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 _____	10/02/2024

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 completed at your facility on 10/02/24 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 Alzheimer's disease, Category II residents. The census at the time of the survey was six. Six resident files and nine 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		
0870 SS= E	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).	0870	1. The Administrator was not aware the medication reviews had not been signed by the nurse. The Manager, Employee #4 was having serious medical issues and was hospitalized several times during this period. The Manager did request to be replaced and the Administrator had not done so. There will be a new manager assigned to the position and Employee #4 will be a caregiver. We have entered into an agreement with the nurse who has been doing the med reviews for several years. She understands that she can't not show up again. All the residents will have their med reviews done at the same time even if they are new in the home. We will have the med reviews done every 6 months on or before October 15 and April 15. 2.The nurse will be sent a reminder on the first of October and the first of April so she can schedule her visit to the home to do the review. The Manager will send reminders and keep the dates on the calendar. 3. The Administrator will check to make sure the nurse was notified, a date for the review was confirmed and that the reviews were done. The Administrator will initial the reviews before they are filed.	10/18/2024

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	Inspector Comments: Based on record review and interview, the facility failed to ensure medication reviews were conducted every six months for 3 of 6 residents, per the requirement (Residents #3, #4, and #5). Findings include: Resident #3 (R3) R3 was admitted on 07/12/23 with a diagnosis of Early Onset Dementia. R3's resident file contained medication reviews dated 12/01/23 and 06/01/24. R3's medication review dated 06/01/24 was signed off by one of the facility's caregivers. The caregivers performed some of the reveiws because the nurse was not able to come by, and they were told it was acceptable for them to do it. R3's file lacked documented evidence of a medication review conducted in June 2024 by a physician, pharmacist, or registered nurse. Resident #4 (R4) R4 was admitted on 02/14/24 with a diagnosis of Atherosclerotic heart disease. R4's file lacked documented evidence of a medication review completed within the last six months. Resident #5 (R5) R5 was admitted on 12/28/22 with diagnoses including chronic obstructive pulmonary disease (COPD)/enlarged heart, primary hyperparathyroidism, and chronic atrial fibrillation. R5's file contained medication reviews dated 12/01/23 and 06/01/24. R5's medication review dated 06/01/24 was signed off by one of the facility's caregivers. The caregivers performed some of the reviews because the nurse was not able to come by, and they were told it was acceptable for them to do it. R5's file lacked documented evidence of a medication review conducted in June 2024 by a physician, pharmacist, or registered nurse. On 10/02/24 in the morning, the caregivers acknowledged medication reviews should have been conducted by a physician, pharmacist, or registered nurse for R3 and R5, and should have been conducted at least once every six months for R4. Severity: 2 Scope: 2		4. The Manager. 5. The delinquent med reviews were completed on Oct. 18. The remaining 3 residents will be reviewed by December 18 after which all residents will be reviewed annually by April 15 and Oct. 15. 6. Overdue reviews. 7. N/A	
1820 SS= F	Infection Control Policy - Infection Control Policy LCB File No. R048-22 Sec. 5. 2. To carry out the infection control program developed pursuant to paragraph (a) of subsection 1, the facility shall adopt an infection control policy. The policy must	1820	1. Employee #9 is the administrator and should have understood the infection Control Policy requirements. Employees #2 and #9 are studying the rules and developing the infection control policy. There are templates provided by the CDC in	11/18/2024

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	include, without limitation, current infection control guidelines developed by a nationally recognized infection control organization that are appropriate for the scope of service of the facility. Such nationally recognized organizations include, without limitation, the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations. Inspector Comments: Based on record review, document review and interview, the facility failed to adopt a comprehensive infection control policy and to ensure the primary and secondary infection control staff completed 15 hours of infection control training (Employees #2 and #9). Findings include: On 10/02/24 in the afternoon, a review of facility policies and procedures revealed the lack of a comprehensive infection control plan which was appropriate for the scope of service of the facility. Employee #2 (E2) E2 was hired as a Caregiver on 09/16/20. On 10/02/24 in the afternoon, E2 identified themselves as the primary infection control staff. E2's file lacked documented evidence of 15 hours of infection control training regarding the control and prevention of infections from an approved organization. Employee #9 (E9) E9 was hired as Administrator on 09/01/00. On 10/02/24 in the afternoon, the Administrator identified themselves as the secondary infection control staff. E9's file lacked documented evidence of 15 hours of infection control training regarding the control and prevention of infections from an approved organization. On 10/02/24 in the afternoon, E2 acknowledged the lack of a comprehensive infection control policy. E2 and the Administrator confirmed E2 was the primary infection control program staff and the Administrator was the secondary infection control staff, and neither E2 nor the Administrator had completed the required infection control and prevention training from an approved organization. Severity: 2 Scope: 3		their training and we are incorporating those as well as the sample provided by the surveyor. Employee #2 has completed the 20 hour CDC training. Employee #9 has completed the first module of the CDC training. (CDC TRAIN Nursing Home Infection Preventionist). 2. When memos come in from the state regarding changes to Infection control policy or annually on October 1, Employees #2 and #9 will incorporate them into the policy. Employees #2 and #9 or their successors will complete the annual 15 hour training on or before Oct. 1 each year and print the certificates for their files. 3. Employee #2 and #9 will check the nvdpbh website periodically to look for updates and check for email notifications from the NVDPBH on Infection control policy changes. The manager (Employee #4)will monitor the training to make sure that the training has been completed 4. The admistrator will be responsible to see that the policy document is completed and updated as necessary. 5. The Infection Control Policy will be completed by November 18, 2024. Employee #9 will have completed the training by Nov. 8,2034. 6. Attached are certificates of training for Employees #2 and #9. 7.N/A	

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1840 SS= F	UNL Caregiver Training - R063-21 Sec. 4 1. An unlicensed caregiver who provides care to residents, patients or clients at a facility described in section 3 of this regulation shall annually complete evidence-based training provided by a nationally recognized organization concerning the control of infectious diseases. The training must include, without limitation, instruction concerning: (a) Hand hygiene; (b) The use of personal protective equipment, including, without limitation, masks, respirators, eye protection, gowns and gloves; (c) Environmental cleaning and disinfection; (d) The goals of infection control; (e) A review of how pathogens, including, without limitation, viruses, spread; and (f) The use of source control to prevent pathogens from spreading. 2. Each unlicensed caregiver who completes the training required by subsection 1 must provide proof of completion of that training to the administrator or other person in charge of the facility in which the unlicensed caregiver provides care. Inspector Comments: Based on record review and interview, the facility failed to ensure 6 of 9 employees (Employees #3, #4, #5, #6, #7, and #8) obtained the required infection control training. Findings include: Employee #3 (E3) E3 was hired on 06/01/09 as a Caregiver. E3 completed Infection Control training in September 2023. E3's employee file lacked documented evidence of annual training concerning the control and prevention of infections from the approved nationally recognized organizations. Employee #4 (E4) E4 was hired on 03/16/23 as a Caregiver. E4 completed Infection Control training on 09/02/23. E4's employee file lacked documented evidence of annual training concerning the control and prevention of infections from the approved nationally recognized organizations. Employee #5 (E5) E5 was hired on 12/13/22 as a Caregiver. E5 completed Infection Control training on 09/25/23. E5's employee file lacked documented evidence of annual training concerning the control and prevention of infections from the	1840	1. The Administrator misunderstood the requirements and thought the fact that all the caregivers took the training in 2023 satisfied the requirement. Now we are aware they must take the training annually. There has just been a turnover in employees and the new ones will be required to take the training when they are hired along with elder abuse and cultural competency. 2. The link to the training has been given to the caregivers and they are required to take the class now and informed that it will be an annual training. On October 1 each year, the Manager (Employee #4 or her successor) will give links to each employee for all the mandatory trainings with a requirement that they be completed within 2 weeks. 3. The Manager will be responsible to make sure that each caregiver has completed the course and submitted the certificate of completion to be placed in their permanent file. 4. The Manager (Employee #4 or successor) monitors the training files. 5. The employee training will be completed by November 18, 2024. 6. none yet 7. N/A	11/18/2024

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	approved nationally recognized organizations. Employee #6 (E6) E6 was hired on 07/03/08 as a Caregiver. E6 completed Infection Control training on 09/25/23. E6's employee file lacked documented evidence of annual training concerning the control and prevention of infections from the approved nationally recognized organizations. Employee #7 (E7) E7 was hired on 08/27/22 as a Caregiver. E7 completed Infection Control training on 09/29/23. E7's employee file lacked documented evidence of annual training concerning the control and prevention of infections from the approved nationally recognized organizations. Employee #8 (E8) E8 was hired on 01/07/19 as a Caregiver. E8's employee file lacked documented evidence of annual training concerning the control and prevention of infections from the approved nationally recognized organizations. On 10/02/24 in the afternoon, the Caregiver acknowledged E3, E4, E5, E6, E7, and E8 did not complete annual infection control training. Severity: 2 Scope: 3			