DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**05/16/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELLA CARE HOME	**5905 CONCERT DR, LAS VEGAS, NEVADA ,89107**

(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 a complaint investigation completed at your facility on 05/16/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The census at the time of the survey was ten. The sample size was eleven. The facility received a grade of A. There were two complaints investigated. Substantiated: 1. Complaint #NV00068500 was substantiated. (See Tag's Y0053 and Y0878) Substantiated without deficient practice: 2. Complaint #NV00068433 was substantiated with no deficient practice. The investigation of the complaints included: Observation of residents who were well groomed and Caregiver to resident communication and interactions. Interviews were conducted with residents, Caregivers, and hospice nurses. Record Review of five resident records including the resident of concern. Document Review included the Medication Administration Record. 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		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: JOANNE MISURACA Title: Administrator Date: 05/30/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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0053 SS= D	Administrator's Responsibilities-Complete Rec - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 4. Ensure that the records of the facility are complete and accurate. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 4 employees were a qualified caregiver (Employee #1). Findings include: Employee #1 (E1) was hired on 05/16/23. E1 had no personnel file and lacked the following documents: - Criminal History Statement - Two-step tuberculosis test - Physical Examination - Elder abuse training Employee #3 (E3) reported E1 worked as maintenance personnel and it was his first day as a Caregiver. E3 acknowledged E1 lacked a personnel file and did not have the missing documents. Severity: 2 Scope: 1 Complaint #NV00068500	0053	Tag- 0053 1. The administrator of the residential will ensure that the records pf the facility are complete and accurate. 2. All employees will have a personnel file- which will include TB test, criminal history statement, physical exam, and elder abuse training. The maintenance person is no longer at Bella Care Home. 3. The administrator will monitor personnel files on visits to group home to ensure the deficient practice does not recur. 4. The administrator will be responsible got ensuring the plan of correction is implemented. 5. Date of Compliance: 5/26/23	05/26/2023
0878 SS= F	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	0878	Tag 0878 1. The administrator will ensure that all residents medications are administered in a timely manner. A Medication tech will be on duty and will administrator resident medication per physicians order and the MAR will be initialed moving forward. 2. The medication tech will administer medications by 8am daily and the MAR will be initialed. This will ensure the deficient practice does not recur. 3. The administrator will review the MAR to ensure it is complete and correct on visit to group home. 4. The administrator will be person responsible for ensuring the plan of correction is implemented. 5. Date of compliance: 05/26/23	05/26/2023

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	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 medications were administered in a timely manner for 10 of 10 residents (Resident #1, #2, #3, #4, #5, #6, #7, #8, #9, and #10) and 1 of 10 residents (Resident #1) experiencing pain received pain medication, per the physician's order. Findings include: On 05/16/23 at 8:45 AM, Employee #1 (E1) was the only Caregiver observed awake in the facility and was not trained in medication management. E3 was the only Caregiver in the facility trained in medication management. E3 was asleep during the tour of the facility. On 05/16/23 at 9:10 AM, a resident reported morning medications had not been administered on 05/16/23. The Medication Administration Record dated 05/16/23, was blank for all 8:00 AM medications for the 10 residents. At 9:10 AM, Employee #2 (E2) arrived at the facility and acknowledged medications were not administered in a timely manner at 8:00 AM to the 10 residents. Resident #1 (R1) R1 was admitted on 12/15/22, with diagnoses including hypertension and mild protein calorie malnutrition. A physician's			

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	order dated 05/09/23, documented Morphine 20 milligrams (mg)/50 mg. concentrate solution. Take 0.25 milliliters (ml) every four hours as needed for pain. On 05/16/23 at 8:45 AM, R1 was moaning and grimacing while lying in bed. R1 reported being in pain. Employee #3 (E3) reported R1 was typically in pain and Morphine was to be administered when R1 complained of pain. The Medication Administration Record (MAR) was blank for 05/16/23 at 8:45 AM when R1 complained of pain and the medication was not documented as administered. E3 verified R1 was complaining of pain at 8:45 AM and E3 had not administered Morphine to R1 at that time and per the physician's order, as needed, because E3 worked the night shift and was sleeping at the time the pain medication should have been given. There was no Medication Technician on duty in E3's absence to administer the pain medication to R1. Severity: 2 Scope: 3 Complaint #NV00068500			