STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	3847	A. BUILDING _____ B. WING _____	02/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETTER DAYS GROUP HOME	261 E ELDORADO LANE, LAS VEGAS, NEVADA ,89123

(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 a State licensure annual survey initiated at your facility on 02/26/2020, 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 persons with mental illness and/or persons with chronic illness, three Category I and seven Category II residents. The census at the time of the survey was eight. Eight resident files were reviewed and five employee files were reviewed. The facility received a grade of D. 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 deficiencies were identified:	0000		
0174 SS= F	Health& Sanitation-odors-hazards-insects-dirt - NAC 449.209 Health and sanitation. (NRS 449.0302) 4. To the extent practicable, the premises of the facility must be kept free from: (a) Offensive odors; (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility; (c) Insects and rodents; and (d) Accumulations of dirt, garbage and other refuse. Inspector Comments: Based on observation and interview, the facility failed to ensure floors were in good working order and did not prevent a movement or trip hazard to residents. Floors throughout the home, including resident rooms, hallways, bathrooms and kitchen were damaged, cracked and could not properly be cleaned and sanitized. The molding was missing in multiple rooms entry/exit points which could restrict movement of residents in wheelchairs and present a trip hazard to others. The Administrator confirmed there was multiple areas in the home where the floors needed to be repaired. Severity: 2 Scope: 3	0174	1. We have fixed all floors. Fixed Moldings, changed some laminates and changed 2 rooms completely. 2. We will continue to inspect floors are in good order repeatedly. 3. Administrator and staff will continue to inspect. 4. Administrator will ensure that inspections are followed. 5. Completed on Mar 7, 2020 6. Pictures of flooring and receipt.	03/07/2020

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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, the facility failed to ensure the interior and exterior of the house was clean and properly maintained as evidenced by: - All light switches throughout the facility had heavy dirt build-up. - All air vents in the bathrooms and hallways, baseboards, furniture, window ledges, blinds and light fixtures/fans had heavy dust build-up. - The floors throughout the facility were soiled with dirt, crumbs and dust. - Kitchen table chairs were soiled with dust, dirt and food debris. - The kitchen counters were soiled with grease build-up and food debris. - Inside the refrigerator was soiled with food debris on the shelves and in drawers. In the bedroom near the living room the following were observed: - The dark brown dresser had a broken drawer and was hard to open. - Inside the medicine cabinet was soiled with an unknown black substance, dirt and dust build-up. - There was a mold-like substance around the edge of the sink and the base of the toilet. - There were feces particles on the rim inside the toilet. - There was toothpaste on the top of the shower wall and on the wall above the shower wall. - There was a toothpaste or shaving cream like substance on the window ledge. - There were several small nail holes in the walls in the bathroom. - The finish in the shower had pieces peeled away. Large amounts of scattered trash and clutter including three walkers, a wheel chair, two exercise bikes, two broken tables, multiple pairs of shoes, trash bags full of clothes, an unused washing machine, empty cardboard boxes and an overgrowth of weeds was seen in the backyard. Large amounts of clutter, dust and debris were seen throughout the interior of the home including resident rooms and bathrooms. The Caregiver acknowledged the findings. Severity: 2 Scope: 3	0178	1. All specific findings stated in the SOD have beeb corrected. All air vents, floors, light switches plates, kitchen counters, refrigerator, sinks, toilets, medicine cabinets, shower walls were cleaned. The back yard, patio were also cleaned. Broken washer, weeds, debris, dirty shoes, broken tables were removed. 2. We will monitor the cleanliness of the interior and exterior of the grouphome. 3. We will have a weekly meeting and inspections of the group home. 4. The administrator or the manager will be responsible for ensuring the plan of correction is implemented. 5. March 13, 2020. 6. pictures attached	03/13/2020

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0220 SS= F	Laundry & Linen Services Provided - NAC 449.213 Laundry and linen services. (NRS 449.0302) 1. A residential facility shall: (a) Provide laundry and linen services on the premises of the facility; or (b) Contract with a commercial laundry for the provision of those services. 2. A residential facility that provides its own laundry and linen services shall have accommodations which are adequate for the proper and sanitary washing and finishing of linen and other washable goods. 3. The laundry room in a residential facility must be situated in an area which is separate from an area where food is stored, prepared or served. The laundry must be adequate in size for the needs of the facility and maintained in a sanitary manner. The laundry room must contain at least one washer and at least one dryer. All the equipment must be kept in good repair. All dryers must be ventilated to outside the building. If a washer or dryer is located outside the residential facility, the washer or dryer must be in a room or enclosure. Inspector Comments: Based on record review and interview, the facility failed to ensure the washer was in good repair as evidenced by: the washer was soiled with white debris on the front. The washer was leaking and a soaked towel was on the floor in front of the washer. The Owner was aware the washer was leaking and indicated it leaks off and on. The washer and dryer had heavy lint build-up and trash on the floor behind them. Severity: 2 Scope: 3	0220	1. The specific findings were corrected. The washer was fixed. The laundry room floor was changed. The washer, dryer and laundry room was cleaned. 2. To ensure that it doesn't recur, we will monitor that the washer and dryer are functioning properly and the laundry room is clean. 3. The laundry room will be inspected daily for cleanliness and making sure the washer and dryer are working properly. 4. The administrator or the manager will be responsible for ensuring the plan of correction is implemented. 5. March 13, 2020. 6. Photos attached.	03/13/2020

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0250 SS= F	Kitchens- Equipment Works; Clean And Sanitary - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition. Inspector Comments: Based on observation and interview, the facility failed to ensure the kitchen was clean and properly maintained. It was noted the countertops had an oily surface to them, the floor was dirty with dirt and food residue including the dining area, the microwave had dried food residue, two freezers had dried liquids and food residue and the tops of two refrigerators were covered in dust. Severity: 2 Scope: 3	0250	1. The specific findings has been corrected. The kitchen floors, counter tops, refrigerator, microwave, dining room area were cleaned. 2. To ensure that it doesn't recur, the staff will inspect the kitchen and dining area for cleanliness through out the day. 3. We will have a weekly meeting to monitor that the cleanliness of the dining area and kitchen is being maintained. 4. The administrator or manager will be responsible for ensuring the pos is implemented. 5. March 11, 2020. 6. Photos attached.	03/11/2020
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 post a current menu. The posted menu was dated week 1, February, 2020. Severity: 1 Scope: 3	0272	1. The specific findings has been corrected. The menus has been posted and dated a week in advance and kept on file. 2. All staff will be trained to post menu, dated and a week in advance and to keep on file for 90 days. 3. We will have a weekly staff meeting to ensure deficient practice will not recur. 4. The administrator or the manager will be responsible for ensuring the pos is implemented. 5. March 10, 2020. 6. Photos attached.	03/10/2020

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0690 SS= F	Residents Requiring Use of Oxygen - NAC 449.2712 Residents requiring use of oxygen. (NRS 449.0302) 1. A person who requires the use of oxygen must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless he or she: (a) Is mentally and physically capable of operating the equipment that provides the oxygen; or (b) Is capable of: (1) Determining his or her need for oxygen; and (2) Administering the oxygen to himself or herself with assistance. 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician; and (b) Ensure that: (1) The resident ' s physician evaluates periodically the condition of the resident which necessitates his or her use of oxygen; (2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored; (3) Persons do not smoke in those areas where smoking is prohibited; (4) All electrical equipment is inspected for defects which may cause sparks; (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; (6) The equipment used to administer oxygen is in good working condition; (7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and (8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident. Inspector Comments: Based on observation and interview, the facility failed to ensure three oxygen tanks were secured in the resident's room across from the laundry room. The Caregiver acknowledged the tanks were unsecured. Severity: 2 Scope: 1	0690	1. The specific findings has been corrected. All oxygen tanks are secured and placed on oxygen tank rack. 2. All staff will be trained to secure oxygen tanks properly. 3. We will have a weekly staff meetings and trainings. 4. The administrator and manager will be responsible for ensuring the poc is implemented. 5. March 12, 2020. 6. Photos attached.	03/12/2020

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0876 SS= F	Medication Administration - NRS 449.0302 - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. (as amended by LCB File No. R109-18) 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of: (a) Controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.0302 are met. (b) Insulin using an auto-injection device only if the conditions prescribed in NRS 449.0304 and section 13 of this regulation are met. Inspector Comments: Based on record review and interview, the facility failed to ensure 5 of 8 residents had an ultimate user agreement (Resident #1, #2, #3, #7 and #8). The Owner was unable to provide the missing documentation. Severity: 2 Scope: 3	0876	1. The specific findings stated has been corrected. Resident #1, #2, #3, #7, and #8 has signed an ultimate user agreement. 2. The ultimate user agreement form will be given to resident and signed at time of admission. 3. The ultimate user agreement form will be placed in the resident chart. 4. The administrator or manager will be responsible for ensuring the poc is implemented. 5. March 2, 2020. 6. Photos attached.	03/02/2020
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 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	0878	1. The specific findings stated has been corrected. Resident #1's Albuterol inhaler was delivered by the pharmacy on 2/26/2020. Resident #8 was admitted to hospice and Bicalutamide was dc'd. 2. Administrator will go over rules and regulation, medication management with all staff to ensure the deficient practice does not recur. 3. We will have weekly meetings to ensure the deficient practice will not recur. 4. The administrator or the manager will be responsible for ensuring the poc is implemented. 5. March 10, 2020. 6. Photos attached.	03/10/2020

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	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 record review and interview, the facility failed to ensure 2 of 8 residents received medications as prescribed (Resident #1 and #8). Findings include: Resident #8 (R8) was admitted on 02/13/2020, with diagnoses including prostate cancer. R8 was prescribed on 02/12/2020, Bicalutamide 50 milligrams (mg) take one tablet by mouth daily. The Medication Administration Record (MAR) documented the medication was given twice a day. The medication had been initialed on the MAR as given twice a day since R8 had been admitted. On 02/26/2020 in the morning, the Caregiver indicated the medication had been given twice a day and should have been given once a day. Resident #1 Resident #1 (R1) was admitted on 01/13/2020 with diagnosis including Chronic Obstructive Pulmonary Disorder and type 2 diabetes mellitus. Physicians order documented to give two puffs of Albuterol HFA 90 micrograms, twice a day. The Medication Administration Record indicated R1 did not receive the 9:00 AM dose on 02/26/2020. On 02/26/2020 at 10:30 AM, a Caregiver indicated the medication ran out last night and was being refilled today and confirmed R1 did not receive the medication this morning. Severity: 2 Scope: 1			

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0895 SS= D	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, record review and interview, the facility failed to ensure the Medication Administration Record (MAR) was accurate and complete for 2 of 8 residents (Resident #2's MAR was not initialed for all medications given from 02/18/2020-02/24/2020 and Resident #1's MAR was not initialed for all medications given from 02/21/2020 to 02/24/2020). The Caregiver acknowledged the MAR was not initialed and had forgotten to sign after the medications were given. Severity: 2 Scope: 1	0895	1. The specific findings stated has been corrected. Resident #1 and #2's MARS are accurate and initialed after the medication were given. 2. The administrator will train all staff rules and regulations, medical management to ensure the deficient practice does not recur. 3. We will have weekly meetings to ensure the deficient practice will not recur. 4. The administrator or manager will be responsible for ensuring that poc is implemented. 5. March 1, 2020 6. Photos attached.	03/01/2020

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0920 SS= F	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 refrigerated medications were in a locked container and residents and caregivers did not have unsecured medications in their room. Four boxes of Morphine Sulfate were found in an unlocked container in a refrigerator. A bottle of Advil and Milk of Magnesia were unsecured in the bathroom of Resident #3 and #7 and six bottles of vitamins were unsecured on top of the dresser in the Caregiver's room. A Caregiver confirmed the medications were unlocked and indicated Resident #3 and #7 are not able to self medicate and should not have medications in their room. Severity: 2 Scope: 3	0920	1. The specific findings stated has been corrected. The refrigerated medications are placed in a locked container. A bottle of Advil and Milk of Magnesia were removed from Resident #3 and #7 bathroom. The six unsecured vitamins in the caregiver rooms has been secured. 2. The administrator will train all staff the rules and regulations, medication management to ensure the deficient practice does not recur. 3. We will have weekly meetings to ensure the deficient practice will not recur. 4. The administrator or manager will be responsible for ensuring that the poc is implemented. 5. March 1, 2020. 6. Photos attached.	03/01/2020

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0923 SS= D	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 record review and interview, the facility failed to ensure over the counter medications were labeled with the resident and physician name for 1 of 8 residents (Resident #2). The Caregiver acknowledged over the counter medications should have been labeled. Severity: 2 Scope: 1	0923	1. The specific finding stated has been corrected. Resident #2's over the counter medication was labeled with resident's name and physician 's name. 2. The administrator will train all staff the rules and regulations, medication management to ensure the deficient practice does not recur. 3. We will have weekly meetings to ensure the deficient practice will not recur. 4. The administrator or manager will be responsible for ensuring that the poc is implemented. 5. March 1, 2020. 6. Photo attached.	03/01/2020

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0938 SS= F	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 ensure initial Activities of Daily Living (ADL) assessments were completed for 8 of 9 Residents (Resident #1, #2, #3, #4, #5, #7, #8) and an annual assessment was completed for 1 of 8 Residents (Resident #6). The Administrator acknowledged the ADL assessments were not completed. Severity: 2 Scope: 3	0938	1. The specific findings stated has been corrected. The ADL assessments for Resident #1,#2,#3,#4,#5,#7 and #8 were done and the annual assessment for Resident #6 was done. 2. The ADL assessment form will be done by the administrator or manager at time of admission. Annual assessment will be scheduled. 3. The ADL and annual assessment forms will be in the Resident's chart. Chart review will be done weekly by administrator or manager. 4. The administrator or manager will be responsible for ensuring that the poc is implemented. 5. March 10, 2020. 6. Photos attached.	03/10/2020