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
	358	A. BUILDING _____ B. WING _____	06/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAN VICENTE HOME CARE	8460 RANCHO DESTINO RD, LAS VEGAS, NEVADA ,89123

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey completed at your facility on 06/28/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was nine. Nine resident files and four employee files were reviewed. The facility received a grade of C. 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 regulatory deficiencies were identified.	0000		

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0410 SS= D	Accommodations for Residents - NAC 449.227 Accommodations for residents with restricted mobility. (NRS 449.0302) A residential facility with a resident who uses a wheelchair or a walker shall: 1. Have hallways, doorways and exits wide enough to accommodate a wheelchair or walker; 2. Have ramps to accommodate access to areas used by residents; and 3. Provide assistance to such a resident at all steps located inside the facility on the first floor that is entirely above grade Inspector Comments: Based on observation and interview, the facility failed to ensure ramps were available for 1 of 9 residents (Resident #4). Resident #4 (R4) R4 was admitted on 02/17/16 with diagnoses including bipolar disorder and memory loss. On 06/28/23 in the morning, R4 was observed in a wheelchair in their room. The Administrator moved R4 out from their room by pushing the wheelchair and eased the wheelchair down backwards into the sunken living room over a small step down. The Administrator said there were no ramps for the step-down. On 06/28/23 in the afternoon, the Administrator acknowledged a ramp should be located at the step down in the sunken living room in order for wheelchairs to be safely placed in the living room. Severity: 2 Scope: 1	0410	**TAG 0410 POC** • Installed two (2) new wooden ramps placed in the sunken living room (SLR); Please see file attachment. • Staff will assist residents whenever they need to use the SLR. • Staff will encourage to use the family entertainment room at all times instead of the SLR. • Administrator will be responsible for ensuring that the POC is implemented.	07/31/2023
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 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	0878	**1. Resident 7:** - Family member, who is RN and POA, of R7 went to the Physician's Office to get the discontinue order for the Losartan and Glipzide. - Lovastatin is now given at bedtime (Resident was admitted 06/01/2023 the POA took her to the Doctor's Office and was given verbal order to discontinue the Losartan due to Blood Pressure being too low, and to discontinue the Glipzide due to normal blood sugar. Please see file attachment of Physician's Order). 2. The Facility, from now on, will honor only the Physician's order directly. 3. Medication certified caregivers will monitor all changes only from the Physician.	07/29/2023

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	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 interview and record review, the facility failed to administer medication as prescribed for 1 of 9 residents (Resident #7). Findings include: Resident #7 (R7) R7 was admitted on 06/01/23 with diagnoses of Dementia and kidney failure. A physician order dated 03/07/23 documented Losartan Potassium 50 mg oral tablet; take half tablet by mouth daily as directed. R7's file lacked documented evidence of a discontinue (D/C) order from the physician for Losartan Potassium was obtained. R7's June 2023 Medication Administration Record (MAR) documented Losartan ("Potassium" was not documented on the MAR) 50 milligrams (mg), one-half tablet daily. The MAR documented the last dose of Losartan Potassium was administered on 06/07/23, with no documentation of the medication being administered after that date. The MAR documented the order was D/C'd. A physician order dated 03/07/23 documented Glipizide 5 mg oral tablet; Take one tablet by mouth once daily with meals for diabetes. R7's file lacked documented evidence of a D/C order from the physician		4. Administrator will be responsible for ensuring POC is implemented (Complete 07/29/2023)	

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	for Glipizide 5 mg oral tablet was obtained. R7's June 2023 MAR documented Glipizide 5 mg daily. Documentation on the MAR indicated the last dose of Glipizide was administered on 06/06/23 with no documentation of the medication being administered after that date. The MAR documented the medication was D/C'd. A physician order dated 03/07/23 documented Lovastatin 20 mg oral tablet; Take one tablet by mouth at bedtime. R7's June 2023 MAR documented Lovastatin 20 mg, one tablet daily. The MAR documented Lovastatin was administered in the AM, 06/01/23 through 06/28/23. The MAR lacked documented evidence that the medication should be administered at bedtime. On 06/28/23 in the afternoon, the Administrator explained R7's family member wanted the medications Losartan Potassium and Glipizide to not be administered after 06/07/23 and 06/06/23, respectively and did not want the medication Lovastatin to be administered at bedtime per physician order because the family member wanted all medications to be administered at the same time. On 06/28/23 in the afternoon, the Administrator acknowledged the physician orders should be followed as written. Severity: 2 Scope: 1			

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0883 SS= D	Medication - Resident Refusal - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 7. If a resident refuses, or otherwise misses, an administration of medication, a physician must be notified within 12 hours after the dose is refused or missed. Inspector Comments: Based on interview and record review, the facility failed to notify the physician when 1 of 9 residents (Resident #7) did not receive medication. Findings include: Resident #7 (R7) R7 was admitted on 06/01/23 with diagnoses of Dementia and kidney failure. A physician order dated 03/07/23 documented Losartan Potassium 50 mg oral tablet; take half tablet by mouth daily as directed. R7's file lacked documented evidence a D/C order from the physician for Losartan was obtained. R7's June 2023 Medication Administration Record (MAR) documented Losartan Potassium 50 milligrams (mg), one-half tablet daily. The MAR documented the last dose of Losartan Potassium was administered on 06/07/23, with no documentation of the medication being administered after that date. R7's file lacked documented evidence the physician was notified of the missed doses. A physician order dated 03/07/23 documented Glipizide 5 mg oral tablet; Take one tablet by mouth once daily with meals for diabetes. There was no D/C order from the physician for Glipizide in the resident file. R7's June 2023 MAR documented Glipizide 5 mg daily. The MAR documented the last dose of Glipizide was administered on 06/06/23, with no documentation of the medication being administered after that date. R7's file lacked documented evidence the physician was notified of the missed doses. On 06/28/23 at 12:05 PM, the Administrator reported the physician was not notified R7's Losartan and Glipizide were not administered after 06/07/23 and 06/06/23, respectively. Severity: 2 Scope: 1	0883	1. Secured a discontinued order from the Physician for the Losartan and Glipzide. 2. In the future, the facility will not change or discontinue medication treatment unless ordered directly by the Physician. The facility will review and follow regulations regarding any changes to medication orders directed by the Physician. In addition, when a resident has not been given the medications in the current physician's orders, the facility will notify the resident's physician. 3. Medication certified caregivers will review policy regarding medication administration. 4. Administrator will be responsible for ensuring POC is implemented.	07/29/2023
0895 SS= E	Administration of Medication Maintenance - NAC 449.2744 Administration of medication: Maintenance and contents of logs and records. (NRS 449.0302) 1. The	0895	1. MAR: - Senna Plus and Trazadone were given but missed initials of Med Tech. (Tag 3A)	07/28/2023

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	administrator of a residential facility that provides assistance to residents in the administration of medications shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident ' s physician. Inspector Comments: Based on observation, record review and interview, the facility failed to ensure the Medication Administration Record (MAR) was accurate for 3 of 9 residents (Residents #1, #6, and #8). Resident #1 (R1) R1 was admitted on 09/11/19, with diagnoses of bipolar disorder, depression and congestive heart failure. The physician's order dated 06/14/23 and R1's medication bottle documented Senna Plus 50 milligrams (mg), take one tablet twice daily. The medication was listed on the June 2023 Medication Administration Report (MAR), but not documented as being given to the resident for the entire month of June. The physician's order dated 06/14/23 and R1's medication bottle documented Trazodone 150 mg, by mouth at bedtime daily. The medication was listed on the June 2023 MAR, but not documented as being given to the resident for the entire month of June. The physician's order dated 06/14/23 and MAR documented Sevelamer 800 mg, take one tablet three times per day. The medication on site expired 06/02/23. On 06/28/23 at 11:02 AM, the Administrator acknowledged the medications had been administered, however the medications were not documented on the MAR as administered. The Administrator acknowledged the medication Sevelamer was expired. On 06/28/23 at 11:21 AM, R1 verbalized to receiving all medications and had no concerns with care. Resident #6 (R6) R6 was admitted on 08/15/22, with diagnoses of dementia, bipolar disorder and schizophrenia. A physician's order dated		- New bottle of Sovelemer was obtained; Expries 11/2024. (Tag 3b, 1 and 2) - Docusate Na was always ordered since admission as bid coincides with bottle (Tag 3c, 1, 2, 3) - The expired suppository was discarded. Facility staff are not allowed to give suppository. It is for Home Health Agency use only. 2. Staff #3 assigned to review and reconcile MAR and Resident medication box on a monthly basis when changing MAR for the next month. 3. Administrator will monitor so deficient practice will not recur. 4. Administrator will be responsible to ensure POC is implemented. (Completed on 07/28/2023).	

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	03/15/23, and R1's medication bottle documented Docusate Sodium 100 mg, take one tablet once daily. The medication was listed twice and signed off on as being given twice on the June 2023 MAR. On 06/28/23 at 11:41 AM, the Administrator acknowledged the documentation was incorrect on the MAR and that the medication was only given once per day as directed. Resident #8 (R8) R8 was admitted on 03/08/2022, with diagnoses of kidney failure and diabetes. The physician's order and the MAR documented Bisacodyl 10 mg suppository, insert one daily as needed for constipation. The medication on site expired on 02/16/23. On 06/28/23 at 12:08 PM, the Administrator acknowledged the medication was expired. Severity: 2 Scope: 2			
0994 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. Inspector Comments: Based on observation and interview, the facility failed to ensure sharp objects were secured as evidenced by: Two pairs of scissors in a drawer in the bathroom of one or the resident rooms, The Administrator acknowledged the unsecured sharp objects and reported they should have been locked up and not accessible to residents. Severity: 2 Scope: 3	0994	1. Two (2) small scissors, which caregiver used as cuticle remover, was taken out from the bathroom drawer and locked. 2. Staff #1 was assigned to check that all sharp objects are secured at all times. 3. All Staff will monitor and be responsible to reinforce that the deficiency will not be repeated. 4. Administrator will ensure deficient practice is implemented (completed 07/28/2023).	07/28/2023

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0999 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure toxic substances were secured as evidenced by: - There were Nystatin cream, Maximum Strength Desitin, Polident tablets, Inzo Barrier Cream, Phytoplex Z-Guard paste, and Miconazole Nitrate 2% antifungal cream unsecured in Resident 3 (R3)'s room. - There was a packageof lidocaine 4% patches in Resident 7 (R7)'s chest of drawers. The Administrator acknowledged the unsecured toxic substances and reported they should have been locked up and not accessible to residents. Severity: 2 Scope: 3	0999	1. All toxic substances like Desitin Skin Cream, Nystatin Cream, Lidocaine Patches, Miconazole Cream, and etc. were removed and discarded. 2. All staff reinforced to review medication policy, and not to store toxic substances within residents' access; staff instructed to inform family not to bring any medication that is not prescribed by the Physician. Any medication that is brought to the facility that is not prescribed by the Physician will not be allowed and accepted by the staff, and will be returned back to the family. 3. Administrator will monitor and be responsible to ensure the deficient practice will not recur. 4. Completed on 07/01/2023	07/01/2023

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1037 SS= C	Care to Persons with Dementia - NAC 449.2768 Residential facility which provides care to persons with dementia: Training for employees. (NRS 449.0302, 449.094) 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that: (a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer ' s disease, successfully completes: (3) If such an employee is licensed or certified by an occupational licensing board, at least 3 hours of continuing education in providing care to a resident with dementia, which must be completed on or before the anniversary date of the first date the employee was initially employed at the facility. The requirements set forth in this subparagraph are in addition to those set forth in subparagraphs (1) and (2), may be used to satisfy any continuing education requirements of an occupational licensing board, and do not constitute additional hours or units of continuing education required by the occupational licensing board. (4) If such an employee is a caregiver, other than a caregiver described in subparagraph (3), at least 3 hours of training in providing care to a resident with dementia, which must be completed on or before the anniversary date of the first date the employee was initially employed at the facility. The requirements set forth in this subparagraph are in addition to those set forth in subparagraphs (1) and (2). Inspector Comments: Based on interview and record review on 06/28/23, the facility failed to ensure 1 of 4 employees (Employee #4) completed three hours of dementia training in the past 12 months. Severity: 2 Scope : 1	1037	1. Administrator completed required CEU's (Completed on 07/25/2023. Please see file attachments.) 2. Administrator will set-up reminders (Calendar) to complete required annual CEU's.	07/25/2023

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1540 SS= F	Cultural Competency Training - R016-20 Section 14.1 1. Pursuant to subsection 1 of NRS 449.103, within 30 business days after the course or program is assigned a course number by the Division pursuant to section 18 of this regulation or within 30 business days of any agent or employee being contracted or hired, whichever is later, and at least once each year thereafter, a facility shall conduct training relating specifically to cultural competency for any agent or employee of the facility who provides care to a patient or resident of the facility so that the agent or employee may: (a) More effectively treat patients or care for residents, as applicable; and (b) Better understand patients or residents who have different cultural backgrounds, including, without limitation, patients or residents who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103. Inspector Comments: Based on interview and record review, the facility failed to ensure the cultural competency training program was in compliance with R016-20; and ensure 4 of 4 employees (Employees #1, #2, #3 and #4) were in compliance with Nevada Revised Statues (NRS) 449.103, regarding cultural competency training. Documented Cultural Competency training for Employee #4 was completed from an unapproved course. The Administrator was unaware the Cultural Competency training needed to be provided by through an approved course. Severity: 2 Scope: 3	1540	1. Administrator and Staff #4 completed Cultural Competency. (Please review attached files) 2. Administrator will be responsible to ensure that annual CEU's are completed as necessary for both Administrator and Staff utilizing an organizational system and setting-up calendar reminders. (Completed 08/10/2023)	08/10/2023