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
	4959	A. BUILDING _____ B. WING _____	09/05/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDEN BREEZE ALZHEIMER VILLA	**950 GARDEN BREEZE WAY, LAS VEGAS, NEVADA ,89123**

(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 initiated at your facility on 09/05/19 and finalized on 09/05/19. This State Licensure survey was conducted in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for eight Residential Facility for Group beds for elderly and disabled persons, and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was seven. Seven resident files were reviewed and four 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		

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0251 SS= F	Storage of Food-Perishable Foods Refrigerated - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 2. Perishable foods must be refrigerated at a temperature of 40 degrees Fahrenheit or less. Frozen foods must be kept at a temperature of 0 degrees Fahrenheit or less. Inspector Comments: Based on observation and interview, the facility failed to ensure expired food was disposed. Findings include: On 09/05/19 at 9:45 AM, the following food items were expired in the kitchen refrigerator: -one bottle of Hershey's Strawberry Syrup dated 07/2019; -one container of potato salad dated 08/19/19; -one jar of pickle relish dated 06/06/19; and -one bottle of French dressing dated 02/21/19. On 09/05/19 at 9:45 AM, a Caregiver indicated the facility monitored the refrigerator regularly. The Caregiver acknowledged the food items were expired and should have been thrown away. On 09/05/19 in the afternoon, the Administrator acknowledged the food items were expired and should have been thrown away. Severity: 2 Scope: 3	0251	1) A thorough inspection of all perishable food items within the Garden Breeze Alzheimer Villa facility will take place by the staff in which any expired products will be immediately disposed of. 2) All perishable food items within the facility will be inspected once a week in order to ensure all expired food products are properly disposed of in a timely manner. 3) A caregiver will be tasked to complete the inspection once a week and must report completion of the task and any findings, if any, to a supervisor. 4) All caregivers responsible for the care of the patients of Garden Breeze Alzheimer Villa will be tasked to complete the inspection once a week. 5) The corrective action will be completed on September 11, 2019.	09/11/2019
0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 - 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 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	0878	1) A correction on the MAR dated September 2019 will be made, detailing the error made and signed by the responsible staff member. 2) All MARs will be rechecked and corrected for any errors or deficiencies daily. 3) A staff member will be tasked to recheck the current MAR daily to ensure correct information is documented properly and report the completed task to a supervisor. 4) The caregiver responsible for the administration of medication of that day will be responsible for proper documentation and rechecking of the MAR. 5) The corrective action will be completed on September 11, 2019.	09/11/2019

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	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 (Previously Y 0879) (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, interview and record review, the facility failed to ensure the Medication Administration Record (MAR) was accurate for 1 of 7 sampled residents (Resident #7). Findings include: Resident #7 (R7) R7 was admitted on 03/29/17 with diagnoses including dementia. On 09/05/19 in the afternoon, R7's medication container had a bubble package labeled Oxybutynin 5 milligrams (mg) one tablet by mouth twice daily. A Physician's Order dated 08/28/19, documented Oxybutynin 5 mg one tablet by mouth twice daily. A MAR dated September 2019, documented Oxybutynin 5 mg one tablet by mouth at bedtime. On 09/05/19 in the afternoon, a Caregiver indicated R7 was administered Oxybutynin twice daily, per the physician's order. The Caregiver explained the MAR was inaccurate and should have been corrected to read twice daily. Severity: 2 Scope: 1			