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 _____	05/02/2024

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 survey conducted at your facility on 05/02/24, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 8 Residential Facility for Group beds for elderly and disabled persons, and/or persons with mental illnesses, Category II residents. The census at the time of the survey was eight. Eight resident files and three 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 investigation, 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		

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 R TUGAS Title: ADMINISTRATOR Date: 06/12/2024

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0690 SS= D	Residents Requiring Use of Oxygen - NAC 449.2712 Residents requiring use of oxygen. (NRS 449.0302) 1. A person who requires the use of oxygen must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless he or she: (a) Is mentally and physically capable of operating the equipment that provides the oxygen; or (b) Is capable of: (1) Determining his or her need for oxygen; and (2) Administering the oxygen to himself or herself with assistance. 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician; and (b) Ensure that: (1) The resident ' s physician evaluates periodically the condition of the resident which necessitates his or her use of oxygen; (2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored; (3) Persons do not smoke in those areas where smoking is prohibited; (4) All electrical equipment is inspected for defects which may cause sparks; (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; (6) The equipment used to administer oxygen is in good working condition; (7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and (8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident. Inspector Comments: Based on observation and interview, the facility failed to ensure an oxygen tank was secure. Findings include: On 05/02/24 at 9:50 AM, observed an oxygen tank standing in the corner at the front of the closet in Room 3 unsecured. On 05/02/24 in the afternoon, the Administrator confirmed the observation and relayed they were not aware the oxygen tank was not secure. Severity: 2 Scope: 1	0690	1. The Oxygen tank that was found unsecured in R3 closet was picked up that same day by a family member of R3. 2. Administrator/Owner and Lead Caregiver knows to secure the Oxygen tank immediately when Oxygen tank arrives from DME supplier. 3. The corrective action will be monitored by the Administrator/Owner and Lead Caregiver in order that the deficiency will not reoccur. 4. The Administrator/Owner and Lead Caregiver will ensure that the plan of correction is implemented. 5. On 5/2/24, the corrective action was completed. 6. No attached documents since Oxygen Tank was removed.	05/02/2024

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0859 SS= E	Medical Care of Resident After Illness - NAC 449.274 and R043-22 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 a qualified provider of health care in accordance with NRS 449.1845. The resident must be cared for pursuant to any instructions provided by the qualified provider of health care. Inspector Comments: Based on record review and interview, the facility failed to ensure an annual physical examination was completed for 2 of 8 residents. (Resident #6 and #7) Findings include: Resident #6 (R6) R6 was admitted on 08/12/19 with primary diagnoses including seizures, hypertension, cerebral atherosclerosis, diabetes and depression. R6's record documented an annual physical examination dated 02/14/23. R6's record lacked documented evidence of a 2024 annual physical examination. Resident #7 (R7) R7 was admitted on 01/31/22 with primary diagnoses including schizophrenia, myopathy and diabetes. R7's record documented an annual physical examination dated 02/14/23. R7's record lacked documented evidence of a 2024 annual physical examination. On 05/02/24 in the afternoon, the Administrator confirmed the missing 2024 physical examinations for R6 and R7. Severity: 2 Scope: 2	0859	1. Immediately after the survey, I scheduled for a Physician to visit and conduct a Annual Physical Examination for R6 and R7. 2. A Resident Checklist has been created to monitor when documents are due and to get documents completely done in a timely manner to always be in compliance. 3. Administrator/Owner and Lead Caregiver will review all residents folders on a monthly basis to ensure that all requirements are up to date. 4. Administrator/Owner is responsible in ensuring plan of correction is implemented and continually followed. 5. On 05/13/24, Annual Physicals were done for R6 and R7. 6. Please see attached documents.	05/13/2024

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0870 SS= D	Medication Administration-Accuracy & Report - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregiver 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. (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). Inspector Comments: Based on record review and interview, the facility failed to ensure a six-month Medication Review was completed for 1 of 8 sampled residents. (Resident #2) Findings include: Resident #2 (R2) R2 was admitted on 09/15/23, with diagnoses including colon cancer, chronic kidney disease and major depression. R2's record lacked documented evidence of a six-month Medication Review. On 05/02/24 in the afternoon, the Administrator confirmed the missing six-month Medication Review for R2. Severity: 2 Scope: 1	0870	1. Immediately after the survey, I scheduled the R.N. to review and confirm the Medications List for R2. 2. I have created a Resident Checklist to remind all employees when documents are due and to be completed in a timely manner. 3. Administrator/Owner will check all Residents folders on a monthly basis to ensure all requirements are current to be in compliance. 4. Administrator/Owner will ensure that the plan of correction is implemented and continually followed. 5. On 5/3/24, Medication Review was done for R2. 6. Please see attached documents.	05/03/2024
0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 and R043-22 - 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 , physician assistant or advanced practice registered nurse has approved the administration of the medication or supplement in writing or the	0878	1. Immediately after the survey, the Vicks Vapor Rub was properly discarded since there was no Physicians Order. 2. Will have better communication with with each residents' nurse, physician and family member, if they have changed the prescription order of that respective resident and a copy of the new order will be provided within 5 days of the change and placed in the respective residents folder. 3. Administrator/Owner and Lead Caregiver	05/02/2024

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	facility is ordered to do so by another physician, physician assistant or advanced practice registered nurse. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician, physician assistant or advanced practice registered nurse. 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, physician assistant or advanced practice registered nurse must be administered as prescribed by the physician, physician assistant or advanced practice registered nurse. If a physician, physician assistant or advanced practice registered nurse 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 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, physician assistant or advanced practice registered nurse 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, physician assistant or advanced practice registered nurse, a 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 a physician order was obtained for a medication for 1 of 8 sampled residents. (Resident #3) Findings include: Resident #3 (R3) R3 was admitted		will monitor any new OTC medications must have a copy of a Physicians Order within 5 days. 4. Administrator/Owner is responsible for ensuring that the corrections are implemented and continually followed. 5. On 5/2/24. 6. No attached documents since the Vicks Vapor rub was properly disposed of.	

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	on 4/13/14, with primary diagnoses of end stage renal disease and acute systolic heart failure. On 05/02/24 at 9:50 AM, observed a jar of Vapor Rub on a bedside table for R3. There was no physician order in R3's record for the Vapor Rub and the medication was not listed on the Medication Administration Record (MAR). On 05/02/24 at 9:50 AM, R3 relayed they did not use the Vapor Rub but wanted to have it available. On 05/02/24 in the afternoon, R3's family member delivered a new jar of Vapor Rub. There was no physician order for the new jar of Vapor Rub. On 05/02/24 in the afternoon, the Administrator acknowledged the observation and confirmed there was no physician order for the Vapor Rub. The Administrator reported a resident must have a physician order for any medication to be administered. Severity: 2 Scope: 1			

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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 medications were secured. Findings include: On 05/02/24 at 9:35 AM, the following medications were observed in the facility, unsecured: -A black refrigerator located outside of the facility by the patio, contained two boxes of .075 milligrams (mg) Trulicity and five vials of Heparin 5 milliliters (ml) flush 500 units/5 ml. The Heparin was dispensed on 05/03/23 with a 04/29/24 expiration date. There were also 10 units of Sodium Chloride 0.9% 10 ml flush in the refrigerator. -A jar of Vapor Rub, was located on the bedside table for R3. On 05/02/24 in the morning, the Administrator confirmed the observation of the unsecured medications. Severity: 2 Scope: 3	0920	1. Immediately after the survey, the black refrigerator was discarded and all medications that were inside was properly discarded. And the Vicks Vapor Rub was properly disposed of. 2. Administrator/Owner and Lead Caregiver knows to store medications in a locked refrigerator or in a locked box in an unlocked refrigerator. And any OTC medications must have a Physicians Order within 5 days. 3. Administrator/Owner and Lead Caregiver will ensure that all medications are always in a locked box or locked medication cabinet. 4. Administrator/Owner will ensure the plan of correction is implemented and continually followed. 5. On 5/2/24. 6. No attached documents since the black refrigerator was discarded and the Vicks Vapor Rub was also properly disposed of.	05/02/2024

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0936 SS= E	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 8 sampled residents completed initial or annual tuberculin (TB) or QuantiFERON tests. (Resident #3 and #8) Findings Include: Resident #3 (R3) R3 was admitted on 04/13/24. R3's record documented a one-step TB test with a read date of 04/05/24 and a negative result. R3's record lacked documented evidence of the second step TB test. Resident #8 (R8) R8 was admitted on 04/24/24. R8's record documented a one-step TB test with a 04/03/24 inject date and negative result and a second step TB test with a 04/11/24 inject date and negative result. R8's record lacked documented evidence of read dates for the first step and second step TB tests. On 05/02/24 in the afternoon, the Administrator confirmed the missing read dates for R8's TB tests and the lack of a second step TB test for R3. Severity: 2 Scope: 2	0936	1. Immediately after the survey, a 2 step Tb Test was ordered for R8. It was initiated on 5/3/24 and read on 5/5/24 as negative. The 2nd step was done on 5/13/24 and read on 5/15/24 as negative. The 2nd step Tb Test was found for R3 and placed in folder on 5/3/24. 2. A New Resident Checklist was created to remind all staff when requirements will be due in order to always be in compliance. 3. Administrator/Owner and Lead Caregiver will ensure that a 2-Step TB Test is always done on New Residents. 4. Administrator/Owner is responsible that the plan of correction is implemented and continually followed. 5. On 5/3/24 for R3 and 5/15/24 for R8. 6. Please see attached documents.	05/15/2024
1600 SS= C	Preferred Name/Pronoun P& P - Preferred Name/Pronoun P& P R016-20 Sec. 19 1. A facility shall: (a) Develop policies to ensure that a patient or resident is addressed by his or her preferred name and pronoun and in accordance with his or her gender identity or expression; and (b) Adapt electronic records and any paper records the facility has to reflect the gender identities or expressions of patients or residents with diverse gender identities or expressions, including, without limitation: (2)	1600	1. Immediately after the survey, a Face Sheet was created to comply with R016-20 Sec 19 1., to ensure that a patient or resident is addressed by his or her preferred name and pronoun and in accordance with his or her gender identity or expression. 2. Moving forward, the Face Sheet will be incorporated in the New Contract for New Residents. 3. Administrator/Owner will ensure that the Face Sheet be completed for all new and	05/05/2024

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	If the facility is a facility for the dependent or other residential facility, adapting electronic records and any paper records the facility has to include the preferred name and pronoun and gender identity or expression of a resident. R016-20 Sec. 19 2. If a patient or resident chooses to provide the following information, the health records adapted pursuant to subparagraph (1) of paragraph (b) of subsection 1 must include, without limitation: (a) The preferred name and pronoun of the patient or resident; (b) The gender identity or expression of the patient or resident; (c) The gender identity or expression of the patient or resident that was assigned at the birth of the patient or resident; (d) The sexual orientation of the patient or resident; and (e) If the gender identity or expression of the patient or resident is different than the gender identity or expression of the patient or resident that was assigned at the birth of the patient or resident: (1) A history of the gender transition and current anatomy of the patient or resident; and (2) An organ inventory for the patient or resident which includes, without limitation, the organs: (I) Present or expected to be present at the birth of the patient or resident; (II) Hormonally enhanced or developed in the patient or resident; and (III) Surgically removed, enhanced, altered or constructed in the patient or resident. R016-20 Sec. 20 1. Except as otherwise provided in subsection 2, the statements, notices and information required by sections 2 to 22, inclusive, of this regulation and NRS 449.101 to 449.104, inclusive, must be in English and, as appropriate for a facility, in any other language the Department determines is appropriate based on the demographic characteristics of this State. In addition to the notices and information provided in English and any other language the Department determines is appropriate based on the demographic characteristics of this State, a facility may provide the statements, notices and information in any other language the facility may desire. R016 -20 Sec. 20 2. A facility must make reasonable accommodations in providing the statements, notices and information described in subsection 1 for patients or		existing residents. 4. Administrator/Owner will ensure that the plan of correction is implemented and continually followed. 5. On 5/5/24, the Face Sheets were completed for all 7 residents and placed in each respective Resident's folder. 6. Please see attached 7 documents.	

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	residents who: (a) Are unable to read; (b) Are blind or visually impaired; (c) Have communication impairments; or (d) Do not read or speak English or any other language in which the statements, notices and information are written pursuant to subsection 1. Inspector Comments: Based on record review and interview, the facility failed to ensure there were policies developed and resident records revised in compliance with R016-20 Section 19, regarding resident records to reflect resident preferred name and pronoun, gender identity or expression and sexual orientation. Findings include: On 05/02/24 in the morning, the eight sampled resident records lacked documentation to be in compliance with R016-20 Section 19. On 05/02/24 in the afternoon, the Administrator confirmed there were no updated policies or changes to resident records to reflect the new regulations. Severity: 1 Scope: 3			

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1830 SS= F	Infection Control Required Training - Infection Control Required Training LCB File No. R048-22 Sec. 5 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training. Inspector Comments: Based on record review and interview, the facility failed to ensure the primary and secondary infection control designees acquired the required initial infection control training. (Employee #1 and #2) Findings include: On 05/02/24 in the morning, the records for E1 and E2, the primary and secondary infection control designees respectively, lacked documented evidence of the initial 15 hours of training concerning the control and prevention of infections from the approved nationally recognized organizations. On 05/02/24 at 1:20 PM, the Administrator confirmed the required infection control and prevention training from a nationally recognized organization had not been completed for E1 and E2. Severity: 2 Scope: 3	1830	1. Immediately after the survey, E1 and E2 started to get the 15 hours Infection Control Training from the DHHS website. It was completed on from 5/3/24- 5/4/24. 2. Administrator/Owner will ensure that all new employees complete the 15 hours Infection Control Training if they will be one of the Infection Control designees. 3. Administrator/Owner will monitor if any new or existing employees become Infection Control designees that they have completed the required 15 hours of Training. 4. Administrator/Owner is responsible that the plan of correction is implemented and continually followed. 5. On 5/4/24. 6. Please see attached documents.	05/04/2024