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 ______________________	05/23/2024

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

(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 in your facility on 05/23/24 and finalized on 05/24/24, in accordance with Nevada Administrative Code (NAC) Chapter 449, Requirements for Residential Facilities 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 five. Five resident files and two employee files were reviewed. The facility received a grade of B. 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		
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 interview and document review, the facility failed to provide tuberculin (TB) testing for one of two employees (Employee #1). Findings include: Employee #1 (E1) E1 was hired in 2007 as the Administrator. There was no documented evidence of initial and/or annual TB testing for E1. The employee checklist included in E1's file documented E1 had a history of positive TB skin testing; however, there was no documentation of a positive skin test and a chest x-ray for E1. On 05/24/24 at 2:30 PM, the Administrator acknowledged there was no documentation of a history of a positive TB test and a chest x-ray. Severity: 2 Scope: 1	0102	Employee #1 is no longer Employee at the Facility. New Administrator will ensure that all Employees have TB test upon hire and yearly afterwards. All Positive testing Employees will have positive test results on had as well as a negative chest x-ray on file along with a yearly TB signs and symptoms sheet. Administrator will review all files upon hire and quarterly for compliance.	07/15/2024

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: FAITH RAMOS Title: Administrator Date: 07/25/2024

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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 interview, record review, and document review, the facility failed to ensure one of two employees was certified in first aid and cardiopulmonary resuscitation (CPR) (Employee #1). Findings include: Employee #1 (E1) E1 was hired as the Administrator in 2007. There was no documented evidence of current certification in first aid and CPR. The most recent documented first aid and CPR certification expired on 10/29/23. On 05/23/24 at 3:30 PM, the Administrator acknowledged the first aid and CPR certification expired on 10/29/23. Severity: 2 Scope: 1 Repeat Deficiency: 05/15/23	0106	Employee #1 is no longer Employee at the Facility. New Administrator will ensure that all Employees have CPR training upon hire period and renew every 2 years afterwards. Administrator will review all files upon hire and quarterly for compliance.	07/15/2024
0878 SS= F	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 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	0878	Previous Administrator is no longer employed at this facility. When asked regarding these medication, she advised these meds had Discontinue orders, but could not produce them for me. In order to clarify we asked the regular practitioner to do new medication reviews for all residents in order to verify correct medications were being given to each resident. New Administrator will do monthly medication checks and all orders will be placed in the resident binders. Facility to have the practitioners do the Semi annual and Annual medication reviews going forward.	07/12/2024

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	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, interview, and record review, the facility failed to ensure four of five residents were administered medications in accordance with physician orders (Resident #1, #2, #4, and #5). Findings include: Resident #1 (R1) R1 was admitted to the facility on 10/14/20 with diagnoses including senile dementia, hypertensive disorder, and hyperlipidemia. -Physician's orders dated 12/04/23 documented Levothyroxine Sodium, 75 micrograms (mcg), 1/2 tablet each day on an empty stomach 30 minutes before breakfast. The May 2024 Medication Administration Record (MAR) documented the Levothyroxine Sodium was administered each day at 10:00 AM. -Physician's orders dated 02/04/24 documented Mirtazapine, 7.5 milligrams (mg), 1 tablet twice daily. The Mirtazapine was not listed on the May 2024 MAR's per physician's orders. On 05/23/24 at 2:00 PM, the Administrator acknowledged the			

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	Levothyroxine was administered at 10:00 AM and should have been administered a little earlier because the resident normally had breakfast about 9:00 AM each day. The Administrator indicated Mirtazapine was never administered to R1. On 05/23/24 at 2:30 PM, the Pharmacy Assistant verified they had a prescription for the Mirtazapine, but the medication was never clarified, filled, or delivered. Resident #2 (R2) R2 was admitted to the facility on 10/21/23 with diagnoses including dementia and insomnia. The following medications were not available on-site and were not listed on the May 2024 MAR's. -Hydroxyzine, 25 mg, 1 tablet 3 times daily as needed for anxiety, ordered 03/14/24. -Melatonin, 10 mg, 1 tablet at bedtime, ordered 11/29/23. On 05/23/24 at 2:30 PM, the Administrator acknowledged the Hydroxyzine and the Melatonin were not administered to R2. On 05/23/24 at 2:30 PM, the Pharmacy Assistant verified they had prescriptions for the Hydroxyzine and Melatonin, but the medication was never clarified, filled, or delivered. Resident #4 (R4) R4 was admitted to the facility on 02/12/24 with diagnoses including dementia, hyperlipidemia, and constipation. Senna Plus, 8.6 - 50 mg, 1 tablet every evening, was in the medication bucket on 05/23/24. The Senna Plus was ordered and filled 01/24/24, but it was not listed on the May 2024 MAR. Resident #5 (R5) R5 was admitted to the facility on 12/05/22 with diagnoses including diabetes mellitus II, hip pain, muscle weakness, and hypertension. The following medications were not available on-site and were not listed on the May 2024 MAR. -Cilostozal, 100 milligrams (mg), 1 tablet BID (twice daily) - ordered 12/06/23. -Dicyclomine, 20 mg, 1 tablet BID - ordered 12/06/23. -Jardiance (diabetic medication), 10 mg, 1 tablet each day - ordered 04/15/24. -Levothyroxine Sodium (thyroid medication), 25 micrograms (mcg), 1 tablet every morning, 30 minutes prior to other medications and food - ordered 04/15/24. -Metformin (diabetic medication), 500 mg, 1 tablet BID with meals - ordered 04/15/24. -Vitamin B12, 1 tablet each day - ordered 12/07/23. On 05/24/24 in the morning, the Administrator acknowledged			

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	the medications were not available on-site at the facility and were not administered. Severity: 2 Scope: 3			
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 interview and record review, the facility failed to provide tuberculin (TB) testing for two of five residents (Resident #4 and #5). Findings include: Resident #4 (R4) R4 was admitted to the facility on 02/12/24 with diagnoses including dementia and hyperlipidemia. There was no documented evidence of initial TB testing. Resident #5 (R5) R5 was admitted to the facility on 12/05/22 with diagnoses including diabetes mellitus II and hypertension. There was no evidence of annual TB testing. The most recent documented TB testing was completed in 12/19/22 (negative results). On 05/23/24 at 2:30 PM, the Administrator acknowledged there was no documented evidence of TB testing for R4 and R5. Severity: 2 Scope: 2 Repeat Deficiency: 05/15/23	0936	New 2 step TB for resident 4 and 5 completed for residents 7/22/2024. Administrator will ensure that all residents receive 2 step tb test or equivalent upon admission and have repeat testing done Annually. If a TB test is missed then a new 2 step testing will be performed. Quarterly chart checks will be completed and a tickler file will be followed by administrator to ensure all testing is up to date.	07/22/2024

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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 interview and document review, the facility failed to ensure the Infection Control Officer and the Designee completed at least 15 hours of training in infection control (Employee #1 and #2). Findings include: Employee #1 (E1) and Employee #2 (E2) E1 was hired as the Administrator in 2007. E2 was hired as a Caregiver 04/30/19. There was no documented evidence of infection control training for E1 and E2. On 05/24/24 at 2:30 PM, the Administrator acknowledged E1 and E2 were the infection control officer and designee and did not complete 15 hours of infection control training. Severity: 2 Scope: 3	1830	Employee 1 is no longer an employee at this facility. New Administrator already has infection control class from CDC. Employee 2 has completed CDC infection control from CDC. Administrator will ensure facility has at least 2 employees with 15 hours plus infection control training employed at the facility. Any additional Caregivers will have some type of training also in their files for infection control. Administrator will do quarterly check to ensure that all documentation is in employee charts.	07/18/2024