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
	3729	A. BUILDING _____ B. WING _____	04/24/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING VALLEY ALZHEIMERS CARE	5310 SHARON MARIE COURT, LAS VEGAS, NEVADA ,89118

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of the Annual Grading Survey conducted at your faciliy on 04/24/19, in accordance with Nevada Administrative Code, Chapter 449, Residential Facility for Groups. The census at the time of the survey was 4. Four resident records and five employee records 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		
0178 SS= D	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, the facility failed to ensure the exterior of the facility was well maintained and free of obstructions. Findings include: On 04/24/19, the back yard patio had storage of multiple furniture and miscellaneous items: Four tables with chairs, one large big screen TV (approximately 5 feet wide, 5 feet high, and 2 feet in depth), and a large exercise machine. The exercise machine and the TV had dust covering the top. On 04/24/19 at 2:15 PM, a Caregiver verified these items on the back patio had been stored there for a long time and were not being used. Severity: 2 Scope: 1	0178	1) All excessive furniture will be discarded. Exercise Machine, Television set, one table set. 2) No additional furniture will be added from here on. 3) The administrator will determine if any new furniture is to be added, then one existing furniture will be eliminated. Estimated completion date on the week of May 13, 2019.	05/16/2019

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: PAUL AQUINO | Title: Administrator | Date: 06/01/2019

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0272 SS= C	Service of Food - Menus - NAC 449.2175 3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days. Inspector Comments: Based on observation, interview, and document review, the facility failed to maintain a written menu which was accurate. Findings include: On 04/24/19, there was a whiteboard on the wall in the kitchen which indicated that lunch was pork chops, and dinner was chicken or tuna sandwiches. On 04/24/19 at 1:00 PM, the Administrator and a Caregiver confirmed the lunch actually served was hamburger patties with gravy, macaroni salad, and cake. The lunch meal on the facility's menu for April 2019 was listed as bean soup, sandwich, and potato salad. The dinner meal on the facility's menu was listed as Veal Parmesan. On 04/24/19 at 2:30 PM, the two Caregivers indicated the dinner planned was going to be spaghetti and salad. One Caregiver indicated they did not have any veal to prepare the planned dinner meal. Both Caregivers confirmed the menus did not match what was actually served to residents. Severity: 1 Scope: 3	0272	1) The old white board menu list has been discarded. 2) The menu list has been reviewed and adjusted. If there are changes, a note will be posted on the menu. 3) The menu will be checked on a daily basis, and adjustments made if necessary by the administrator. 4) completed April 24, 2019.	04/24/2019
0895 SS= F	Administration of Medication Maintenance - NAC 449.2744 Administration of medication: Maintenance and contents of logs and records. (NRS 449.0302) 1. The 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, interview, record review, and document review, the facility failed to: 1) ensure medications administered were	0895	1) Medications administered to the residence shall be documented immediately. 2) All caregivers are notified that after administrating medications to a resident, they must document the MAR before doing anything else. 3) One person will be assigned to pass medication each day and to document properly.They are not to be interrupted to do anything else. 4) administrator will enforce. 5) completed correction date 4/24/19	04/24/2019

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	documented on the Medication Administration Record for four residents (Resident #1, #2, #3, #4); and 2) ensure physicians clarified specific symptoms for medications ordered on an as-needed basis for 2 residents (Resident #2, #4). Findings include: Resident #1 (R1) R1 was admitted to the facility on 09/28/18 with a diagnosis of Alzheimer's dementia. The April 2019 MAR indicated Lisinopril, 20 milligrams (mg), 1 each day (8:00 AM). On 04/24/19 at 11:15 AM, the Medication Administration Record (MAR) lacked documentation that the Lisinopril was administered on 04/24/19. On 04/24/19 at 12:00 PM, the Administrator indicated he administered the Lisinopril to R1, but forgot to sign off on the MAR. Resident #2 (R2) R2 was admitted to the facility on 02/08/15 with diagnoses including diabetes mellitus, hyperlipidemia, and senile dementia. The April 2019 MAR indicated the following medications for R2: -Fexofenadine HCl, 60 milligrams (mg), 1 tablet each day. -Escitalopram, 10 mg, 1 tablet each day. -Senna / Docusate, 8.6/50 mg, 2 tablets each day. On 04/24/19 at 11:15 AM, the MAR lacked documentation that the Fexofenadine HCl was administered on 04/23/19. On 04/24/19 at 11:15 AM, the MAR lacked documentation that the morning medications (Senna, Escitalopram, and Fexofenadine) were administered on 04/24/19. On 04/24/19 at 12:00 PM, the Administrator indicated he administered the morning medications to R2 on 04/24/19, but forgot to sign off on the MAR. The Physician's Order dated 04/17/19 and the April 2019 MAR indicated Triamcinolone, apply to affected area PRN (as needed). The label indicated, "Apply a thin layer to affected areas BID (twice daily)". There was no indication on the MAR clarification regarding the affected area for which the Triamcinolone was to be applied. There was no documented evidence of a clarification whether the Triamcinolone was to applied on a regular scheduled dosage or on an as needed basis. Resident #3 (R3) R3 was admitted to the facility on 04/18/14 with diagnoses including status post cerebral vascular accident, chronic obstructive pulmonary disease, and pain. The April 2019 MAR indicated the following			

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	medications for R3: -Amlodipine, 10 mg, 1 each day (8:00 AM). -Lisinopril, 10 mg, 1 each day (8:00 AM). -Oxybutynin, 5 mg, 1 tablet BID (twice daily). -Gabapentin, 300 mg, 1 each day (8:00 AM). -Montelukast, 10 mg, 1 each day (8:00 AM). -Hydrocodone, 10/325 mg, 1 tablet BID. -Levetiracetam, 500 mg, 2 tablets BID. On 04/24/19 at 11:15 AM, the April 2019 MAR lacked documentation that the morning dosage of the above medications were administered on 04/24/19. The MAR also lacked documented evidence the 8:00 PM dosages of the Oxybutynin, Hydrocodone, and Levetiracetam were administered on 04/22/19. On 04/24/19 at 12:00 PM, the Administrator indicated he had administered the morning medications on 04/24/19 and the evening medications on 04/22/19, but forgot to sign off on the MAR. Resident #4 (R4) R4 was admitted to the facility on 08/01/18 with diagnoses including end stage coronary artery disease and Alzheimer's dementia. The April 2019 MAR indicated Trazodone, 100 mg, 1 tablet at bedtime. There was no documentation the Trazodone was administered on 04/22/19 at bedtime. The April 2019 MAR indicated Citalopram, 20 mg, 1 each day (8:00 AM). On 04/24/19 at 11:15 AM, the April 2019 MAR lacked documentation that the morning dosage of the Citalopram was administered on 04/24/19. On 04/24/19 at 12:00 PM, the Administrator indicated he had administered the bedtime dosage of the Trazodone on 04/22/19 and the morning dosage of the Citalopram on 04/24/19, but forgot to sign off on the MAR. The medication basket contained Hydrocortisone Ointment, apply a thin layer to affected area of skin 3 times a day PRN itching. There was no documentation on the MAR of the location to which the Hydrocortisone was to be administered. On 04/24/19 at 12:00 PM, the Administrator verified there were no specific instructions for the Hydrocortisone to be applied on R4. The facility's policy entitled, Medication Management Training (undated) indicated, in part: 7. Medications must be documented on the Medication Administration Record at the time the medication is given by the person administering the medication.			

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	Severity: 2 Scope: 3			
0920 SS= D	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medications for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself or herself without supervision may keep the resident ' s medication in his or her room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room. Inspector Comments: Based on observation and interview, the facility failed to ensure external medications were not stored in the same container as oral medications. Findings include: On 04/24/19 at 11:15 AM, the medication basket for Resident #4 (R4) had a Hydrocortisone cream in the same baggie as oral medications. On 04/24/19 at 12:00 PM, the Administrator verified the external cream and the oral medications were not stored separately. Severity: 2 Scope: 1	0920	1) External Medication must be placed in a plastic bag and not stored in the same basket as oral medication. 2) All external medication will be separated from oral medication. 3 & 4) The administrator will insure that external medication are placed in a sealable plastic bag and kept separated from oral medication. 5) completion day 4/24/19	04/24/2019

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0936 SS= D	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: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on interview and record review, the facility failed to ensure tuberculin testing was provided for 1 of 4 residents (Resident #4). Findings include: Resident #4 (R4) R4 was admitted to the facility on 08/01/18 with diagnoses including end stage coronary artery disease and dementia. There was no documented evidence of initial 2-step tuberculin testing for R4. (The only documented tuberculin testing was a 1-step Mantoux tuberculin skin test administered on 02/05/19 and read on 02/07/19, negative results.) On 04/24/19 at 11:54 AM, the Administrator verified there was no initial 2-step tuberculin testing completed upon admission for R4. Severity: 2 Scope: 1	0936	1) Resident #4 was given another One Step TB test to completed the Two Step Test. Attachment #1 2) Effective Immediately, all residents prior to being admitted to a group home must have a Two Step TB Test, regardless if the have been given an X-ray or are in Hospice. 3&4) The Administrator will enforce this policy. 5) Corrected on 5/1/19	05/01/2019

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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, the facility failed to ensure two doors to the back yard were equipped with functional audible alarms. Findings include: On 04/24/19 at 11:05 AM and at 2:00 PM, the sliding door to the back yard patio was not equipped with an audible alarm. On 04/24/19 at 11:20 AM and 2:05 PM, the door leading from the resident room to the back yard was not equipped with an audible alarm. On 04/24/19 at 11:20 AM, the Administrator indicated the alarms were not working due to dust particles. On 04/24/19 at 2:05 PM, the Caregiver indicated she had been going in and out of the doors and forgot to re-set the alarms. Severity: 2 Scope: 3	0991	1) All alarms will be serviced or replaced. 2) Batteries will be replaced on a monthly routine to reduce chances of the alarms not sounding. Attachment #2 3&4) The Administrator will be in charge of replacing batteries on a monthly schedule. 5) Expected completion date on week of 5/13/19	05/11/2019

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0995 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: (f) The facility has an area outside the facility or a yard adjacent to the facility that: (1) May be used by the residents for outdoor activities; (2) Has at least 40 square feet of space for each resident in the facility; (3) Is fenced; and (4) Is maintained in a manner that does not jeopardize the safety of the residents. All gates leading from the secured, fenced area or yard to an unsecured open area or yard must be locked and keys for gates must be readily available to the members of the staff of the facility at all times. Inspector Comments: Based on observation and interview, the facility failed to ensure sharp objects were secured and were not accessible to residents. Findings include: On 04/24/19 at 11:10 AM, there were multiple sharp garden tools inside one shed in the back yard. The door to the shed was not locked. On 04/24/19 at 11:15 AM, the Administrator acknowledged there were sharp objects inside the shed such as weed wackers, garden shears, and shovels which were not secured in a locked area. The Administrator indicated the door to the shed should not be kept unlocked. Severity: 2 Scope: 3	0995	1) The lock on the storage shed has been adjusted and door jams has been secured. 2) The door has been adjusted so the locking mechanism can connect. 3&4) The door has been adjusted and tested by the administrator. 5) Completed on 5/11/19	05/11/2019

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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 not accessible to residents. Findings include: On 04/24/19 at 11:10 AM, there was no lock on one shed in the back yard. The shed contained multiple containers of paint and paint products. On 04/24/19 at 11:00 AM, the Administrator acknowledged the containers of paint and paint products should have been kept in a locked area. On 04/24/19 at 1:00 PM, the cupboard underneath the sink had a large container of dishwashing soap. The cupboard door was not locked. On 04/24/19 at 2:00 PM, three of three resident bathrooms had a large (quart size) container of hand sanitizer which were accessible to residents. On 04/24/19 at 2:10 PM, a Caregiver indicated toxic substances such as cleaning solutions and hand sanitizer should be locked and should not be accessible to residents. Severity: 2 Scope: 3	0999	1) The Caregivers have all been instructed to lock the cupboards under the sink after putting away dish washing soaps. Also all sanitizers have been taken off of the top of the sinks. 2) All Sanitizers have been removed off the sink tops and locked away. 3&4) The Administrator shall continue to monitor and remind caregivers to lock away dish washing soaps and sanitizers. 5) completed on 4/24/19	04/24/2019