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
	439	A. BUILDING _____ B. WING _____	07/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WASHINGTON SENIOR GUEST HOME	3709 W WASHINGTON AVE, LAS VEGAS, NEVADA ,89107

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual state licensure and infection control survey conducted at your facility on 07/19/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facilities for Groups. The facility was licensed for eight Residential Facility for Group beds for persons with mental illnesses, and/or persons with chronic illness. Category II residents. The census at the time of the survey was seven. Seven resident files and three employee files were reviewed. The facility received a grade of C. The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of antidiscrimination policy; posting of nondiscrimination statement and certain other information, NRS 449.102 - Duties of licensed facility to protect privacy of patient or resident, and LCB File No. R016-20 - Cultural competency training; complaint policy; development of gender identity/expression policy; designated person responsible for compliance with these regulations. Failure to comply with NRS 449.101, NRS 449.102 and LCB File No. R016-20 may result in future deficiencies. 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 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: EMELITA TUGAS | Title: ADMINISTRATOR | Date: 08/02/2021

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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. Inspector Comments: Based on observation and interview, the facility failed to implement safe infection control practices for the protection of residents and staff in response to the COVID-19 Pandemic. Findings include: On 07/19/21 at 8:30 AM, the Health Inspector was not screened for COVID-19 symptoms. A temperature check was not performed prior to being allowed entry to the facility. One Caregiver was not wearing a mask. The Caregiver acknowledged the Health Inspector was not screened prior to entry. The Administrator verbalized all visitors and staff members were supposed to be screened for COVID-19 with a questionnaire and a temperature check. The Administrator indicated all staff members should have been wearing a mask. Severity: 2 Scope: 3	0050	1. THE ADMINISTRATOR INSTRUCTED AND TRAINED ALL CAREGIVERS TO PERFORM A COVID SCREENING WHICH ENTAILS A TEMPERATURE CHECK AND FILLING OUT THE COVID QUESTIONAIRE ON ALL VISITORS . 2. THE ADMINISTRATOR WILL ENSURE THAT ALL CAREGIVERS ARE FOLLOWING THE COVID SCREENING PROTOCOLS. 3. THE ADMINISTRATOR WILL CHECK THE VISITOR SCREENING LOGBOOK ON A DAILY BASIS. 4. ADMINISTRATOR AND ALL CAREGIVERS ARE RESPONSIBLE FOR PERFORMING COVID SCREENING PROTOCOLS. 5. ON 7/20/21 THE COVID SCREENING HAS BEEN IMPLEMENTED. 6. SEE ATTACHED DOCUMENTS.	08/01/2021

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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 and interview, the facility failed to ensure 2 of 3 sampled employees had an annual tuberculosis test (TB)(Employees #1 and #3). Findings include: Employee #1 (E1) E1 was hired on 08/05/19 as a Caregiver. E1's last documented TB test was an initial two-step TB completed on 08/12/2019. The employee file lacked documented evidence an annual TB test was completed. Employee #3 (E3) E3 was hired on 08/05/19 as a Caregiver. E3's last documented TB test was an initial two step TB completed on 08/12/19. The employee file lacked documented evidence an annual TB test was completed. The Administrator acknowledged an annual TB was not completed for E1 and E2. Severity: 2 Scope: 1	0102	1. THE ADMINISTRATOR SENT EMPLOYEE #2 AND EMPLOYEE #3 TO GET THEIR TWO STEP TB TEST AND WAS READ ON 7/21/21 AND 7/26/21. 2. ADMINISTRATOR WILL MONITOR EMPLOYEE FILES MORE FREQUENTLY. 3. ADMINISTRATOR WILL MONITOR EMPLOYEE FILES MORE FREQUENTLY. 4. ADMINISTRATOR WILL BE FULLY RESPONSIBLE. 5. THE TWO STEP TB TESTS WERE COMPLETED FOR BOTH EMPLOYEES ON 07/26/21. 6.SEE ATTACHED SUPPORTING DOCUMENTS.	08/01/2021

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0178 SS= D	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 exterior of the facility was maintained. Findings include: On 07/19/21 at 9:00 AM, the following were observed on the exterior side of the facility in the backyard, directly behind the gate. -Three inoperable Oxygen tanks. -One inoperable wheelchair. -Two mattresses with a Cardiopulmonary Resuscitation (CPR) tag. -A Dog bed. -Two inoperable sitting chairs. -A black plastic bag filled with items. -A large rug, wrapped in linens. The Administrator indicated the items were supposed to be removed on bulk trash pick-up day. The Administrator acknowledged the backyard was not properly maintained. Severity: 2 Scope: 1	0178	1. THE SIDE OF THE HOUSE HAS BEEN CLEANED AND DISPOSED OF ALL DEBRIS AND UNNECESSARY EQUIPMENT THAT WAS PRESENT DURING SURVEY. 2. ADMINISTRATOR WILL ENSURE THAT OLD EQUIPMENT WILL EITHER BE DISPOSED OF OR PICKED UP BY THE DME COMPANY IN A TIMELY MANNER. 3. ADMINISTRATOR WILL ENSURE THAT THIS IS DONE IN A TIMELY MANNER. 4. ALL EMPLOYEES ARE RESPONSIBLE FOR UP KEEPING THE FACILITY'S SURROUNDINGS. 5. ON JULY 28, 2021. 6. SEE ATTACHED DOCUMENT.	08/01/2021
0532 SS= C	Activities for Residents - NAC 449.260 Activities for residents. (NRS 449.0302) 1. The caregivers employed by a residential facility shall: (g) Post, in a common area of the facility, a calendar of activities for each month that notifies residents of the major activities that will occur in the facility. The calendar must be: (1) Prepared at least 1 month in advance; and (2) Kept on file at the facility for not less than 6 months after it expires. Inspector Comments: Based on observation, interview and document review the facility failed to ensure a current activity calendar had been prepared and posted. Findings include: On 07/19/21 at 8:38 AM, during a facility tour the activity calendar posted was dated March 2020. The Caregiver acknowledged the activities calendar was dated March 2020. The Administrator verbalized the current activity calendar had not been prepared. Severity: 1 Scope: 3	0532	1. THE ADMINISTRATOR WILL PRINT THE ACTIVITIES CALENDAR TWO WEEKS PRIOR FOR THE FOLLOWING MONTH. 2. THE ADMINISTRATOR WILL PRINT THE ACTIVITIES CALENDAR PRIOR FOR THE FOLLOWING MONTH AND WILL SAVE FOR NOT LESS THAN 6 MONTHS. 3. ALL EMPLOYEES WILL REMIND ADMINISTRATOR IF ADMINISTRATOR HAS NOT PRINTED AN ACTIVITIES CALENDAR IN A TIMELY MANNER. 4. ALL CAREGIVERS AND THE ADMINISTRATOR IS RESPONSIBLE FOR ENSURING THAT AN ACTIVITIES CALENDAR IS PRESENT AND FOLLOWED WITH THE RESIDENTS. 5. ON JULY 28, 2021 AN ACTIVITIES CALENDAR WAS CREATED AND PRINTED FOR AUGUST 2021. 6. SEE ATTACHED DOCUMENT.	08/01/2021

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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. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 7 residents had an annual physical examination (Resident #6 - last physical dated 08/02/19). The Administrator was unable to provide documented evidence Resident #6 received annual physical examination. Severity: 2 Scope: 1	0859	1. ADMINISTRATOR HAS OBTAINED A PHYSICAL EXAMINATION FOR RESIDENT #6 FROM THE RESIDENT'S HOSPICE PROVIDER. 2. ADMINISTRATOR WILL MONITOR THE RESIDENT'S FILES ON A REGULAR BASIS. 3. ADMINISTRATOR WILL MONITOR THE RESIDENT'S FILES ON A REGULAR BASIS. 4. ADMINISTRATOR WILL BE FULLY RESPONSIBLE FOR CHECKING THE RESIDENT'S FILE. 5. JULY 19, 2021. 6. SEE ATTACHED DOCUMENTS.	08/01/2021

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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 and interview, the facility failed to ensure 2 of 7 residents met the requirements concerning tuberculosis (TB) testing in accordance with Nevada Administrative Code (NAC) 441A. (Residents #4 and #7) Findings include: Resident #4 (R4) R4 was admitted on 06/01/21, with diagnoses including diabetes and chronic obstructive pulmonary disease (COPD). R4's file lacked documented evidence a two- step TB test was completed prior to admission. Resident #7 (R7) R7 was admitted on 06/08/21, with a diagnosis of anxiety disorder. R7's first step TB test was completed on 06/10/21. R7's file lacked documented evidence a second step TB Test was completed. On 07/19/21 at 11:35 AM, the Administrator acknowledged both residents did not have the required TB testing completed. Severity: 2 Scope: 1	0936	RESIDENT #4 HAS PASSED ON JULY 25, 2021. RESIDENT #7 1. TWO STEP TB TEST WAS PERFORMED ON 7/19/21 AND 07/24/21 AND CONSEQUENTLY READ ON 07/21/21 AND 07/26/21. 2. ADMINISTRATOR WILL REVIEW AND MONITOR RESIDENT'S FILES ON A REGULAR BASIS. 3. ADMINISTRATOR WILL MONITOR TB REQUIREMENTS ON A REGULAR BASIS. 4. ADMINISTRATOR IS FULLY RESPONSIBLE. 5. JULY 26, 2021. 6. SEE ATTACHED DOCUMENTS.	08/01/2021
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	0938	PLEASE NOTE: RESIDENT #4 HAS PASSED ON JULY 25, 2021. 1. ADMINISTRATOR HAS COMPLETED THE ACTIVITIES OF DAILY LIVING ASSESSMENTS FOR RESIDENT'S #1, 2 AND #6. 2. ADMINISTRATOR WILL REVIEW THE RESIDENT'S FILES ON A REGULAR BASIS. 3. ADMINISTRATOR AND EMPLOYEES #1 AND #2 WILL MONITOR RESIDENT FILES MORE CLOSELY ON A REGULAR BASIS. 4. ALL EMPLOYEES AND ADMINISTRATOR WILL BE RESPONSIBLE FOR	08/01/2021

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	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 4 of 7 residents had an initial and/or annual Activities of Daily Living (ADL) assessment (Residents #1, #2, #4, #6) Findings include: Resident #1 (R1) R1 was admitted on 07/31/15, with diagnoses including liver cirrhosis and mild cognitive impairment. The last ADL assessment completed was on 09/15/19. R1's record lacked documented evidence a current ADL assessment was completed. Resident #2 (R2) R2 was admitted on 03/18/21, with diagnoses including dementia and diabetes. R2's record lacked documented evidence an initial ADL assessment was completed. Resident #4 (R4) R4 was admitted on 06/01/21, with diagnoses including diabetes and chronic obstructive pulmonary disorder (COPD). R4's record lacked documented evidence an initial ADL assessment was completed. Resident #6 (R6) R6 was admitted on 08/12/19, with diagnoses including depression and seizures. The last ADL assessment completed was on 08/12/19. R6's record lacked documented evidence a current ADL assessment was completed. The Administrator acknowledged the ADL assessments were not completed for R1, R2, R4 and R6. Severity: 2 Scope: 3		MONITORING RESIDENT'S FILES. 5. JULY 19, 2021. 6. SEE ATTACHED DOCUMENTS.	

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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 suspend or revoke an existing endorsement based upon the grounds set forth in NAC 449.191 or 449.1915. Inspector Comments: Based on observation, interview, and record review, the facility admitted and retained a resident with a diagnosis of Alzheimer's disease or related dementia (Resident #2); and failed to provide a standard physician placement form for a resident with a diagnosis of mild cognitive impairment (Resident #1). Findings include: The facility is licensed for eight Residential Facility for Group residents, with an endorsement for mental illness and/or chronic illness. The facility did not have an endorsement to provide care for persons with Alzheimer's disease or related dementia. Resident #2 (R2) R2 was admitted on 03/18/21, with diagnoses including dementia and diabetes. On 07/19/21, during a facility tour, R2 was observed confused and mumbling. A physical exam dated 01/25/21, documented R2 had a diagnoses of dementia. There was no documented evidence a standard physician placement form was completed. Resident #1 (R1) R1 was admitted on 07/31/15, with diagnoses including mild cognitive impairment and seizures. There was no documented evidence a standard physician placement form was completed. The Administrator acknowledged both residents did not have a standard physician placement form completed. The Administrator indicated she was unaware R1 and R2 needed a standard physician placement form. Severity: 2 Scope: 1	0960	1. ADMINISTRATOR HAD STANDARD PHYSICIAN'S ASSESSMENT COMPLETED FROM THEIR RESPECTIVE MEDICAL PROVIDER FOR RESIDENT #1 AND #2. 2. ADMINISTRATOR WILL REVIEW RESIDENT FILES ON A REGULAR BASIS. 3. ALL EMPLOYEES AND ADMINISTRATOR WILL MONITOR AND ENSURE THAT A STANDARD PHYSICIAN'S ASSESSMENT WILL BE COMPLETED UPON ADMISSION. 4. EMPLOYEE #1 AND #2 AND ADMINISTRATOR IS RESPONSIBLE. 5. RESIDENT #1 JULY 20, 2021. AND RESIDENT #2 JULY 19, 2021. 6. SEE ATTACHED DOCUMENTS.	08/01/2021

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1555	Within 90 days after a facility is licensed Inspector Comments: Based on interview the facility failed to submit to the Division a cultural competency course/training program or provide documented evidence of a contract with a third party, to develop and operate the program for cultural competency for employee training. Findings include: On 7/19/21 at 11:35 AM, the Administrator acknowledged there was no cultural competency training program implemented for the employees.	1555	ADMINISTRATOR IS STILL DOING RESEARCH REGARDING THIS MATTER. ADMINISTRATOR HAS BEEN IN CONTACT WITH ECHO AND NATHAN ORME REGARDING THIS MATTER.	08/01/2021