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 |
|---|---|---|---|
| | 4101 | A. BUILDING _____ B. WING _____ | 12/19/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **LAKE MEAD CARE HOME** | **4325 W LAKE MEAD BLVD, LAS VEGAS, NEVADA ,89108-2849** |

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| 0000 | Initial Comments<br><br>Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure and infection control survey completed at your facility on 12/19/22 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness, Category II residents. The census at the time of the survey was six. Six resident files and four employee files were reviewed. The facility received a grade of B. 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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| 0050 SS= F | Administrator's Responsibilities - Oversight - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.27706, inclusive, and chapter 449 of NRS.<br><br>Inspector Comments: Based on observation and interview, the Administrator did not ensure visitors of the facility were screened for COVID-19 prior to entering the facility. Findings include: On 12/19/22 at approximately 9:00 AM, two employees (Employee #2 and Employee #3) did not take the temperature or ask COVID-19 screening questions of the health facility inspector prior to entry to the facility. On 12/19/22, three employees were observed not wearing face masks. On 12/19/22 in the afternoon, the Owner/Caregiver indicated all employees were supposed to perform COVID-19 screening on all facility visitors. The Owner/Caregiver was unaware of the requirement that all facility staff must wear face masks. Severity: 2 Scope: 3 | 0050 | 0050<br><br>A) All residents have the potential to be affected by the deficient practice. The following employees #2 and #3. In addition to all new staffs being employed by the facility will make sure to provide oversight and direction for the staff necessary, that the residents needed services and protective supervision.<br><br>B) The Administrator will ensure visitors to the facility will be screened for COVID-19 prior to entering the facility. An in-service with the staffs on guideline required to wear face masks.<br><br>C) Completed: 12/20/23 | |

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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.<br><br>Inspector Comments: Based on document review and interview, the Administrator failed to ensure the facility maintained a written staff schedule which included the number and type of staff members assigned to each shift. Findings include: On 12/19/22 in the morning, the Owner/Caregiver provided a blank staff schedule for the inspector. The staff schedule lacked documented evidence of the number and type of staff members assigned to each shift. The Owner/Caregiver indicated being the only Caregiver for the facility, and there was no written schedule documenting the number and type of staff members assigned to each shift. Severity: 1 Scope: 3 | 0088 | 0088<br><br>A) All residents have the potential to affected by the deficient practice. Work schedule will be amended if any changes, and will be available upon request.<br><br>B) The Administrator of the facility from hereon shall maintain a written staff schedule including staff assigned shift.<br><br>C) Completed: 12/20/22 | 01/23/2023 |

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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.<br><br>Inspector Comments: Based on observation and interview, the facility failed to provide a clean and well maintained back yard area for residents. Findings include: In the back yard of the facility, the following items were observed: two mattresses, an unattached door, two bed frames, a Hoyer lift, two vacuum cleaners, a shop vac, a motorized chair, and a wheel chair. A rack contained various tools, electrical equipment, spray paint, Gumout spray cleaner, Cyclo Spray Adhesive, and work gloves. An unplugged microwave oven, boxes with incontinence pads, and two dozen eggs were on a table on the patio. In an interview, the Owner/Caregiver acknowledged the back yard was not clean and well maintained. Severity: 2 Scope: 3 | 0178 | 0178<br><br>A) All residents have the potential to be affected by the deficient practice. Maintaining cleanliness and accessibility to all residents for enjoyment to the surrounding yard must be free of debris.<br><br>B) The facility will ensure cleanliness to the surrounding environment are conducive for the residents to move around. See attachment<br>(Exhibit A, B, and C). | 01/25/2023 |

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| 0859 SS= D | 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.<br><br>Inspector Comments: Based on record review and interview, the facility failed to ensure that 1 of 6 residents (Resident #6) received an annual physical examination by their healthcare provider. Findings include: Resident #6 (R6): R6 was admitted on 4/22/20 with a diagnosis of schizophrenia. There was no evidence in R6's resident file R6 received a physical examination annually. On 12/19/22, the Owner/Caregiver acknowledged there was no evidence of an annual physical examination completed for 2022 in R6's resident file. Severity: 2 Scope: 1 | 0859 | 0859<br><br>A) The identified resident #6 has had physical examination, at the time of inspector's visit it was not available.<br><br>B) The Administrator will ensure the annual exam for all residents will be available according to regulations, and checked for accuracy. See attachment. (Exhibit D and E).<br><br>C) Completed: 12/23/22 | 01/25/2023 |
| 0878 SS= E | 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 | 0878 | 0878<br><br>A) The following residents #1 and #3 has the potential to be affected by the deficient practice. The MAR has been corrected according to the physician order.<br><br>Resident #3. The documentation has been corrected for input error.<br><br>B) The Administrator will ensure accuracy of inputting data to the MAR which could result mistakes and can be avoided. Administrator will follow up every three month for accuracy.<br><br>C) Completed: 12/20/23 | 01/25/2023 |

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| | 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.<br><br>Inspector Comments: Based on record review and interview, the facility failed to ensure medications were administered as prescribed by the physician for 2 of 6 residents (Residents #1 and #3). Findings include: Resident #1 (R1) R1 was admitted on 3/22/22 with diagnoses including mild axonal polyneuropathy secondary to borderline diabetes. On 12/19/22, a medication bottle labeled Metronidazole 500 milligram (mg) tablet was found in R1's medication bin. A physician's order dated 12/16/22, documented Metronidazole take 1 tablet (500 mg) by oral route every 6 hours. A December 2022 Medication Administration Record (MAR), documented Metronidazole had been administered to R1 on 12/18, 12/19, and 12/20 at 7:00 AM, 12:00 PM, 5:00 PM, and 8:00 PM. The MAR lacked documented evidence the interval of time between each dose of Metronidazole was six hours, per the physician's order. Resident #3 (R3) On 11/9/22, R3 was admitted to the facility with diagnoses including bipolar disorder, delusions and paranoia and depression. A medication bottle in R3's medication bin was labeled Aripiprazole 2 mg Tablet Take 1 tablet by mouth daily. A physician's order dated 11/28/22 indicated Aripiprazole 2 mg tablet | | | |

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| | 1 tablet by mouth daily. The November and December 2022 MARs document the Aripiprazole was administered twice daily at 7:00 AM and 5:00 PM on 11/28/22 through 12/18/22, and not daily per the physician's order. Severity: 2 Scope: 2 | | | |
| 1540 SS= D | Cultural Competency Training<br><br>Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 4 employees were in compliance with Nevada Revised Statutes (NRS) 449.103, regarding initial cultural competency training. Findings include: Employee #1 (E1, Owner/Caregiver) On 12/19/22, a review of personnel files revealed E1 was hired on 1/1/05 and lacked documented evidence of initial cultural competency training. On 12/19/22, E1 confirmed the lack of E1's initial cultural competency training. Severity: 2 Scope: 1 | 1540 | 01540<br><br>A) The identified Emp #1 has completed the Cultural Competency.<br><br>B) Upon hiring of new employees. The Administrator must see to it that the courses requirement are done to all staff according to regulations. See attachment. (Exhibit F)<br><br>C) Completed: 1/23/23 | 01/25/2023 |