STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4240	A. BUILDING _____ B. WING _____	10/17/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAURELWOOD GROUP HOME	4752 TORRENCE 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 an annual State Licensure survey conducted in your facility on 10/17/17. This State Licensure survey was conducted by the authority of NRS 449.0307, Powers of the Division of Public and Behavioral Health. The facility is licensed for eight Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was eight. Eight resident files were reviewed and six employee files 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 deficiencies were identified:	0000		
0070 SS= D	449.196(1)(f) - Qualifications of Caregiver-8 hours training - NAC 449.196 Qualifications of caregivers. 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. Inspector Comments: Based on record review, observation and interview, the facility failed to ensure 1 of 6 caregivers received eight hours of annual training. (Employee #4). Findings include: Employee #4 was hired at the end of 2015 as the Manager. On 10/17/17 in the afternoon, the employee file lacked documented evidence of caregiver and elder abuse training within the past year. On 10/17/17 Employee #4 was observed interacting with the residents, had access to and knowledge of the resident and staff files and the resident medications. On 10/17/17 in the afternoon, Employee #4 confirmed the deficiency reported they understood the caregiver training was not needed for the Manager. Severity: 2 Scope: 1	0070	• Laurelwood will immediately implement the following procedures to ensure all caregivers receive no less than eight (8) hours of training related to providing for the needs of the residents of a residential facility: Laurelwood will prescreen all caregivers prior to employment to ensure that they have completed their yearly training. Lauelwood will conduct an annual review of each caregiver employed at the facility to ensure the caregivers maintain their training hours. Laurelwood will	10/20/2017

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			maintain proof of compliance in each caregiver's facility record and/or in an in-service log/folder to ensure this deficient practice does not recur. Furthermore, the corrective action will be taken by the current Administrator who will continue to monitor these corrective actions and verify compliance with the newly implemented procedures. Finally, Employee #4, who is not an employee of Laurelwood but rather a third-party contractor, will be removed for any and all "managerial" tasks at the facility and will no longer have access to or knowledge of the resident and staff files or the resident medications as all the aforementioned responsibilities will be assumed by the current Administrator. This corrective action was taken on November 3, 2017.	
0103 SS= D	449.200(1)(d) - Personnel File - NAC 441A / Tuberculosis - NAC 449.200 Staffing requirements; limitations on number of residents; written schedule required for each shift. 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	0103	• Laurelwood will immediately implement the following procedures to ensure all caregivers receive pre-employment physical examinations and	10/20/2017

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	441A of NAC for the employee. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 6 employees met the requirements concerning tuberculosis (TB) testing (Employee #6). Findings include: Employee #6 was hired on 8/7/17. On 10/17/17 in the afternoon, review of the employee file revealed a positive TB test in 2012 with a negative chest x-ray dated 12/26/12. The employee file lacked documented evidence of a TB signs and symptoms review at the time of employment. On 10/17/17 in the afternoon, Employee #4 confirmed there was no TB signs and symptoms review for the employee. Severity: 2 Scope: 1		initial tuberculosis (TB) testing: Laurelwood will prescreen all caregivers prior to employment to ensure that they have completed their pre-employment physical examination and TB testing within the six (6) month period immediately preceding their offer of employment. Lauelwood will conduct an annual review of each caregiver employed at the facility to ensure the caregivers meet their annual TB screening requirements. Laurelwood will maintain proof of compliance in each caregiver's facility record and/or in an in-service log/folder to ensure this deficient practice does not recur. Furthermore, the corrective action will be taken by the current Administrator who will continue to monitor these corrective actions and verify compliance with the newly implemented procedures. Finally, in the instant finding concerning Employee #6, a TB signs and symptoms sheet was immediately completed and placed in the employee's file. This corrective action	

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			was taken on November 3, 2017.	
0105 SS= D	449.200(1)(f) - Personnel File - Background Check - NAC 449.200 Staffing requirements; limitations on number of residents; written schedule required for each shift. 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: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. Inspector Comments: Based on record review, observation and interview, the facility failed to ensure 1 of 6 employees met background check requirements of NRS 449 (Employee #4). Findings include: Employee #4 was hired as the facility Manager at the end of 2015. On 10/17/17 in the afternoon, the employee file lacked documented evidence of a NABs Clearance Letter. On 10/17/17 Employee #4 was observed interacting with the residents, had access to and knowledge of the resident and staff files and the resident medications. On 10/17/17 in the afternoon, Employee #4 confirmed the deficiency reported they understood a background check was not needed for the Manager. Severity: 2 Scope: 1	0105	• Laurelwood will immediately implement the following procedures to ensure all employees initiate the background check process within ten (10) days of hire and comply with NRS 449.176 to 449.185, inclusive: Laurelwood will prescreen all caregivers prior to employment to ensure that they have completed their Department of Public Safety and/or FBI background investigation. Laurelwood will conduct an annual review of each caregiver employed at the facility to ensure the caregivers' background investigations remain current. Laurelwood will maintain proof of compliance in each caregiver's facility record and/or in an in-service log/folder to ensure this deficient practice does not recur. Furthermore, the corrective action will be taken by the current Administrator who will continue to monitor these corrective actions and	10/20/2017

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			verify compliance with the newly implemented procedures. Finally, Employee #4, who is not an employee of Laurelwood but rather a third-party contractor, will be removed for any and all “managerial” tasks at the facility and will no longer have access to or knowledge of the resident and staff files or the resident medications as all the aforementioned responsibilities will be assumed by the current Administrator. This corrective action was taken on November 3, 2017.	
0870 SS= C	449.2742(1)(a-c) 2 - Medication Administration - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregivers and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility; (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report; and (c) Make and maintain a report of any actions that are taken by the	0870	. • Laurelwood will immediately implement the following procedures to ensure (1) that a physician, pharmacist or registered nurse who does not have a financial interest in the facility will review for accuracy and appropriateness, at least every six (6) months the regimen of drugs taken by each resident at the facility and provides a written report of that review to the administrator of the facility and (2) within 72 hours	10/20/2017

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	caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). 2. Within 72 hours after the administrator of the facility receives a report submitted pursuant to paragraph (a) of subsection 1, a member of the staff of the facility shall notify the resident ' s physician of any concerns noted by the person who submitted the report. The report must be reviewed and initialed by the administrator. Inspector Comments: Based on record review and interview, the facility failed to ensure a medication profile review was reviewed and initialed by the Administrator for 5 of 5 residents residing in the facility for longer than six months (Resident #1, #2, #3, #4 and #8). Findings include: Resident #1 Resident #1 was admitted on 1/30/17 with primary diagnoses of osteoporosis and atrial fibrillation. On 10/17/17 in the afternoon, review of the resident file revealed medication reviews dated 2/21/17 and 6/13/17. The reviews were not initialed by the Administrator. Resident #2 Resident #2 was admitted on 5/1/14 with primary diagnoses of dementia, hypertension atrial fibrillation and hypolipidemia. On 10/17/17 in the afternoon, review of the resident file revealed medication reviews dated 2/21/17 and 4/24/17. The reviews were not initialed by the Administrator. Resident #3 Resident #3 was admitted on 2/24/16 with primary diagnoses of malnutrition, acute renal failure and anemia. On 10/17/17 in the afternoon, review of the resident file revealed medication reviews dated 2/21/17 and 4/24/17. The reviews were not initialed by the Administrator. Resident #4 Resident #4 was admitted on 12/28/15 with primary diagnoses of debility, hypertension and mild hyponatremia. On 10/17/17 in the afternoon, review of the resident file revealed medication reviews dated 2/21/17 and 10/17/17. The reviews were not initialed by the Administrator. Resident #8 Resident #8 was admitted on 11/15/15 with primary diagnoses of peripheral vascular disease, hearing loss, pressure ulcer stage 4 and osteosclerosis. On 10/17/17 in the afternoon, review of the resident file revealed medication reviews dated 2/21/17 and 10/17/17. The reviews were not initialed		after the administrator of the facility receives the aforementioned report, a member of the staff shall notify the resident's physician of any concerns noted by the person who submitted the report. The report will be reviewed and initialed by the current Administrator. Laurelwood's Administrator will immediately personally review the medical profile review of each resident and initial that they have reviewed the report and contacted the resident's physician if there were concerns noted in the review. Furthermore, the corrective action will be taken by the current Administrator who will continue to monitor these corrective actions and verify compliance with the newly implemented procedures. This corrective action was taken on November 3, 2017.	

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	by the Administrator. On 10/17/17 in the afternoon, the Medication Review document used for the reviews read in part, "...Administrator must review and initial within 72 hours..." This line was blank for all of the residents. On 10/17/17 at 12:30 PM, Employee #4 confirmed the Administrator had not initialed the medication reviews, indicating an unawareness of the need for an Administrator initial. Severity: 1 Scope: 3			
0871 SS= F	NAC 449.2742(1)(d)(1-8)(1)(e) - Medication Plan - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregivers and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: d) Develop and maintain a plan for managing the administration of medications at the residential facility, including, without limitation: (1) Preventing the use of outdated, damaged or contaminated medications; (2) Managing the medications for each resident in a manner which ensures that any prescription medications, over-the-counter medications and nutritional supplements are ordered, filled and refilled in a timely manner to avoid missed dosages; (3) Verifying that orders for medications have been accurately transcribed in the record of the medication administered to each resident in accordance with NAC 449.2744; (4) Monitoring the administration of medications and the effective use of the records of the medication administered to each resident; (5) Ensuring that each caregiver who administers a medication is in compliance with the requirements of subsection 6 of NRS 449.037 and NAC 449.196; (6) Ensuring that each caregiver who administers a medication is adequately supervised; (7) Communicating routinely with the prescribing physician or other physician of the resident concerning issues or observations relating to the administration of the medication; and (8) Maintaining reference materials relating to medications at the residential facility, including, without limitation, a current drug guide or medication handbook, which must	0871	. • Laurelwood will immediately implement and maintain a plan for managing the administration of medications at the residential facility that will, without limitation: (1) prevent the use of outdated, damaged or contaminated medications; (2) manage the medications of each resident in a manner which ensures that any prescription medications, etc. are ordered, filled and refilled in a timely manner to avoid missed dosages; (3) verifies that orders for medications have been accurately transcribed in the record of the medication administered to each resident in accordance with NAC 449.2744; (4) monitors the administration of medications and the	10/20/2017

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	not be more than 2 years old or providing access to websites on the Internet which provide reliable information concerning medications. (e) Develop and maintain a training program for caregivers of the residential facility who administer medication to residents, including, without limitation, an initial orientation on the plan for managing medications at the facility for each new caregiver and an annual training update on the plan. The administrator shall maintain documentation concerning the provision of the training program and the attendance of caregivers. Inspector Comments: Based on observation and interview, the facility failed to ensure a plan to manage the medication administration covering the eight regulatory required topics was developed and maintained at the facility and failed to maintain an annual training program for caregivers administering medications to residents. Findings include: On 10/17/17 in the afternoon, the facility's medication plan was requested. Employee #4 reported the facility did not have a medication plan and confirmed the caregivers were not annually trained on the facility's plan. Severity: 2 Scope: 3		effective use of the records of the medications administered to each resident; (5) ensure that each caregiver who administers a medication is in compliance with the applicable NRS and NAC provisions; (6) ensure that each caregiver who administers a medication is adequately supervised; (7) communicates routinely with the prescribing physician or other physician of the resident concerning issues or observations relating to the administration of the medication; and (8) maintains reference materials relating to medications at the residential facility which will not be more than two (2) years old. Laurelwood will require all caregivers employed at the facility attend an annual training program, in addition to an initial orientation upon hire, that covers the plan for managing medications at the facility. The Administrator shall maintain documentation concerning the provision of the training program and the attendance of the	

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			caregivers. Furthermore, medication detail/explanation sheets provided with resident medications by pharmacies will be kept in a binder for use be caregivers. The aforementioned corrective actions will be taken by the current Administrator who will continue to monitor these corrective actions and verify compliance with the newly implemented procedures. This corrective action was taken on November 3, 2017.	
0878 SS= E	NAC 449.2742(5)(6) - Medication / OTCs, Supplements, Change Order - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregivers 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 container of the medication that a change	0878	• Laurelwood will immediately implement the following procedures to ensure over the counter medication or dietary supplements given to a resident have been approved by the resident's physician in writing. Laurelwood will maintain a Medication Administration Record which shall be updated with any changes in medications, dosage or frequency by discontinuing the old medication entry and creating a new entry with the prescription changes. Furthermore, any dosage and/or	10/24/2017

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	has occurred; and (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 observation, record review and interview, the facility failed to ensure: 1) Change labels were placed on medications with administration changes for 1 of 8 records reviewed (Resident #4), and 2) Physician orders were obtained for medications for 1 of 8 residents (Resident #1). Findings include: Resident #1 Resident #1 was admitted on 1/30/17. On 10/17/17 in the afternoon, review of the resident medications and Medication Administration Record (MAR) revealed MAPAP 325 milligrams (mg) take 1 to 2 tablet every 6 hours as needed (PRN) for pain. Employee #4 could not locate the physician order for this medication. Resident #4 Resident #4 was admitted on 12/28/15. On 10/17/17 in the afternoon, review of the resident medications and MAR revealed a medication package that read Risamine Ointment apply topically twice daily on skin. A 5/12/16 physician order and the MAR read may apply as often as every 2 to 3 hours and was being administered three times daily. The medication package lacked a change label. On 10/17/17 in the afternoon, Employee #4 confirmed the discrepancies. Severity: 2 Scope: 2		frequency changes will be noted by placing a sticker or note on the bottle to indicate a prescription change and to go to the medication administration record for the current medication order. The corrective action will be taken by the current Administrator who will continue to monitor these corrective actions and verify compliance with the newly implemented procedures. This corrective action was taken on November 3, 2017.	
0905 SS= E	449.2746(1)(a)-(c) - PRN Medication - NAC 449.2746 Administration of medication: Restrictions concerning medication taken as needed by resident; written records. 1. A caregiver employed by a residential facility	0905	. • Laurelwood will immediately implement the following procedures to	10/29/2017

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	shall not assist a resident in the administration of medication that is taken as needed unless: (a) The resident is able to determine his need for the medication. (b) The determination of the resident's need for the medication is made by a medical professional qualified to make that determination; or (c) The caregiver has received written instructions indicating the specific symptoms for which the medication is to be given, the exact amount of medication that may be given and the frequency with which the medication may be given. Inspector Comments: Based on record review, observation and interview, the facility failed to ensure the physician's order for "as needed" medications for 2 of 8 residents did not require an assessment and/or included specific instructions on frequency of administration and not a range (Resident #1 and #8). Findings include: Resident #1 Resident #1 was admitted on 1/30/17. On 10/17/17 in the afternoon, review of the resident medications and Medication Administration Record (MAR) for Resident #1 revealed a medication package that read Acetamin Suppository 650 milligrams (mg) insert 1 suppository every 8 hours as needed for temperature over 100.5 degrees Fahrenheit or mild pain. The MAR and physician order read the same. Resident #8 Resident #8 was admitted on 1/30/17. On 10/17/17 in the afternoon, review of the resident medications and MAR for Resident #8 revealed a medication package that read MAPAP 325 mg take 1 to 2 tablets every 6 hours as needed for pain. The MAR and physician order read the same. On 10/17/17 at 12:25 PM, Employee #4 confirmed the observations. Severity: 2 Scope: 2		ensure the proper administration of as needed medication to residents. All caregivers employed by Laurelwood shall not assist a resident in the administration of a medication that is taken as needed unless: (1) the resident is able to determine their need for the medication; (2) the determination of the resident's need for the medication is made by a medical professional qualified to make that determination; or (3) the caregiver has received written instructions indicating the specific symptoms for which the medication is to be given, the amount of medication that may be given and the frequency with which the medication may be given. All caregivers will be instructed in these procedures during their orientation training. The corrective action will be taken by the current Administrator who will continue to monitor these corrective actions and verify compliance with the newly implemented procedures. This	

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