

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5954	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/25/2020
NAME OF PROVIDER OR SUPPLIER SPRUCE OAK RESIDENTIAL CARE FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE 4618 SPRUCE OAK DR, NORTH LAS VEGAS, NEVADA ,89031		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a State Licensure annual survey conducted at your facility on 02/25/20, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for six Residential Facility for Group beds for mental illness, elderly or disabled persons and/or Category II residents. The census at the time of the survey was six. Six resident file were reviewed and five 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 regulatory deficiencies were identified.	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
0272 SS= C	Service of Food - Menus - NAC 449.2175 3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days. Inspector Comments: Based on observation, interview and document review, the facility failed to ensure the current menu was posted. The menu posted documented meals for February 2020, week two. Severity: 1 Scope: 3	0272	1) Current menus will be posted. 2) General staff meetings establishing current menus 3) Administrator and owner will monitor posted menus to assure they are current 4) Administrator and owner 5) 2/25/2020	02/25/2020 0

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 Name: LAWRENCE OSHEA Title: Administrator
REPRESENTATIVE'S SIGNATURE

Date: 02/28/2020

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0357 SS= E	Bathrooms and Toilet Facilities - NAC 449.222 Bathrooms and toilet facilities; toilet articles. (NRS 449.0302) 7. Each resident must have his or her own toilet articles and must be provided with toilet paper, individual towels and washcloths. Paper towels may be used for hand towels. The towels and washcloths must be changed as often as is necessary to maintain cleanliness, but in no event less often than once each week. A soap dispenser may be used instead of individual bars of soap. Inspector Comments: Based on observation and interview, the facility failed to ensure there was hand drying items available to residents in 1 of 2 bathrooms (Bathroom #1). Severity: 2 Scope: 2	0357	1) Hand towels placed in bathrooms 2) Towels will be inspected and changed as required to assure cleanliness 3) Head caregiver and administrator will inspect daily 4) Caregiver, administrator, and owner 5) 2/25/2020	02/25/2020
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 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	0878	1) MAR has been changed to reflect physician's order 2) The MAR will be checked regularly to validate entries match physician orders 3) The MAR will be reconciled weekly 4) Administrator 5) 2/25/2020	02/25/2020

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	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 interview and record review, the facility failed to ensure a medication dosage change was properly documented on the Medication Administration Record (MAR) for 1 of 6 residents (Resident #6). The physician's order and medication bottle documented Trazodone 50 milligram tablets once a day, but the MAR listed Trazodone 25 milligram tablets once a day. Severity: 2 Scope: 1			