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
	2807	A. BUILDING _____ B. WING _____	10/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RUNAMAR HOME HEALTH INC	**7907 MOUNTAIN MAN WAY, LAS VEGAS, NEVADA ,89113**

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 10/22/24, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for eight Residential Facility for Group beds for elderly and disabled persons and/or mental illness, three Category-I and five Category-II residents. The census at the time of the survey was eight. Eight resident files and four employee files were reviewed. The facility received a grade of B. 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		
0040 SS= D	Supervision of AGC - NRS 449.186 Supervision of residential facility for groups. A residential facility for groups must not be operated except under the supervision of an administrator of a residential facility for groups or a health services executive licensed pursuant to the provisions of chapter 654 of NRS. Inspector Comments: Based on record review and interview, the facility failed to submit an application for a new Administrator within 10 days after hire. Findings include: On 10/2/24 in the morning, Employee #1 verbalized they were the new Administrator and started at the facility on 03/01/24. There was no documentation in the licensing system of a change in Administrator. As of 11/18/24, there was no application for a change of Administrator submitted. Severity: 2 Scope: 1	0040	1. The Administrator promptly submitted an application to the licensing system. 2. The Administrator created a checklist for new employee hires that includes deadlines for regulatory applications. Quarterly audits will be conducted to ensure applications are submitted on time and regulatory standards are met. **3. Complete Date: 12/18/2024** **4. See attached: TAG 0040**	12/18/2024

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: GINALYN BALTAZAR-SUMBANG	Title: Administrator	Date: 12/30/2024

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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 physical exam was completed for 1 of 4 employees (Employee #1). Findings include: Employee #1 (E1) E1 was hired on 03/01/24 as the Administrator. Record review lacked documented evidence of a physical exam. On 10/22/24 in the morning, the Administrator confirmed there was no physical exam on file for E1. Severity: 2 Scope: 1	0102	1. The Administrator promptly provided the medical record with the completed physical exam documentation, which is now on file. 2. The Administrator and facility staff will conduct quarterly or as needed audits to ensure that all physical exam requirements are current and up-to-date for all employees. **3. Complete Date: 10/23/24** **4. See attached: TAG 0102**	10/23/2024

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0872 SS= D	Medication Educ Initial/annual Administrator - NAC 449.2742 and R043-22 - 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: (f) In his or her first year of employment as an administrator of the residential facility, receive, from course approved by the Division pursuant to section 12 of this regulation, at least 16 hours of training in the management of medication consisting of not less than 12 hours of classroom training and not less than 4 hours of practical training and obtain a certificate acknowledging completion of such training. (g) After receiving the initial training required by paragraph (f), receive annually from a course approved by the Division pursuant to section 12 of this regulationat least 8 hours of training in the management of medication and provide the residential facility with satisfactory evidence of the content of the training and his or her attendance at the training. Inspector Comments: Based on record review and interview, the facility failed to ensure Medication Management was completed and on file for 1 of 4 employees (Employee #1). Findings include: Employee #1 (E1) E1 was hired on 03/01/24 as the Administrator. The Administrator's file lacked evidence of medication management training. On 10/22/24 in the morning, the Administrator acknowledged their file lacked evidence of medication management training. Severity: 2 Scope: 1	0872	1. The Administrator promptly provided a copy of the missing certificate for her medication management training, which is now on file. 2. The Administrator provided a training checklist to facility staff to track and audit the completion and documentation of all required trainings for each employee. **3. Complete Date: 10/22/24** **4. See attached: TAG 0872**	10/22/2024

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0874 SS= E	Medication Administration-Report Received - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 2. Within 72 hours after the administrator of the facility receives a report submitted pursuant to paragraph (a) of subsection 1, a member of the staff of the facility shall notify the resident's physician, physician assistant or advanced practice registered nurse of any concerns noted by the person who submitted the report. The report must be reviewed and initialed by the administrator. Inspector Comments: Based on record review and interview, the facility failed to ensure six-month Medication Reviews were initialed and dated by the Administrator within 72 hours for 3 of 8 residents (Residents #1, #2 and #3). Findings include: Resident #1 (R1) R1 was admitted to the facility on 12/15/23, with diagnoses including hypertension and bipolar disease. R1's file documented a medication review dated 06/13/24, the review lacked the initials of the Administrator and date of review. Resident #2 (R2) R2 was admitted to the facility on 03/11/19, with diagnoses including depression and hypertension. R2's file documented medication reviews dated 06/23/23 and 03/06/24, the review lacked the initials of the Administrator and date of review. Resident #3 (R3) R3 was admitted to the facility on 01/15/17, with diagnoses including diabetes and hypertension. R3's file documented medication reviews dated 05/03/23 and 01/30/24, the review lacked the initials of the Administrator and date of review. On 10/22/24 in the afternoon, the Administrator acknowledged the six-month Medication Reviews should have been initialed and dated by the Administrator within 72 hours. Severity: 2 Scope: 2	0874	1. The Administrator requested a six-month medication review for all residents by providing facility staff with a revised MedicationReview form. This tracking tool will be used to monitor due dates for medication reviews and ensuring that the Administrator initials and dates all reviews within 72-hour timeframe. 2. The Administrator implemented a monthly audit for facility staff to track due dates for Medication Review and ensure initials and dates by the Adminstrator are completed within the required 72-hour timeframe. **3. Complete Date: 10/23/2024** **4. See attached: TAG 0874**	10/23/2024

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0876 SS= E	Medication Administration - NRS 449.0302 - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of: (a) Controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.0302 are met. (b) Insulin using an auto-injection device only if the conditions prescribed in NRS 449.0304 and NAC 449.1985 are met. Inspector Comments: Based on interview and record review, the facility failed to ensure, an Ultimate User Agreement, to administer medications to residents, was completed for 2 of 8 residents (Resident #4, and Resident #5). Findings include: Resident #4 (R4) R4 was admitted on 10/02/24 with diagnosis including diabetes and depression. R4's medical record lacked documented evidence of a completed Ultimate User Agreement, authorizing staff to administer medications to R4. Resident #5 (R5) R5 was admitted on 10/07/24 with diagnosis including chronic obstructive pulmonary disease and depression. R5's medical record lacked documented evidence of a completed Ultimate User Agreement, authorizing staff to administer medications to R5. On 10/22/24 in the morning, the Administrator acknowledged R4's and R5's medical record lacked evidence of a completed Ultimate User Agreement. Severity: 2 Scope: 2	0876	1. Resident #4 and Resident #5 were newly admitted. The Ultimate User Agreements were in the resident's posession in their rooms during the review. The Administrator retrieved the agreements, verified their accuracy, and appropriately filed them in the resident's records. 2. The Administrator shall ensure that the facility staff are trained on the importance of properly filing all documentation, including Ultimate User Agreements, immediately after admission. Monthly audits focusing on newly admitted residents will be conducted to verify that all agreements are documented and accessible to maintain compliance. **3. Complete Date: 10/22/24** **4. See attached: TAG 0876**	10/22/2024

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1011 SS= D	Care for Persons with Mental Illnesses - NAC 449.2764 Residential facility which offers or provides care for persons with mental illnesses: Application for endorsement; training for employees. (NRS 449.0302) 2. A person who provides care for a resident of a residential facility for persons with mental illnesses shall, within 60 days after becoming employed at the facility, attend not less than 8 hours of training concerning care for residents who are suffering from mental illnesses. Inspector Comments: Based on record review and interview, the facility failed to ensure 8 hours of mental Illness training was completed within 60 days of hire for 1 of 4 employees (Employee #1). Findings include: Employee #1 (E1) E1 was hired on 03/01/24 as the Administrator. E1's file lacked documented evidence of 8 hours of mental illness training. On 10/22/24 in the afternoon, the Administrator acknowledged E1 lacked 8 hours of mental illness training. Severity: 2 Scope: 1	1011	1. The Administrator promptly provided the certificate of completion for the required Mental Illness training, which was verified and added to the personnel file. 2. The Administrator and facility staff will conduct quarterly audits of employee training records using a checklist to ensure all required trainings are completed, documented, filed, and compliant with regulatory requirements. **3. Complete Date: 10/23/24** **4. See attached: TAG 1011**	10/23/2024
1830 SS= E	Infection Control Required Training - Infection Control Required Training LCB File No. R048-22 Sec. 5 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by 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, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training.	1830	1. The Administrator immediately met with and instructed all staff to complete 15 hours of Infection Control training. 2. The Administrator and facility staff will conduct monthly audits of all employee training records to ensure compliance with training requirements. **3. Complete Date: 12/30/2024** **4. See attached: TAG 1830**	10/23/2024

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	Inspector Comments: Based on record review and interview, the facility failed to ensure the secondary infection control designee, and an unlicensed Caregiver completed infection control training from a nationally recognized organization 2 of 4 employees (Employee #2, and #3). Findings include: Employee #2 (E2) E2 was hired on 09/17/21 as a Caregiver. E2 was documented as the infection control specialist designee. E2's file lacked documented evidence of 15 hours of annual infection control training regarding the control and prevention of infections from a nationally recognized organization. Employee #3 (E3) E3 was hired on 09/01/17 as a caregiver. E3's file lacked documented evidence of unlicensed caregiver infection control training regarding the control and prevention of infections from a nationally recognized organization. On 10/22/24 in the afternoon, the Administrator acknowledged E2 and E3's files lacked evidence of infection control training regarding the control and prevention of infections from a nationally recognized organization. Severity: 2 Scope: 2			