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
	3119	A. BUILDING _____ B. WING _____	05/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DESERT INN RESIDENTIAL CARE	2845 BURNHAM AVENUE, LAS VEGAS, NEVADA ,89109

(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 and infection control survey conducted in your facility on 05/07/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for four Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer disease, Category II residents. The census at the time of the survey was four. Four 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 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		
0859 SS= E	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 interview and record review, the facility failed to ensure a physical exam was completed annually for 2 of 4 residents (Resident #2, Resident #4). Resident #2's last physical exam was dated 03/09/2020 and Resident #4's was dated 11/13/2019. The Administrator confirmed a physical exam was not completed annually for Resident #2 and Resident #4. Severity: 2 Scope: 2	0859	1) The administrator will correct the deficiencies by making sure all resident should have annual physical exam at lease 11 months before it's due on file. Resident # 4 is no longer in the facility and resident # 2 his doctor monitor hi every month via video call due to Covid19 and his doctor will start physical visit next month. 2) In order this deficiencies will not recur administrator should check residents file every 6 months in order this will not recur. 3) The administrator and caregiver will monitor this in order will not recur every 6 months . 4)The administrator 5) 5/30/21	06/01/2021

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: JASMINE CASTILLO Title: Administrator Date: 06/05/2021

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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). Inspector Comments: Based on interview and record review, the facility failed to ensure a review of medications was completed every six months for 2 of 4 residents (Resident #1, Resident #2). Resident #1's last two medication reviews were completed on 07/06/2020 and 05/04/2021. Resident #2's last two medication reviews were completed on 01/06/2020 and 05/04/2021. The Administrator confirmed a review of medications was not completed every six months for Resident #1 and Resident #2. Severity: 2 Scope: 2	0870	1) The administrator will correct the deficiencies by making sure all resident medication should reviewed by primary physician every 6 months to all residents. 2) In order this deficiencies will not recur administrator should review and check residents file every 3 months in order this will not recur. 3) The administrator and caregiver will monitor this in order will not recur every 3 months . 4)The administrator 5) 5/30/21	06/01/2021

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0938 SS= E	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: (g) An evaluation of the resident ' s ability to perform the activities of daily living and a brief description of any assistance he or she needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his or her ability to perform the activities of daily living; and (3) In any event, not less than once each year. Inspector Comments: Based on interview and record review, the facility failed to conduct an annual evaluation on the residents' ability to complete activities of daily living (ADL's) for 2 of 4 residents (Resident #1, Resident #4). Resident #1's ability to complete ADL's was last evaluated on 12/11/19 and Resident #4's was evaluated on 11/13/19. The Administrator confirmed annual evaluations on the residents' ability to complete ADL's had not been completed for Resident #1 and Resident #4. Severity: 2 Scope: 2	0938	1) The administrator will correct the deficiencies by making sure all resident ADL should have annual ADL at lease 11 months before it's due date on file. Resident # 4 is no longer in the facility 2) In order this deficiencies will not recur administrator should check residents file every 6 months in order this will not recur. 3) The administrator and caregiver will monitor this in order will not recur every 6 months . 4)The administrator 5) 5/30/21	06/01/2021

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1010 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) 1. A residential facility which offers or provides care and protective supervision for a resident with mental illness must obtain an endorsement on its license authorizing it to operate as a residential facility for persons with mental illnesses. The Division may deny an application for an endorsement or suspend or revoke an existing endorsement based upon the grounds set forth in NAC 449.191 or 449.1915. Inspector Comments: Based on interview and record review, the facility failed to ensure a resident with mental illness was not admitted to the facility (Resident #2). The facility lacked documented evidence they were endorsed for residents with mental illness. Findings include: Resident #2 (R2) was admitted on 03/13/18 with diagnoses including schizophrenia. On 05/07/2021 at 10:52 AM, the Administrator confirmed R2 had a diagnosis of schizophrenia and should not have been admitted, because the facility was not endorsed for mental illness. Severity: 2 Scope: 1	1010	1) The administrator will correct the deficiencies is when administrator took resident #2 to his psychiatrist for evaluation if the resident is able to stay in the facility or move him to another facility . Base on his psychiatrist evaluation he need to stay in the Alzheimer's group home because not only he has mental illness but he has also mild dementia and was given medication Namenda for his dementia. 2) In order this deficiencies will not recur administrator should make should that any resident that will be admitted to the group home he/she should be diagnosed with dementia . 3) The administrator will monitor this in order will not recur is only admit resident who is diagnosis with dementia or memory loss . 4)The administrator 5) 6/4/21 6) See attachment	06/04/2021