who require assistance or protective supervision because they suffer from infirmities or disabilities. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 out of 8 employees had a minimum of 4 hours training related to the care of the elderly/disabled within 60 days of hire (Employee #8). Findings include: On 10/04/17, review of the employee files revealed: Employee #8 Employee #8 was hired on 07/24/17, as a caregiver and medication technician. The employee file lacked documented evidence four hours of caregiver training was completed within 60 days of hire. On 10/04/17 in the afternoon, Employee #3 and the Administrator were not able to provide evidence Employee #8 completed four hours of caregiver training within 60 days of hire. Severity: 2 Scope: 1	1001	1. Employee #8 did receive 4 hours training prior to 60 days but it was not documented correctly. The house manager, Employee #3, had notes as to when the training was done, and what the training consisted of but had not transferred it to the Training record form and had not made certificates. She has now completed those tasks and documented 4 hours of training within the first 60 days. 2. The new employee checklist has a line for the initial training to be recorded when completed in addition to the training record and certificates. 3. The house manager, employee #3, does the training and is charged with recording it on the checklist. We now have an account with Carewell online for online training sessions in caregiving that will supplement the hands on training the house manager gives.The administrator will review the checklists each week to ensure that all training has been completed. 4. The house manager, employee #3. 5. The documentation for employee #8 was completed 10/20/2017. 6. Employee #8 training record and certificates.	10/20/2017

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2769	A. BUILDING _____ B. WING _____	10/04/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HONEYBEE HOME	1821 E AMBUSH ST, PAHRUMP, NEVADA ,89041

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1021 SS= E	449.2766(2)(3)(4) - Chronic Illness Training - NAC 449.2766 Residential facility which offers or provides care for persons with chronic illnesses and debilitating diseases: Application for endorsement; training for employees. 2. Within 60 days after being employed by a residential facility for persons with chronic illnesses, an employee of the facility shall obtain at least 4 hours of in-service training relating to the care provided to such persons and in the actions necessary to control infections. 3. Evidence of training received pursuant to subsection 2 must be included in the employee's personnel file. 4. As used in this section, "residential facility for persons with chronic illnesses" means a residential facility that provides care and protective supervision for persons with chronic illnesses or progressively debilitating diseases, including, without limitation, acquired immunodeficiency syndrome and cancer. Inspector Comments: Based on interview and record review, the facility failed to ensure 2 out of 8 sampled employees had a minimum of 4 hours training related to the care of persons with chronic illness within 60 days of hire (Employees #6 and #8). Findings include: On 10/04/17, review of the employee files revealed: Employee #6 was hired on 09/08/16 as a caregiver and medication technician. The employee file lacked documented evidence four hours of chronic illness training was completed within 60 days of hire. Employee #8 was hired on 07/24/17 as a caregiver and medication technician. The employee file lacked documented evidence four hours of chronic illness training was completed within 60 days of hire. On 10/04/17 in the afternoon, Employee #3 and the Administrator acknowledged the deficiency and were unable to provide evidence Employees #6, and #8 completed chronic illness training within 60 days of hire. Severity: 2 Scope: 2	1021	1. We can't go back and correct this. The training for the 2 employees was not completed within 60 days of hire. They have both had the chronic illness training and their certificates are attached but this does not correct the violation. 2. We were not aware the chronic illness training had to be done within 60 days but going forward it will be done in that time frame. We have always had it done by nurses from hospice. In the future if they can't be scheduled within 60 days, the manager and administrator will do the training. We now have access to online training courses that can be used. The deadline for training is added to the computerized tickler file. Once completed it is entered on the employee checklist. 3. The house manager, Employee #3, schedules the training sessions and records them on the employees training record. The administrator will check the employee checklist weekly to verify that the required trainings have been done. 4. The house manager, Employee #3. 5. The chronic illness training for Employee #6 was completed in February, 2017 which was more than 60 days past her hire date. The chronic illness training for Employee #8 was completed on October 27, 2017 which was more than 60 days past her hire date. 6. Chronic illness training certificates for employee #6 and #8. Honeybee employee checklist.	10/27/2017