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 _____	10/12/2023

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 Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey completed at your facility on 10/12/23, 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 chronic illness, Category II residents. The census at the time of the survey was six. Six resident files and five 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		
0102 SS= D	Personnel File - TB Screening - NAC 449.200 Personnel files. 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: (d) The health certificates required pursuant to chapter 441A of NAC for the employee; Inspector Comments: Based on interview and record review, the facility failed to ensure a tuberculosis (TB) screening was completed annually for 1 of 5 employees (Employee #2). Findings include: Employee #2 was hired on 09/01/08 as the Administrator. Review of Employee #2's record revealed a TB screening was last completed on 04/19/22. On 10/12/23 in the morning, a caregiver confirmed the last documented TB test in the record of Employee #2 was dated 04/19/22. The facility did not provide documented evidence a TB test was completed after 04/19/22 for Employee #2. Severity: 2 Scope: 1	0102	Employee #2 had attempted at 2 different locations to get a stick test and providers could not get serum. She had a QuantiFERON test October 17,2023 and scheduled an annual test with her practitioner for 2024. She will get blood tests annually from now on. The current test is attached. It has been sent to the manager at the Honeybee home for the file and she will check each October with employee #2 to make sure the test has been done. Employee #2 will schedule the next years test each time she has the test performed. The staff at the practitioners office has been informed there will be an annual test to be scheduled each year.	10/17/2023

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0936 SS= E	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 an annual tuberculosis (TB) screening and initial two step TB screening were completed and documented for 2 of 6 residents (Resident#3 and Resident #6). Findings include: Resident #3 (R3) was admitted on 01/19/22 with diagnosis including dementia and hyperlipidemia. Review of R3's medical record revealed a QuantiFERON blood draw was completed on 01/18/22 and an annual TB screening was completed on 07/03/22. On 10/12/23 in the morning, a Caregiver confirmed the most recent annual TB screening in R3's record was dated 07/03/22. Resident #6 (R6) was admitted on 12/28/22 with diagnosis including hypertension and chronic heart failure. Review of R6's medical record revealed R6 completed the first of a two step TB screening on 12/21/22. There was no documentation R6 completed the second TB screening. On 10/12/23 in the morning, a Caregiver confirmed R6 did not have documentation of a competed two step TB in their medical record. The facility was unable to provide documentation R3 completed an annual TB screening and R6 completed a two step TB screening. Severity: 2 Scope: 2	0936	Resident 3 had his TB test done but the nurse only put month and day on it, not the year. The manager tried to get it corrected by provider but couldn't. Resident was sent for QuantiFERON test which is attached. Resident 6 and his family were told repeatedly that he needed the test and were not compliant. He has now had a QuantiFERON test but the results have not been received yet. Formerly we had an arrangement with hospice to have them give residents their annual skin tests but they have had problems obtaining serum and are no longer providing that service. Because the problems getting the skin tests have increased, we have added a new addendum to our resident agreement requesting the resident have a QuantiFERON test with their initial physical and at the same time schedule their next annual physical and QuantiFERON test. If the family members can't take them to their appointment it is in our resident agreement that staff can take them for a fee. The house manager is tasked with keeping track of the tests and notifying family members when they are due.	11/08/2023

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0938 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: (g) An evaluation of the resident ' s ability to perform the activities of daily living and a brief description of any assistance he or she needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his or her ability to perform the activities of daily living; and (3) In any event, not less than once each year. Inspector Comments: Based on interview and record review, the facility failed to ensure an Activities of Daily Living (ADL) assessment was completed upon admission for 1 of 6 residents (Resident #5). Findings include: Resident #5 (R5) was admitted on 09/14/23 with a diagnosis of depression. Review of R5's medical record revealed it lacked documentation an ADL assessment was completed for R5. On 10/12/23 in the morning, a Manager confirmed an ADL assessment was not completed for R5 upon admission. Severity: 2 Scope: 1	0938	The house manager acknowledged that she had failed to perform the initial assessment form for the resident. The resident was a short -term resident taken in on short notice with a rushed move-in. The initial resident assessment form (uploaded in documents) has not been one of the items on our resident admission checklist. It has now been added to the checklist and the manager will be responsible to see that it is completed for each new resident.	10/25/2023