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
	3062	A. BUILDING _____ B. WING _____	05/21/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABINGTON MANOR	478 PEARBERRY AVE, LAS VEGAS, NEVADA ,89183

(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 annual State Licensure survey conducted in your facility on 05/21/19, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for six Residential Facility for Group beds for persons with Alzheimer's disease, Category II residents. The census at the time of the survey was six. Six resident files were reviewed 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 investigations, 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		
0088 SS= C	Staffing Schedule - NAC 449.199 Staffing requirements 4. The administrator of a residential facility shall maintain monthly a written schedule that includes the number and type of members of the staff of the facility assigned for each shift. The schedule must be amended if any changes are made to the schedule. The schedule must be retained for at least 6 months after the schedule expires. Inspector Comments: Based on observation and interview, the facility failed to ensure a current staff schedule was posted. Findings include: On 05/21/19 at 10:30 AM, during a facility tour, the April 2019 staff schedule was posted in the laundry room. There was no May 2019 staff schedule posted. On 05/21/19 at 12:30 PM, the Administrator acknowledged there was not a current staff schedule completed for May 2019. The Administrator indicated a current staff schedule should have been completed. Severity: 1 Scope: 3	0088	A. It was acknowledged that a copy of the May 2019 Employee Schedule was not posted as is required. A copy was immediately printed and posted after the Administrator informed the Inspector that it could not be found. However, after the Inspectors left, a thorough search was made and the schedule was in the plastic insert with the other post and past schedules but not on the forefront and therefore "not in compliance." We agree. A copy was immediately emailed to the Inspector who found the deficiency. B. Schedules are prepared 6 months in advance. Changes are made if necessary. They are also kept for at least 12 months. C. The Administrator will check at least twice monthly to ensure compliance on required postings. D. The corrective action was initiated on May 21, 2019 at the time of Inspection.	05/21/2019
0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 5. An over-the-counter medication or	0878	A. Acknowledging the oversight, the Administrator immediately instructed the responsible caregiver to place the medication in the lock box and place this in the refrigerator. The caregiver indicated that	05/21/2019

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	a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (Previously Y 0879) (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, the physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. Inspector Comments: Based on observation, interview and record review, the facility failed to ensure 1 of 6 sampled resident's medications was refrigerated per the manufacturer's instructions (Resident #2). Findings include: Resident #2 (R2) R2 was admitted on 10/04/16, with diagnoses including Alzheimer's disease. A physician's order dated 03/30/17, documented Latanoprost 0.005 percent (%) drops - instill one drop by ophthalmic route every evening at 9:00 PM. A Medication Review dated		there was no instructions on the prescription label. Instead the instruction to refrigerate was on a sticker attached to the side of the box the eye drops came in. The caregiver was, nevertheless, reprimanded and reminded of the importance of reading not just the label but also everything on the packaging. B. The Administrator is responsible for checking the work of the caregiver. All medications will be checked for proper storage RANDOMLY at least twice each month. C. Completed on May 21, 2019	

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	02/04/19, documented R2 received Latanoprost 0.005 % drops - one drop in each eye every evening at 9:00 PM. On 05/21/19 in the morning, R2's medication container was observed. A box containing a bottle of Latanoprost documented to store under refrigeration between 36 and 46 degrees Fahrenheit. The bottle was at room temperature. On 05/21/19 in the morning, the Administrator indicated the Latanoprost drops required refrigeration. The Administrator acknowledged the Latanoprost container was not cold and was at room temperature. The Administrator showed the surveyor the refrigerator where the medication should have been kept and acknowledged the Latanoprost drops had not been refrigerated according to the manufacturer's instructions. The Administrator showed the surveyor a lock box kept in a bottom kitchen cabinet and indicated the medication would be kept in the locked box and in the refrigerator. Severity: 2 Scope: 1			