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
	2787	A. BUILDING _____ B. WING _____	01/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOWS CARE HOME	5125 MEADOWS LILLY AVE, LAS VEGAS, NEVADA ,89108

(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 a State licensure annual survey conducted in your facility on 01/28/19. This State licensure survey was conducted in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed to provide care to eight elderly and/or disabled residents with endorsements for chronic illness and/or mental illness, Category II beds. The census at the time of the survey was seven. Eight resident files were reviewed 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 investigation, 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: MARINA VAUGHN | Title: Administrator | Date: 02/18/2019

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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. Inspector Comments: Based on observation and interview the facility failed to ensure the interior of the facility was kept clean and the interior and exterior of the facility was kept well maintained. Findings include: On 01/28/19 at 8:45 AM, the following issues were noticed during the initial tour of the facility: -the fan in the bathroom used by the residents in rooms #1 and #2 had visible accumulated dust on the outside cover -a drawer in the bathroom used by the residents in room #4 was broken and off its track. This made it very difficult to open and close. -two chairs of a table on the outside patio had their seat cushions covered with Chux pads with the plastic lining side facing outward. On one of the chairs, the plastic lining was ripped and the cotton padding was exposed. -two living room couches had the seating area covered with Chux pads with the plastic lining facing outward. On 01/28/19 in the morning, Facility Employee #1 (E1) confirmed these findings and agreed that the bathroom fan needed cleaning, the bathroom drawer needed fixing and the torn pad on the patio chair should be replaced. E1 explained the furniture coverings were being used in an effort to keep the furniture clean and sanitary. Severity: 2 Scope: 3	0178	0178 a) 1. The fan in the bathroom used by residents in room #1 and room#2 was cleaned the day after the survey 01/29/19. Attachment #1 0178 2. Drawer in the bathroom used by the residents in room #4 was fixed the day after the survey 01/29/19. Attachment #2 0178 3. Chux pads were removed/replaced on the day of the survey 01/28/19. b) Cleanliness will be maintained both interior and exterior of the facility. Employees were advised to observe cleanliness, to check vents once a month, to report to management right away if anything is broken. The administrator/owner will monitor compliance. c) 2/18/19	02/18/2019
0693 SS= D	449.2712(2) - Oxygen-Caregiver monitor resident ability - NAC 449.2712 Residents requiring the use of oxygen. 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician. (b) Ensure That: (1) The resident's physician evaluates periodically the condition of the resident which necessitates his use of oxygen; (2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in	0693	0693 a) Physician order for the use of oxygen concentrator was written on 02/18/19. Attachment #1 0693 b) Management will ensure that there is a physician order for any future oxygen concentrator. The administrator/owner will monitor for compliance. c) 2/18/19	02/18/2019

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	which oxygen is in use or is being stored; (3) Persons do not smoke in those areas where smoking is prohibited; (4) All electrical equipment is inspected for defects which may cause sparks. (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; (6) The equipment used to administer oxygen is in good working condition; (7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and (8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident. Inspector Comments: Based on observation, interview and record review, the facility failed to ensure an oxygen concentrator for use by 1 of 8 residents (R5) had a physician order for use. Findings include: On 01/28/19 at 8:45 AM, during the initial tour of the facility, an oxygen concentrator was observed in the bedroom of R5. E1 confirmed the presence of the concentrator and stated the resident was currently out of the facility in an acute care hospital. E1 explained the concentrator had been delivered on 01/09/19 following the resident's recent hospital stay from 12/16/18 to 01/09/19. A review of R5's medical records did not reveal a physician order for the use of the oxygen concentrator. E1 confirmed there was no physician order for the concentrator and verbalized the importance of having the order to ascertain the flow rate and frequency of use. E1 indicated they would immediately discuss this with both the Home Health Agency and the resident's physician to clarify the order. Severity: 2 Scope: 1			