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
	4405	A. BUILDING _____ B. WING _____	12/18/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARVEL MANOR	4935 N DURANGO, LAS VEGAS, NEVADA ,89149

(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 12/18/17. 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 ten Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was nine. Nine resident files were reviewed and ten employee files were reviewed. The facility received a grade of A. 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		
0074 SS= F	NRS 449.093 - Elder Abuse Training - NRS 449.093 Training to recognize and prevent abuse of older persons: Persons required to receive; frequency; topics; costs; actions for failure to complete 4. An administrator or other person in charge of a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the facility, agency or home provides care to a person and annually thereafter. 5. An employee who will provide care to a person in a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the employee provides care to a person in the facility, agency or home and annually thereafter.	0074	1) No correction to infraction 2) Policy change - No employee will have interaction with residents prior to Elder Abuse Training. 3) Policy change - Elder abuse training will be completed immediately upon hire along with new hire paperwork. 4) Executive Director 5) 12/19/2017 6) See attached 7) NA	12/19/2017

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	Inspector Comments: Based on record review and interview, the facility failed to provide initial training in the prevention, recognition and response to abuse of elder persons to 6 of 6 new employees before they started interaction with residents per Nevada Revised Statutes (NRS) 449.093 (Employee #4, #5, #6, #7, #8 and #9). Findings include: Employee #4 Employee #4 had a start date of 1/16/17. On 12/18/17 in the morning, the employee file revealed initial elder abuse training dated 1/19/17, after the start date. Employee #5 Employee #5 had a start date of 4/17/17. On 12/18/17 in the morning, the employee file revealed initial elder abuse training dated 5/31/17, after the start date. Employee #6 Employee #6 had a start date of 7/15/17. On 12/18/17 in the morning, the employee file revealed initial elder abuse training dated 9/25/17, after the start date. Employee #7 Employee #7 had a start date of 5/5/17. On 12/18/17 in the morning, the employee file revealed initial elder abuse training dated 6/30/17, after the start date. Employee #8 Employee #8 had a start date of 6/26/17. On 12/18/17 in the morning, the employee file revealed initial elder abuse training dated 6/28/17, after the start date. Employee #9 Employee #9 had a start date of 3/27/17. On 12/18/17 in the morning, the employee file revealed initial elder abuse training dated 5/31/17, after the start date. On 12/18/17 at 12:10 PM, the Owner confirmed the deficiencies explaining they thought the training had to be acquired within 30 days of hire. This was a repeat deficiency from the 9/8/16 State Licensure survey. Severity: 2 Scope: 3			

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0450 SS= D	449.231(1) - First Aid and CPR - NAC 449.231 First aid and cardiopulmonary resuscitation. 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 10 caregivers received first aid and cardiopulmonary resuscitation (CPR) training within thirty days of employment (Employee #4 and #5). Findings include: Employee #4 Employee #4 was hired on 1/16/17. On 12/18/17 in the afternoon, the employee file revealed first aid and CPR training dated 3/30/17, beyond 30 days of hire. Employee #5 Employee #5 was hired on 4/17/17. On 12/18/17 in the afternoon, the employee file revealed first aid and CPR training dated 8/10/17, beyond 30 days of hire. On 12/18/17 in the afternoon, the Owner confirmed the deficiency. Severity: 2 Scope: 1	0450	1) No correction to the infraction 2) There are no changes to the policy. This is a one time issue of a person we hired then she had a family emergency and was gone for 2 months. This was out of our control. 3) The policy is in place and monitored to insure this doesn't happen in the future. 4) Executive Director 5) 12/19/2017 6) NA 7) NA	12/19/2017
0895 SS= C	449.2744(1)(b 1-4)+449.2746(2) - Medication / MAR-PRN MAR - NAC 449.2744 Administration of medication: Maintenance and contents of logs and records. 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician. NAC 449.2746 (Refer to NAC 449.2742(5) The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant	0895	1) All MARS have been re-written with both generic name, brand name and corresponding milligram. 2) All orders will be reviewed upon receiving medication in facility to insure Rx written by physician, MARS and label are the same. 3) MAR reviews will be done monthly to insure accuracy. 4) Executive Director and House Manager 5) 12/19/2017 6) See attached 7) NA	12/19/2017

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	to paragraph (b) of subsection 1 of NAC 449.2744.) 2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the medication: (a) The reason for the administration; (b) The date and time of the administration; (c) The dose administered; (d) The results of the administration of the medication; (e) The initials of the caregiver; and (f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician. Inspector Comments: Based on record review and interview, the facility failed to ensure the Medication Administration Record (MAR) was accurate for 6 of 9 MARs reviewed (Resident #1, #2, #3, #4, #7 and #8). Findings include: Resident #1 Resident #1 was admitted on 11/10/17. On 12/18/17 in the afternoon, the resident's MAR reflected Tylenol #3 with no strength. The medication package read MAPAP Codeine 300-30 milligrams (mg). The two did not match. Resident #2 Resident #2 was admitted on 10/28/16. On 12/18/17 in the afternoon, the resident's MAR reflected Anora 625 micrograms (mcg). The medication package read Anora 62.5 mcg/25 mcg. The documentation on the MAR was incorrect. The MAR reflected Tylenol PM with no strength. The medication package read 500 mg. The two did not match. The MAR reflected Saline Nasal spray with no strength. The medication package read Deep Sea 0.65%. The two did not match. Resident #3 Resident #3 was admitted on 7/1/16. On 12/18/17 in the afternoon, the resident's MAR reflected Lidocaine Gel with no strength. The medication package read Lidocaine HCL 2%. The two did not match. Resident #4 Resident #4 was admitted on 8/30/17. On 12/18/17 in the afternoon, the resident's MAR reflected Milk of Magnesia. The medication was discontinued on 12/5/17 but still listed on the MAR. Resident #7 Resident #7 was admitted on 12/21/15. On 12/18/17 in the afternoon, the resident's MAR reflected Risamine Ointment with no strength. The medication package read Risamine Ointment 0.44 - 20.6%. The two			

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	did not match. The MAR reflected Bayer Aspirin with no strength. The medication package read Bayer Aspirin 81 mg. The MAR reflected Senna 8.6 mg. The medication package read Senna 8.6-50 mg. The two did not match. The MAR reflected Milk of Magnesia with no strength. The medication package read Milk of Magnesia 400 mg/5 milliliter (ml). The two did not match. The MAR reflected Xanax with no strength. The medication package read Alprazolam 0.25 mg. The two did not match. Resident #8 Resident #8 was admitted on 9/29/14. On 12/18/17 in the afternoon, the resident's MAR reflected Risamine Cream with no strength. The medication package read Risamine Cream 0.44-20.6%. The two did not match. On 12/18/17 in the afternoon, the Owner and a Caregiver confirmed the MAR inaccuracies. Severity: 1 Scope: 3			