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 _____ | 10/21/2021 |

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

| (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<br><br>Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure and infection control inspection conducted in your facility on 10/21/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facilities for Groups. 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 five. Five resident files were reviewed, and three 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 antidiscrimination 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 investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiency was 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: 11/16/2021

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| 0960 SS= D | Alzheimer's Care Application for Endorsement - NAC 449.2754 Residential facility which provides care to persons with Alzheimer ' s disease: Application for endorsement; general requirements. (NRS 449.0302) 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 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.<br><br>Inspector Comments: Based on observation, interview, and record review, the facility admitted and retained a resident with a diagnosis of Alzheimer's disease (Resident #4) without an endorsement for persons with Alzheimer's disease. Findings include: Resident #4 (R4) R4 was admitted to the facility on 10/01/21 with diagnoses including Alzheimer's disease. The Physician's Standard Placement Determination and Cognitive Assessment dated 08/02/21 indicated R4 was not oriented to person, place or time. On 10/21/21 from 10:00 AM through 2:30 PM, R4 was observed at the facility. R4 did not appear to be alert and oriented. R4 appeared to have anxiety and agitation by getting up and down erratically and frequently. On 10/21/21 at approximately 2:00 PM, Employee #1 (E1) indicated R4 exhibited wandering behaviors around noon each day. On 10/21/21 the Administrator acknowledged the facility was not endorsed for admitting and retaining residents with Alzheimer's disease. Severity: 2 Scope: 1 | 0960 | The physician had initially not completed the physician placement leaving blank the section for is the resident oriented to person, place and time. The manager was on the phone with the physician when the form was faxed in and she told him he need to complete that section which he did and immediately faxed back. So we had two copies of the form faxed within 1 minute of each other. The manager should have thrown out the incomplete copy and only had the completed one in the file. The manager and her assistant are going through the files now cleaning them up and getting rid of unnecessary pages. This will be an ongoing task for them. The administrator will verify that the files are continually being purged of unnecessary forms and that all of the mandatory information is present.<br>The other problem was that we had taken the physician's and the family's word for the resident's condition. The administrator told the family that we would take the resident on a trial basis and if she was not our level of care they would be notified to move her. They had already been researching other alternatives. The manager called them after the survey and they were able to move her within 3 days.<br>Going forward we will assess all residents in person before accepting them. The assessments will be done by the manager, assistant manager or the administrator. This policy has already been implemented and the new residents since the survey have been assessed. The administrator will ensure that this policy is carried out. | 10/25/2021 |