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 _____	01/19/2023

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 an annual State Licensure and infection control survey conducted at your facility on 1/19/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 8 Residential Facility for Group beds for elderly and disabled persons and/or persons with chronic illness and/or persons with mental illness, Category II residents. The census at the time of the survey was seven. Seven resident files and four 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 regulatory deficiencies were identified:	0000		

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0050 SS= F	Administrator's Responsibilities - Oversight - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.27706, inclusive, and chapter 449 of NRS. Inspector Comments: Based on observation and interview, the facility failed to ensure a Clinical Laboratory Improvements Amendment (CLIA) license and an Exempt Laboratory license issued by the State of Nevada Department of Public and Behavioral Health was obtained prior to conducting laboratory COVID-19 testing. Findings include: On 1/19/23 at 10:16 AM, the Owner produced nine boxes of COVID-19 test kits from the hallway closet and explained the test kits were used to determine whether or not a resident was positive for COVID-19 after exhibiting signs and symptoms associated with COVID-19 infection. The Owner was not aware a CLIA license was required to perform the COVID-19 testing. Severity: 2 Scope: 3	0050	1. The group home will remove the COVID HOME TEST received from the government from the facility. 2. The administrator/management will instruct staff to call PCP if resident shows symptoms of COVID 19. 3. COVID HOME TEST received from the government will be removed from facility. Administrator/management will monitor for compliance. 4. Administrator 5. 02/08/2023	02/08/2023

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0178 SS= D	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 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 a resident's room was clean for 1 of 7 residents (Resident #7). Findings include: Resident #7 (R7) On 10/1/20, R7 was admitted to the facility with a diagnosis of schizophrenia. On 1/19/23 during a tour of the facility, R7's room smelled of cigarette smoke. The wall adjacent to R7's bed contained dried stains from a liquid. Dried-up soda was on the floor, and the baseboards were dirty. A small refrigerator/freezer in the room, next to the nightstand, had an open freezer door, and the freezer contained a thick layer of ice. Two cans of soda and unidentified frosted-over food were in the freezer. Inside the refrigerator section of the unit were taquitoes, mini-muffins, and a bowl of rice. On 1/19/23 at 9:56 AM, the Owner acknowledged R7's room was not clean. The Owner said the room was cleaned once a week. Severity: 2 Scope: 1	0178	1. R7's room has been cleaned and sanitized thoroughly by management. R7 room fridge has been removed from bedroom. 2. A behavioral contract was made for R7 specific to room management, cleanliness, and hygiene. R7 has been made aware of consequences for breaking behavioral contract. SEE ATTACHMENT #1. A NO SMOKING sign has been placed in R7 room. 3. Administrator/management will monitor for compliance. 4. Administrator/management. 5. 02/08/2023	02/08/2023

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0859 SS= D	Medical Care of Resident After Illness - 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. (NRS 449.0302) 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 or her 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 the completion of an annual physical examination for 1 of 7 residents (Resident #7). Findings include: Resident #7 (R7) R7 was admitted to the facility on 10/1/20 with a diagnosis of schizophrenia. R7 had an initial physical on 10/1/20 and an annual on 5/14/21. R7's file lacked documented evidence of an annual physical examination for 2022. On 1/19/23 in the afternoon, the Owner acknowledged R7's file lacked documented evidence of a physical examination for 2022. Severity: 2 Scope: 1	0859	1. R7 was seen by PCP and received a Physical Exam/Systems review on 02/06/2023. SEE ATTACHMENT #2. 2. Administrator/management will check resident binders for physical exam annually. 3. Administrator/management will monitor for compliance. 4. Administrator/management 5. 02/08/2023	02/08/2023

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0936 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: (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 there was documented evidence of a positive tuberculosis screening (TB) test for 1 of 7 residents (Resident #5). Findings include: Resident #5 (R5) R5 was admitted on 6/14/22 with diagnoses including Type 2 Diabetes and schizophrenia. Progress notes from a local adult mental health hospital documented R5's 12/01/14 visit to a healthcare provider indicated R5 was positive for TB. R5's file documented a chest x-ray dated 6/7/22 with a result of no radiographic evidence of active TB. However, there was no documented evidence of a positive TB test from a physician or a positive TB test result to indicate R5 was positive for TB. On 1/19/23 in the afternoon, the Owner acknowledged there was no documented evidence of a positive TB test for R5. Severity: 2 Scope: 1	0936	1. A Quantiferon test has been ordered for R5 by PCP. SEE ATTACHMENT #3. 2. Administrator/management will ensure that resident being admitted will have complete TB test paperwork prior to admission. 3. Administrator/management will monitor for compliance. 4. Administrator/management 5. 02/08/2023	02/08/2023