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 _____	**07/08/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THERESIANE ADULT GROUP CARE	**6620 ELLERHURST DRIVE, LAS VEGAS, NEVADA ,89103**

(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 complaint investigation initiated on 05/28/24 and completed in your facility on 07/08/24, in accordance with Nevada Administrative Code (NAC), Chapter 449, Residential Facility for Groups. The census at the time of the survey was 10. The sample size was ten. The facility received a grade of A. There was one complaint investigated. Substantiated: Complaint #NV00071028 was substantiated with deficiency. (See Tag Y886) The investigation of the Complaint included: Observation of grooming and physical appearance of residents and tour of the facility. Interviews were conducted with residents and the Owner. Clinical record review of ten records including the resident of concern. Document review of policies, incident reports, and hospital medical records. 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 deficiency was identified:	0000		
0886 SS= G	Medication Administration - Responsibility - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 10. The administrator of a facility is responsible for any assistance provided to a resident of the residential facility in the administration of medication, including, without limitation, ensuring that all medication is administered in accordance with the provisions of this section. Inspector Comments: Based on document review, record review and interview, the Administrator failed to obtain medications and ensure they were administered as	0886	1. Administrator or owner of the facility will ensure any resident from hospital or other facility will provide discharge paperworks and prescription directly to the facility. Prescription will then be filled by resident's preferred pharmacy. New medication will be transcribed on the MAR accurately and administer to resident as soon as medication is obtained or delivered to the group home. 2. Any new admission resident will sign Ultimate User Agreement form and will be educated on providing any prescription to the facility to ensure medication is filled on a timely manner and administer accordingly. 3. Educate and reinforce to all caregivers to	08/03/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: BELMA DIZON Title: Owner Date: 08/03/2024

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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	prescribed to 1 of 10 residents (Resident #1). Findings include: Resident #1 (R1) R1 was admitted on 08/01/20 with diagnoses including schizophrenia. R1's record revealed a signed Ultimate User Agreement dated 08/01/2020 that gave permission to the facility to manage and administer all medications for R1. R1's file documented discharge paperwork from a local hospital dated 03/26/24 which prescribed cefdinir 300 milligrams oral capsule every 12 hours by mouth for seven days for a urinary tract infection (UTI). The March and April 2024 Medication Administration Records (MAR) lacked documented evidence that cefdinir was ever listed on the MAR. R1's record lacked documented evidence the facility filled the prescription for the antibiotics (cefdinir) as prescribed by an earlier visit to the emergency department from the hospital on 03/26/24. On 04/02/24 in the morning, R1 had dizziness and had an assisted fall with the psychiatric nurse case manager present. 911 was called and R1 was admitted to a local hospital. The History of Present Illness dated 04/02/24 from the hospital documented R1 presented to the hospital from the facility with worsening urinary symptoms. R1 was recently seen in the Emergency Room (ER) for a UTI on 3/26/24. R1 reported not having the antibiotic filled and the EMTs reported R1 nearly had a syncopal episode when they arrived. The hospitals' medical records dated 04/02/24 documented R1 was diagnosed with sepsis, dehydration, generalized weakness, fatigue and light headedness and acute renal failure upon admittance to the hospital. The hospital records for R1 revealed throughout their hospital stay from 04/02/24 to 05/14/24 R1 was diagnosed with sepsis, an acute kidney injury, a liver mass and a colloid cyst of the brain. R1 was in intensive care, intubated, and had a chest tube for thoracentesis and treated for the colloid cyst of the brain related to a past history of craniotomy. R1 was admitted to a local hospital on 04/02/24		ensure discharge paperworks, new prescriptions or order is communicated to the administrator or owner of the facility. Caregiver has to notify administrator or owner of any resident going to the hospital or other facility and any resident discharging back to the group home so that facility can ensure all paperworks and prescription are obtained in a timely manner and necessary follow up is done on any new order or medications from their preferred pharmacy. 4. The administrator or owner are responsible for ensuring the plan of correction is implemented. 5. This will be implemented effective on 8/5/2024. 6. Please see attached Medication Policy.	

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	and discharged on 05/14/24 to a local skilled nursing facility. R1 did not return to the facility. On 05/28/24 in the morning, the Owner verbalized they were not aware of the medication order from the hospital visit from 03/26/24. The Owner verbalized the hospital should have ordered the medication from the pharmacy so the facility would know to pick it up and administer the medication to the resident. The Owner verbalized the medication was not administered to the resident as prescribed by the hospital discharge paperwork. Severity: 3 Scope: 1 Complaint #NV00071028			