DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**11/12/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HACIENDA HILL MANOR	**5544 SURREY STREET, LAS VEGAS, NEVADA ,89119**

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of the Annual Grading State Licensure Survey and Complaint Investigation Survey conducted at your facility on 11/12/19, in accordance with Nevada Administrative Code, Chapter 449, Residential Facilities for Groups. The facility is licensed for six Residential Facility for Group beds for persons with Alzheimer's disease, Category II resident. The census at the time of the survey was four. Four resident files were reviewed and four employee files were reviewed. The facility received a grade of C. One complaint was investigated. Complaint #NV00059051 with the following allegations could not be substantiated: Allegation #1 the resident arrived to the hospital with altered mental status and an injured knee. Allegation #2 the owner of the facility refused to pick up the resident after being taken to the hospital. Allegation #3 the resident was abandoned by the facility. The investigation into the allegations included: Interviews were conducted with four residents, one Caregiver and the Owner. Record review of seven resident records including the resident of concern. Document review of the resident's incident reports, admission and discharge information. 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		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: CRISANTA PASION Title: ADMINISTRATOR Date: 12/11/2019

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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0051 SS= C	Administrator's Responsiblities - Designation - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 2. Designate one or more employees to be in charge of the facility during those times when the administrator is absent. Except as otherwise provided in this subsection, employees designated to be in charge of the facility when the administrator is absent must have access to all areas of and records kept at the facility. Confidential information may be removed from the files to which the employees in charge of the facility have access if the confidential information is maintained by the administrator. The administrator or an employee who is designated to be in charge of the facility pursuant to this subsection shall be present at the facility at all times. The name of the employee in charge of the facility pursuant to this subsection must be posted in a public place within the facility during all times that the employee is in charge. Inspector Comments: Based on observation, interview and document review, the Administrator failed to designate and post in a public place one or more employees to oversee the facility when the Administrator was absent. Severity: 1 Scope: 3	0051	We have trained and designated a duty manager (Gerry Mujeres) who will be in charge when the administrator is absent, If he is unavailable then another employee designated in charge shall be named and will have access to all documents and files, Each day shift manager will have his/her name posted on the bulletin board	11/13/2019

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0072 SS= D	Qualifications of Caregiver - Med Training - NAC 449.196 Qualifications and training of caregivers. (NRS 449.0302) 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Before assisting a resident in the administration of a medication, receive the training required pursuant to paragraph (e) of subsection 6 of NRS 449.0302, which must include 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 the completion of such training; (b) Receive annually at 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; (c) Complete the training program developed by the administrator of the residential facility pursuant to paragraph (e) of subsection 1 of NAC 449.2742; and (d) Annually pass an examination relating to the management of medication approved by the Bureau. Inspector Comments: Based on interview and document review on 11/12/19, the facility failed to ensure 1 of 4 employees completed the required 8 hours of annual medication management refresher training (Employee #2). Employee #2's medication management training was expired as of 11/10/19. Severity: 2 Scope: 1	0072	A front page index has been added to the employee files showing clearly the date all important certifications will need to be renewed. Administrator will monitor employee files to ensure all employees will have their documents renewed in time	11/15/2019

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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 on 11/12/19, the facility did not have a staff schedule available to review. Severity: 1 Scope: 3	0088	A weekly staff schedule has been established and will be checked and monitored by the administrator for compliance	11/13/2019
0106 SS= D	Personnel File - 1st Aid & CPR - NAC 449.200 Personnel files 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1: (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation; Inspector Comments: Based on interview and document review on 11/12/19, the facility failed to ensure 1 of 4 employees had a current cardiopulmonary resuscitation (CPR) certification (Employee #1). Employee #1's CPR certification expired on 11/16/17. Severity: 2 Scope: 1	0106	E1 CPR training certification was misplaced, but it was current and valid. Administrator will monitor employee files to ensure all employees will have their documents renewed in time and that all certificates can be properly located	11/16/2019
0178 SS= F	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 on 11/12/19, the facility failed to ensure the backyard was properly maintained and free of equipment and debris. Boxes, over-filled trash cans, trash cans behind the shed, a bed frame, and other debris was in the backyard. Severity: 2 Scope: 3	0178	The debris was part of a scheduled maintenance project and the debris was cleared by the end of the week	11/15/2019

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0923 SS= E	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician; and (b) Kept in its original container until it is administered. Inspector Comments: Based on observation, interview and record review on 11/12/19, the facility failed to ensure over-the-counter (OTC) medications were labeled with the resident's name and prescribing physician for 2 of 4 residents (Resident #2 and #3). Resident #2 was prescribed OTC Melatonin 10 milligrams (mg), Geritol liquid 5 milliliters (ml), Vitamin D3 2000 units, and Tylenol 500 mgs. The medications were found unlabeled in Resident #2's medication bin. Resident #3 was prescribed Tums 500 mg chewable tablets. An unlabeled bottle of Tums was found in Resident #3's medication bin. Severity: 2 Scope: 2	0923	At the beginning of each month, administrator will work with duty manager to ensure that all OTC medication will have the names and prescribing physicians name on the bottle,	11/13/2019

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0991 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: (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility. Inspector Comments: Based on observation and interview on 11/12/19, the facility failed to ensure an audible alarm worked when the front door which led to the front yard, was opened. A Caregiver verbalized the door alarm worked, but had been turned off. Severity: 2 Scope: 3	0991	The front door alarm had been turned off due to workers constantly going in and out hauling debris to the dumpsters for a scheduled maintenance project, Administrator has noted that the door alarm will remain on regardless of activity and Duty Manager will monitor for compliance	11/12/2019