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
	4983	A. BUILDING _____ B. WING _____	05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DARLINGTON MANOR	**339 EMDEN ST, HENDERSON, NEVADA ,89015**

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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 05/15/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 9 Residential Facility for Group beds for elderly and disabled persons and/or Alzheimer's disease, Category II residents. The census at the time of the survey was seven. Seven resident files and two employee files were reviewed. The facility received a grade of D. 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: Title: Date:

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0050 SS= C	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, interview, and document review, the Administrator failed to ensure that the facility was in compliance with required postings in the facility. Findings include: On 05/15/23 in the afternoon, the following postings were not observed: 1) The facility staff schedule was not posted. The Administrator acknowledged there was no posted staff schedule. 2) The April 2023 activities calendar was posted in the facility. The Administrator did not provide or post a May 2023 activities calendar while surveyors were on site. The Administrator acknowledged there was not a current activities calendar posted for May 2023. 3) The Health Care Quality and Compliance (HCQC) license posted on the wall had an expiration date of 2021. The Administrator acknowledged the license on the wall was not current, and that the most current license should have been on the wall. 4) The grade placard in the facility was dated 2018. The Administrator acknowledged the facility should have displayed the most current grade placard. Severity: 1 Scope: 3	0050		

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0106 SS= D	Personnel File - 1st Aid & CPR - NAC 449.200 Personnel files 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1: (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation; Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 2 employees (Employee #2) had current certification in cardiopulmonary resuscitation (CPR) and first aid. Findings include: Employee #2 (E2) E2 was hired in 2007. E2's file did not contain documentation of current certification in CPR and first aid. The Administrator acknowledged proof of CPR and first aid certification should have been current, available and in the employee file. Severity: 2 Scope: 1	0106		

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0220 SS= F	Laundry & Linen Services Provided - NAC 449.213 Laundry and linen services. (NRS 449.0302) 1. A residential facility shall: (a) Provide laundry and linen services on the premises of the facility; or (b) Contract with a commercial laundry for the provision of those services. 2. A residential facility that provides its own laundry and linen services shall have accommodations which are adequate for the proper and sanitary washing and finishing of linen and other washable goods. 3. The laundry room in a residential facility must be situated in an area which is separate from an area where food is stored, prepared or served. The laundry must be adequate in size for the needs of the facility and maintained in a sanitary manner. The laundry room must contain at least one washer and at least one dryer. All the equipment must be kept in good repair. All dryers must be ventilated to outside the building. If a washer or dryer is located outside the residential facility, the washer or dryer must be in a room or enclosure. Inspector Comments: Based on observation and interview, the facility failed to ensure the lint trap in the dryer was cleaned. Findings include: On 05/15/23 at 10:00 AM, the lint trap in the dryer was full of lint. The Administrator acknowledged the lint trap was not free of lint. Severity: 2 Scope: 3	0220		

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0250 SS= D	Kitchens- Equipment Works; Clean And Sanitary - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition. Inspector Comments: Based on observation and interview, the facility failed to ensure the kitchen stove area was clean. Findings include: On 05/15/23 at 10:40 AM, the cupboards and vent around and above the stove were greasy and dusty. The Administrator acknowledged the area above the stove was not clean. Severity: 2 Scope: 3	0250		
0859 SS= E	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 2 of 7 residents had initial physical examinations (Residents #2 and #7). Findings include: Resident #2 (R2) R2 was admitted on 12/05/22 with a diagnosis of diabetes. On 05/15/23, R2's file did not contain documentation of a physical examination. Resident #7 (R7) R7 was admitted on 05/12/23 with diagnoses including confusion and severe dehydration. On 05/15/23, R7's file did not contain documentation of a physical examination. The Administrator acknowledged R2's and R7's files did not contain evidence of a physical examination. Severity: 2 Scope: 2	0859		

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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 medication reviews were conducted every six months for 3 of 7 residents (Residents #3, #4, and #5). Findings include: Resident #3 (R3) R3 was admitted on 08/20/20 with diagnoses including Dementia and kidney disease. On 05/15/23, R3's resident file contained medication reviews dated 03/28/23 and 05/18/22. There was lack of documented evidence medication reviews were conducted every six months. Resident #4 (R4) R4 was admitted on 05/05/22 with a diagnosis of Alzheimer's Disease. On 05/15/23, R4's resident file contained one medication review dated 04/01/23. R4's file lacked documented evidence a medication review was conducted every six months. Resident #5 (R5) R5 was admitted on 10/14/20 with diagnoses including Dementia and hypothyroidism. On 05/15/23, R5's resident file contained medication reviews dated 03/28/23 and 05/18/22. R5's file lacked documented evidence a medication review	0870		

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	was conducted every six months. On 05/15/23 in the afternoon, the Administrator acknowledged medication reviews were not conducted every six months for R3, R4, and R5. Severity: 2 Scope: 2			

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0872 SS= F	Medication Educ Initial/annual Administrator - 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: (f) In his or her first year of employment as an administrator of the residential facility, receive, from a program approved by the Bureau, at least 16 hours of training in the management of medication consisting of not less than 12 hours of classroom training and not less than 4 hours of practical training and obtain a certificate acknowledging completion of such training. (g) After receiving the initial training required by paragraph (f), receive annually at least 8 hours of training in the management of medication and provide the residential facility with satisfactory evidence of the content of the training and his or her attendance at the training. (h) Annually pass an examination relating to the management of medication approved by the Bureau. Inspector Comments: Based on record review and interview, the facility failed to ensure the Administrator had received 8 hours of annual Medication Management training. Findings include: The Administrator was hired in 2007. Review of the Administrator's employee file did not reveal documentation of 8 hours of annual medication management training for the current year. A review of Resident #2 (R2's) May 2023 Medication Administration Record indicated the Administrator administered medication from 05/02/23 through 05/05/23 and 05/09/23 through 05/12/23. The Administrator did not provide evidence of annual medication management and acknowledged 8 hours of medication management training documentation should have been completed and in the employee file. Severity: 2 Scope: 3	0872		
0878 SS= E	Medication/OTCS, Supplements, Change Order - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of	0878		

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	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 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 record review and interview, the facility failed to ensure 2 of 7 residents had change order labels on their medication bottle and/or in the record (Resident #4 and Resident #2). Findings include: Resident #4 (R4) R4 was admitted on 05/05/22 with a diagnosis of Alzheimer's Disease. R4's May 2023 Medication Administration Record (MAR) documented Sertraline HCl 100 milligram (mg), Take one tablet by mouth daily. A			

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	physician order dated 01/09/23 documented, D/C (discontinue) Sertraline 50 mg; Sertraline 100 mg tablet by mouth daily. R4's medication bin contained a bottle of Sertraline HCl 50 mg tablet, Take one tablet by mouth daily. R4's bottle of Sertraline 50 mg did not contain a change order label reflecting the physician's D/C order nor the physician's new order. On 05/15/23 in the afternoon, the Administrator acknowledged the bottle of Sertraline did not have a change order label reflecting the current physician order. Resident #2 (R2) R2 was admitted on 12/05/22 with a diagnosis of diabetes. A physician order dated 04/25/23 documented, Ferrous Sulfate 325 mg by mouth one tablet twice a day. R2's May 2023 MAR documented Ferrous Sulfate 325 mg, Take 1 tablet by mouth twice daily was administered to E2 as prescribed. A bottle for R2 was labeled Ferrous Sulfate 325 mg tabs, Take one tablet by mouth three times daily with medications. R2's bottle of Ferrous Sulfate did not contain a change order label reflecting the physician order written 04/25/23. On 05/15/23 in the afternoon, the Administrator and the Caregiver acknowledged R2's bottle of Ferrous Sulfate did not contain a change order label reflecting the physician order written 04/25/23, changing the dosage from three times daily to two times daily. Severity: 2 Scope: 2			

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0930 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 related to the resident, including, without limitation: (a) The full name, address, date of birth and social security number of the resident. (b) The address and telephone number of the resident ' s physician and the next of kin or guardian of the resident or any other person responsible for the resident. (c) A statement of the resident ' s allergies, if any, and any special diet or medication he or she requires. Inspector Comments: Based on observation and interview, the facility failed to ensure the confidentiality of resident records. Findings include: On 05/31/23 in the morning, multiple large boxes, multiple garbage bags, an unlocked file cabinet, a small shelving unit, and a large storage bin containing confidential information from previous resident files were found on the patio in the back yard of the facility and unlocked. On 05/31/23 at 10:20 AM, the Administrator acknowledged the items and verified confidential resident documentation information should not be left unlocked. Severity: 2 Scope: 3	0930		

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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 7 residents were tested for tuberculosis (TB) prior to being admitted to the facility (Residents #2 and #7). Findings include: Resident #2 (R2) R2 was admitted on 12/05/22 with a diagnosis of diabetes. On 05/15/23 in the morning, R2's resident file lacked documented evidence of a two-step Mantoux tuberculin skin test or a Quantiferon blood test within 24 hours of R2 being admitted to the facility. Resident #7 (R7) R7 was admitted on 05/12/23 with diagnoses including confusion and sever dehydration. On 05/15/23 in the afternoon, R7's resident file lacked documented evidence of a two-step Mantoux tuberculin skin test or a Quantiferon blood test within 24 hours of R7 being admitted to the facility. On 05/15/23 in the afternoon, the Administrator acknowledged R2 and R7 did not have evidence of TB testing within 24 hours of admittance to the facility. Severity: 2 Scope: 2	0936		

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0938 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: (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 record review and interview, the facility failed to ensure an evaluation of the activities of daily living (ADLs) were maintained upon admission in 2 of 7 residents' files (Residents #2 and #7). Findings include: Resident #2 (R2) R2 was admitted on 12/05/22 with a diagnosis of diabetes. Review of R2's file revealed a lack of documented evidence of R2's evaluation of ADLs upon admittance to the facility. Resident #7 (R7) R7 was admitted on 05/12/23 with diagnoses including confusion and severe dehydration. Review of R7's file revealed a lack of documented evidence of R7's evaluation of ADLs upon admittance to the facility. On 05/15/23 in the afternoon, the Administrator acknowledged the lack of evaluation of ADLs upon admission in R2's and R7's resident files. Severity: 2 Scope: 2	0938		

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0994 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. Inspector Comments: Based on observation and interview, the facility failed to ensure items which could constitute a danger to residents were inaccessible. On 05/15/23 at 10:37 AM, a can opener and a twisting-skewer-type wine bottle opener were found in an unlocked drawer in the kitchen. On 05/15/23 in the afernoon, the Administrator acknowledged sharp and dangerous items should have been made inaccessible to residents. Severity: 2 Scope: 3	0994		

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(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
0995 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (f) The facility has an area outside the facility or a yard adjacent to the facility that: (1) May be used by the residents for outdoor activities; (2) Has at least 40 square feet of space for each resident in the facility; (3) Is fenced; and (4) Is maintained in a manner that does not jeopardize the safety of the residents. All gates leading from the secured, fenced area or yard to an unsecured open area or yard must be locked and keys for gates must be readily available to the members of the staff of the facility at all times. Inspector Comments: Based on observation and interview, the facility failed to ensure a gate leading out of the back yard of the facility was locked. Findings include: On 05/15/23 in the morning, the gate leading from the back yard of the facility onto the driveway was unsecured. The gate contained a doorknob which could be unlocked from the inside, and a padlock which was left hanging open. On 05/15/23 at 10:20 AM, the Administrator acknowledged the gate should not have been unlocked and should have been secured. Severity: 2 Scope: 3	0995		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4983	A. BUILDING _____ B. WING _____	05/15/2023

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0999 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure toxic substances were not accessible to residents of the facility. Findings include: On a tour of the facility on 05/15/23 in the morning, the following items were observed: - Lubricating eye drops, hair spray, and nail polish were found in Resident #1's room. - Liquid dish soap, body wash, dermal wound cleaner, collagenase ointment and first aid antibiotic ointment were accessible in Resident #2's room. - Laundry detergent, fabric softener, nail polish remover, 24-hour sanitizing spray, and two cans of hairspray were located in the Caregiver's room. The Administrator and Caregiver confirmed all residents were taken through this room to access the shower in the adjoining bathroom. - Denture adhesive powder, fragrance spray, Vitamin A&D ointment, and nail polish remover were accessible in the bathroom used by all the residents. On 05/15/23, the Administrator and Caregiver acknowledged toxic substances should not have been accessible to residents. Severity: 2 Scope: 3	0999		