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
	4126	A. BUILDING _____ B. WING _____	09/01/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT CARE GROUP HOME	**639 K STREET, SPARKS, NEVADA ,89431**

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 09/01/22. This State Licensure survey was conducted by the Division of Public and Behavioral Health in accordance with NAC 449, Residential Facilities for Groups. The facility was licensed for five Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was five. Five resident files and three employee files were reviewed. The facility received a grade of C. NAC 449.27706 Resurvey: Application and fee; failure to comply. 2. If the Bureau issues a placard to a residential facility that includes a grade of "C" or "D," the administrator must submit an application to the Bureau for a resurvey of the facility not later than 30 days after the facility receives the placard. The fee for an application for a resurvey is $600 and must accompany the application. 3. The Bureau may revoke the license of a residential facility that is required to submit an application for a resurvey pursuant to subsection 2 if the facility fails to submit the application in accordance with the provisions of that subsection. 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 are deficiencies were identified:	0000		

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: FREDA TORIO CASTRO	Title: Administrator	Date: 11/08/2022

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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 facility failed to designate in writing one or more employees to oversee the facility during the Administrator's absence. Findings include: On 09/01/22 at 9:34 AM, during the facility tour, there was no evidence of a written posted designation of the employee(s) in charge during the Administrator's absence. On 09/01/22 at 9:42 AM, the Caregiver acknowledged there was no document posted or available identifying who was the designee to be contacted in the Administrator's absence. Severity: 1 Scope: 3	0051	TAG 0051 The administrator of the facility will ensure that there should be a Designated Employee or employees to be in charge of the facility during times when administrator is absent and or away from the facility. The administrator of the facility will ensure that the employee who is designated to be in charge of the facility shall be present at the facility at all times. The administrator of the facility will make sure the employee's name who is in charge of the facility will be posted in public place within the facility during all times the employee is in charge.	10/18/2022

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0053 SS= E	Administrator's Responsibilities-Complete Rec - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 4. Ensure that the records of the facility are complete and accurate. Inspector Comments: Based on record review, observation, and interview, the Administrator failed to ensure resident clinical records were complete for 2 of 5 sampled residents (Residents #2, and #3). Findings include: Resident #2 Resident #2 was admitted to the facility on 10/19/21, with diagnoses including dementia and major depressive disorder. Resident #2's clinical records were incomplete and lacked an accurately completed Physician Placement Determination. On 09/01/22 at 11:01 AM, the Caregiver confirmed Resident #2's Physician Placement Determination was not accurately completed and did not include a facility type determination. Resident #3 Resident #3 was admitted to the facility on 03/28/17, with diagnoses including dementia, and left side weakness. Resident #3 clinical records were incomplete and lacked the annual TB test. On 09/01/22 at 12:43 AM, the Caregiver confirmed Resident #3's annual TB test was not completed since 05/16/16, therefore resulting in the resident's late TB test. The Caregiver verbalized the TB testing for Resident #3 had not been completed on time. Severity: 2 Scope: 2	0053	TAG 0053 The administrator of the facility should ensure the records of the facility are complete and accurate. The administrator will ensure all residents paper works are examined and evaluated for its completeness and accuracy before resident records is filed on their separate individual chart. The administrator of the facility will monitor each resident record for accuracy and track its completeness every 3 months. The resident #2 who was admitted on 10-19 -22, a new Physician Placement Determination was written by Physician. Please see attachment A. The Administrator of the facility will ensure all resident's file will be check every 3 months for tracking resident's file to avoid past due yearly tuberculosis test for all residents in the facility. The administrator will ensure for continues monitoring and tracking of resident 's file for compliance of yearly TB test. The resident #3 admitted on 03/18/17. The resident had history of positive Tb last 2014 and 2015 so questionnaire signs and symptoms were done yearly and the latest one was done 3-2022. The resident #3 records were found incomplete and lacked the annual TB test on 09-01-2022. On Oct 18,2022, the resident #3 had a lab draw of QuantiFERON gold and result is pending. Please see Attachment B.	10/18/2022

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0102 SS= D	Personnel File - TB Screening - NAC 449.200 Personnel files. 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee; Inspector Comments: Based on record review, document review, and interview, the facility failed to ensure employees met the requirements concerning tuberculosis (TB) testing for 1 of 3 employees (Employee #2). Findings include: Employee #2 Employee #2 was hired as a Caregiver 11/16/13. Employee #2 had a TB signs and symptoms screening form completed 11/05/2020. The employee filed lacked documented evidence of an annual TB test completed. On 09/01/2022 at 1:19 PM, the Caregiver verbalized Employee #2 did not have an annual TB test completed and would need to have a two-step TB test completed because the test was late. Severity: 2 Scope: 1	0102	Tag 0102 The facility administrator will ensure the personnel files must include the health certificate required pursuant to chapter 441A of NAC for the employees. The administrator of the facility will make sure the evidence of annual tb test, and the TB signs and symptoms screening form are completed yearly for all employees. The facility administrator will continue to monitor the accuracy, completeness and update the employee records every three months for compliance. The administrator of the facility will make sure employee's separate file will be track and check every 3 months to avoid past due dates of annual TB test and avoid missing filling up the surveillance signs and symptoms and questionnaires for TB. The Employee #2 was hired last 11/16/13. The employee's Tb signs, and symptoms screening form was completed. Please see Attachment C	10/18/2022

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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 the medications were secured for 5 of 5 residents. Findings include: On 09/01/22 at 10:11 AM, during a tour of the facility, the following medications were found sitting on the kitchen counter: -Artificial Teardrop. Apply one drop in both eyes twice a day. -Fluticasone Propionate 50 micrograms (mcg). Spray in each nostril once a day for allergies. -Incurs Ellipta 62.5 mcg. On 09/01/22 at 10:11 AM, a Caregiver confirmed the medications were unsecured on the kitchen counter and verbalized all medications were required to be always locked to prevent the resident from ingesting medications. Severity: 2 Scope: 3	0920	TAG 0920 The administrator of the facility will ensure all medications will be stored in a locked area that is clean and dry. The caregivers employed by the facility shall ensure that any medication or medical diagnostic equipment that maybe misused or appropriated by a resident or any unauthorized person is protected. The administrator of the facility will ensure all caregivers of the facility will be reminded and instructed that no unsecured medication including, eye drops, inhalers, creams should not be left unattended in the kitchen counters or tables unattended at all times for the safety of other residents and other person in the facility. Instructed all caregivers that medications should be stored right away to the secured medication cabinet after usage. The administrator of the facility will continue to monitor staff and do random visit and rounding of the facility for evaluation of employee or staff for compliance by appropriately securing medications at all times. The administrator of the facility had given in-service training to staff that no medications of different sort will be left anywhere aside from being locked in the medication cabinet for the safety of residents and others.	10/18/2022

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0933 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: (d) A statement from the resident ' s physician concerning the mental and physical condition of the resident that includes: (1) A description of any medical conditions which require the performance of medical services; (2) The method in which those services must be performed; and (3) A statement of whether the resident is capable of performing the required medical services. Inspector Comments: Based on interview and clinical record review, the facility failed to ensure a resident with a diagnosis of dementia had a standard placement determination accurately completed by a provider upon admission for 1 of 5 residents (Resident #2) Findings include: Resident #2 Resident #2 was admitted to the facility on 10/19/21, with diagnoses including dementia and major depressive disorder. Resident #2's Physician Placement Determination, dated 10/13/21, was signed and dated however, the form was not accurately completed to specify the appropriate facility type needed for the resident. On 09/01/22 at 11:01 AM, the Caregiver confirmed Resident #2's Physician Placement Determination was not accurately completed and did not include a facility type determination. Severity: 2 Scope: 1	0933	Tag 0933 The Administrator of the facility will make sure the maintenance and contents of separate file for each resident and its confidential information is complete. The administrator will ensure letters, assessments medical information and any other information must be complete and on individual records file of a resident. The Administrator of the facility will ensure the residents file be thoroughly evaluated and check by administrator for adherence and accuracy before it filed securely on residents' individual file. The Administrator of the facility will make sure the completeness of the file, The Physician Placement Determination form is evaluated by administrator for accuracy and completeness, making sure the appropriate facility type needed for the resident is specified on each record and marked. The Administrator of the facility will ensure the Physician Placement Determination is fully examined by administrator that the facility type is determine by the provider for accuracy and marked for completeness of the file. The resident #2 Physician Placement and Determination was re-written by the provider, Please see Attachment A	10/18/2022

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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 record review, document review, and interview, the facility failed to ensure 1 of 5 residents met the requirements for annual tuberculosis (TB) testing in accordance with Nevada Administrative Code (NAC) 441A (Resident #3). Findings include: Resident #3 Resident #3 was admitted to the facility on 03/28/17, with diagnoses including dementia, and left side weakness. Resident #3's file contained an annual one-step TB test read as negative on 05/16/16, and the resident's file lacked documented evidence of an annual TB test was completed for 2022. On 09/01/22 at 12:43 AM, the Caregiver confirmed Resident #3's annual TB test was not completed since 05/16/16, therefore resulting in the resident's late TB test. The Caregiver verbalized the TB testing for Resident #3 had not been completed on time. Severity: 2 Scope: 1	0936	TAG 0936 The Administrator of the facility will ensure maintenance and contents of file of each resident records, assessment, medical information and others is kept in separate file and secured at all times. The Administrator of the facility will ensure to monitor resident annual tb test yearly for compliance. The administrator will track annual tb test of resident and make every 3 months TB file audit to track residents' due dates for annual tb testing and avoiding failure to miss the annual TB test. The resident no#3 who was admitted on 3/28/2017 had his laboratory test QuantiFERON gold lab drawn today 10/18/2022 and with pending results. Please see attachment B	10/18/2022
0960 SS= D	Alzheimer’s Care Application for Endorsement - NAC 449.2754 Residential facility which provides care to persons with Alzheimer ' s disease: Application for endorsement; general requirements. (NRS 449.0302) 1. A residential facility which offers or provides care for a resident with Alzheimer ' s disease or related dementia must obtain an endorsement on its license authorizing it to operate as a residential facility which provides care to persons with Alzheimer ' s disease. The Division may deny an application for an endorsement or	0960	Tag 0960 The facility administrator should be very careful to retain or admit resident with Alzheimer's disease or related dementia because the facility is unendorsed in her license. If a resident who were previously admitted and now exhibiting unsafe behaviors at unendorsed facility, then the administrator of the facility will transfer the patient to a higher-level care facility or Alzheimer's endorsed facility. Also, the administrator may obtain a physician	11/08/2022

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	suspend or revoke an existing endorsement based upon the grounds set forth in NAC 449.191 or 449.1915. Inspector Comments: Based on clinical record review and interview, the facility failed to obtain an Alzheimer's endorsement to provide care to residents with Alzheimer's Disease or related dementia for 1 of 5 residents (Resident #3). Findings include: Resident #3 Resident #3 was admitted to the facility on 03/28/17, with a diagnosis of dementia. The facility lacked an Alzheimer endorsement to admit and retain residents with Alzheimer's disease or related dementia. Resident #3's medical record lacked documented evidence of a complete Physician Placement Determination form. On 07/11/22 at 10:49 AM, the Caregiver confirmed the facility was not endorsed for Alzheimer's, Resident #3 had a diagnosis of dementia, and the Physician Placement Determination form was incomplete Severity: 2 Scope: 1		placement determination from resident's physician, for a dementia patient that indicates placement in a non-Alzheimer's endorsed facility is appropriate setting even they have dementia like resident #3. The Administrator of the facility will ensure that all residents with Alzheimer's Disease or related dementia should have complete documented evidence of a complete Physician Placement Determination form prior to admission to the facility, to check and confirm proper placement of the resident. The Administrator of the facility will make sure the Physician Placement Determination form record is thoroughly check, evaluated for completeness and accuracy of the mark box related to care and services required by the resident had met the appropriate endorsement /license of the facility. The Administrator of the facility will ensure that any new resident being admitted to the facility should have complete documented evidence of a complete physician placement determination form prior to admission to the facility. The administrator will monitor closely for proper marks needed for care and services required by the resident so appropriate service will be provided by the facility per endorsement approved by Nevada Public and Behavioral Health to ensure the right and efficient practice is met by the facility. The administrator of the facility should not admit any new resident whose physician placement determination indicates a higher level of care than the facility is endorsed. In the event that previous admitted patient with progressive dementia is worsens and her /his safety is at risk, the administrator will transfer to higher level care facility to ensure patient and other resident safety is maintain and secured. The Administrator of the facility had obtained a new Physician Placement Determination Placement form for resident	

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			#3 admission date was on 3/18/17. Please see added attachment, new placement determination form was obtained 11/07/22.	
1305 SS= C	Discrimination prohibited Inspector Comments: Based on observation, and interview, the facility failed to post the current nondiscrimination statement for 5 of 5 residents to view. Findings include: During the facility tour on 09/01/22 at 9:33 AM, the facility lacked posting the most current nondiscrimination statement for residents to view. On 09/01/22 at 9:42 AM, the Caregiver acknowledged Residents #1, #2, #3, #4, and #5 were unable to view the most current nondiscrimination posting statement as the facility did not have it posted. Severity:1 Scope: 3	1305	TAG 1305 The administrator of the facility will ensure to hang the current non- discrimination statement poster for residents and visitors to view. Please see attachment J.	10/18/2022
1700 SS= D	Annual Assessment of History of Each Resident Inspector Comments: Based on interview and record review, the Administrator failed to ensure a resident with a diagnosis of dementia had a standard placement determination completed by a provider to ensure the facility would have been able to provide the appropriate level of care to 1 of 5 residents (Resident #3). Findings include: Resident #3 Resident #3 was admitted to the facility on 03/28/17, with diagnoses including dementia and left-side weakness. Resident #3's completed standard placement determination dated 12/03/19, documented Resident #3's placement required a locked facility for dementia care with wander control systems. On 09/01/22 at 12:43 PM, the Caregiver verbalized Resident #3 had a diagnosis of dementia. The Caregiver confirmed the standard placement determinations for Resident #3 did not determine the resident to be safe in the group home facility without the required safeguards for dementia-endorsed facilities. Severity: 2 Scope:1	1700	TAG 1700 The administrator of the facility will ensure that resident with dementia had a standard placement determination form completed by the provider with appropriate marked facility for the residents needs and care to ensure the facility will be able to provide the appropriate level of care and service needed. It was noted that his old 2019 and Sept 2022 Standard Placement Determination form was marked that resident to be at residential facility which provides care to person with Alzheimer's disease or related dementia, but the administrator had retained the patient even the facility had no Alzheimer's endorsement or related dementia to her facility license related to misinterpretation of the administrator or misunderstanding thinking that #3 resident is dementia, paralyzed and can't wander away, so he doesn't need a locked facility. From now on and forward the administrator of the facility will be more attentive and magnify the significance of marked facility box needed by resident that appropriate care and services can be provided by the facility to the resident as endorsed in the facility license.	11/08/2022

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			The facility administrator will ensure that all new admitted resident to the facility, the administrator will monitor carefully the placement determination form for the service the patient needed, and the service can be meet safely per facility approved endorsement on her facility license. If the marked facility for care and services is not meet per facility license, then patient need to be referred to a higher level of care facility or endorsed facility or request to a resident provider to indicates placement in a non Alsheimer's endorsed facility is appropriate setting for the resident. The administrator of the facility will ensure the resident with diagnosis of dementia had determination placement completed by a provider and making sure the service can be provided appropriately to the resident as per approved license or endorsement service to the facility approved by Division of Public and Behavioral Health. The resident #3 was admitted since 3/18/17 with vascular dementia r/t stroke with left sided weakness. The resident is total dependent with the staff with transfer and mobility, and he have not tried to get out of the home or eloped since admission. The administrator had thought that r/t to his disability he was okey to stay without equipped wander guard or alarm system in the facility, but the administrator was grateful for this opportunity of understanding r/t physician placement determination form review, POC. Please see the latest Physician Placement Determination form that the provider had completed Nov 7, 2022, please see attachment and changes been made by the provider.	