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
	63	A. BUILDING _____ B. WING _____	04/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONTHILL PALMS	4062 MONTHILL AVE, LAS VEGAS, NEVADA ,89121

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual grading and infection control survey conducted at your facility on 04/25/22, 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 elderly and disabled persons and/or persons with intellectual disabilities, chronic illness and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was four. Four resident files and three employee files were reviewed. The facility received a grade of C. The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of non-discrimination policy; posting of nondiscrimination statement and certain other information, NRS 449.102 - Duties of licensed facility to protect privacy of patient or resident, and LCB File No.R016-20 - Cultural competency training; complaint policy; development of gender identity/expression policy; designated person responsible for compliance with these regulations. Failure to comply with NRS 449.101, NRS 449.102 and LCB File No. R016-20 may result in future deficiencies. 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: PRUDENCE LANDICHO	Title: Administrator	Date: 05/30/2022

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0072 SS= D	Qualifications of Caregiver - Med Training - NAC 449.196 Qualifications and training of caregivers. (NRS 449.0302) 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Before assisting a resident in the administration of a medication, receive the training required pursuant to paragraph (e) of subsection 6 of NRS 449.0302, which must include 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 the completion of such training; (b) 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; (c) Complete the training program developed by the administrator of the residential facility pursuant to paragraph (e) of subsection 1 of NAC 449.2742; and (d) 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 1 of 3 employees had current medication management training (Employee #3). Employee #3 was hired on 06/01/20 as a Caregiver. Employee #3's last medication management training was completed on 11/21/20. On 04/27/22, Employee #2 acknowledged via email that Employee #3 does not have current medication management training. Severity: 2 Scope: 1 This was a repeat deficiency from the 06/29/21 state licensure survey.	0072	Medication training for employee #3 was taken on 4-29-22. I have a meeting with the employee to make sure paper work are current. I will check all paperwork both resident and employees monthly to ensure compliance. Administrator is in charge	05/14/2022

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0178 SS= F	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility failed to ensure the exterior of the facility was well maintained and free of obstructions. Findings include: On 04/25/2022 at approximately 9:15 AM, in the back and side yards there were large tree limbs on the ground, and mattresses, bed frames, pieces of indoor furniture, pots and pans, and large weeds were observed throughout. On 04/05/22 at approximately 10:15 AM, Employee #2 (E2) acknowledged the debris in the rear and side yards and indicated that their maintenance man would remove all the debris. Severity: 2 Scope: 3	0178	Exterior of the facilty is now clean of debris. I have instructed my gardener to check the surrounding of the facility every week to ensure all debris are taken out. I will check the home every week to ensure compliance. Administrator is in charge	05/14/2022
0430	Requirements and Precautions - NAC 449.229 Requirements and precautions regarding safety from fire. (NRS 449.0302) 1. The administrator of a residential facility shall ensure that the facility complies with the regulations adopted by the State Fire Marshal pursuant to chapter 477 of NRS and all local ordinances relating to safety from fire. The facility must be approved for residency by the State Fire Marshal. 2. The Bureau shall notify the State Fire Marshal or the appropriate local government, as applicable, if, during an inspection of a residential facility, the Bureau knows of or suspects the presence of a violation of a regulation of the State Fire Marshal or a local ordinance relating to safety from fire. Inspector Comments: Based on observation and interview, the facility failed to ensure all smoke detectors were either present or functioning properly. The smoke detector over the door inside the laundry room was not functioning. Also, the smoke detector in the hallway outside the laundry room was missing from its receptacle. State Fire Marshal Referral	0430	All smoke detectors are functioning properly. The alleged smoke detector on the hallway outside the laundry room is water sprinkler, hence no receptacle. I will inspect the home with my handyman every month to ensure all smoke detectors, alarms are working properly. Administrator will monitor for compliance.	05/14/2022

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0859 SS= D	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 upon interview and record review, the facility failed to ensure an initial physical exam was completed for 1 of 4 residents (Resident #1). Findings include: Resident #1 (R1) was admitted on 12/06/21. On 04/25/22 in the morning, R1's file lacked a physical exam. On 04/25/22 in the morning, Employee #2 acknowledged there was no copy of a physical in the R1's file and was unable to produce a copy of the resident's physical. Severity: 2 Scope: 1	0859	Resident #1 came from California and all medical records were with her son. He failed to send it after repeated request. General Physical Exam, Physicians Statement and Plan of Care of Medication were performed on 4-18-22. I will inspect the records of all resident every month to ensure all complete and current. Administrator is in charge for compliance.	05/14/2022

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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 upon record review and interview, the facility failed to ensure pharmacy medication reviews were completed every 6 months for 1 of 4 residents (Resident #4). Findings include: Resident #4 (R4) R4 was admitted on 02/18/15, with diagnoses of dementia and depression. On 04/25/22 in the morning, R4's file had a pharmacy medication review dated 12/14/21, there was no review completed in the preceding six months. Employee #2 acknowledged the file lacked R4's pharmacy medication review prior to 12/14/21. Severity: 2 Scope: 1	0870	All medication review are on file at the facility dated 1-3-22. Employees and Administrator are in charge to make sure all paperwork of residents are complete and current. Administrator is in charge for compliance	05/14/2022

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0876 SS= D	Medication Administration - NRS 449.0302 - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. (as amended by LCB File No. R109-18) 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of: (a) Controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.0302 are met. (b) Insulin using an auto-injection device only if the conditions prescribed in NRS 449.0304 and section 13 of this regulation are met. Inspector Comments: Based upon record review and interview, the facility failed to provide a signed Ultimate User Agreement for 1 of 4 residents (Resident #1). Findings include: Resident #1 (R1) R1 was admitted on 12/06/21. On 04/25/22 in the morning, R1's file lacked a signed Ultimate User Agreement. On 04/25/22 the Employee #2 acknowledged R1 did not have a signed Ultimate User Agreement and was unable to provide a copy. Severity: 2 Scope: 1	0876	Resident #1 had here Ultimate Users Agreement dated 12-6-21. This was on file of residents. Employee and Administrator are responsible to make sure all paperwork of residents are complete and current. Administrator is in charge for compliance	05/14/2022

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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 upon record review and interview the facility failed to ensure an annual Tuberculosis (TB) test was completed for 1 of 4 residents (Resident #4). Findings include: Resident #4 (R4) R4 was admitted on 02/18/2015 with diagnoses of dementia and depression. On 04/25/22 in the morning, R4's file documented a QuantiFERON TB test on 10/16/20. On 04/25/22 in the morning, Employee #2 acknowledged R4's file lacked a TB test completed in 2021 and was unable to produce documentation of a TB test completed since 10/16/20. Severity: 2 Scope: 1 This was a repeat deficiency from the 06/29/21 state licensure survey.	0936	Resident #4 had her TB Test completed all the way from 2016 up until 2020. Unfortunately, because of the pandemic the 2021 TB test was not completed. On 4-26-22 an xray was performed on resident #4 and no active TB have been found. I have a meeting with all the employees and we discussed the importance of all paperwork, both employees and resident to be completed and current. Employees and Administrator will inspect all paperwork every month to ensure that is current and completed. To ensure that any deficiencies in the paperwork of patient are complete, employees and administrator will meet every week to discuss all aspects of caregiving, that medications, TB test, annual physical exam are current . Employees and administrator are responsible to ensure for compliance. I as administrator will make sure that this kind or any deficiency for that matter will never occur again. Corrective action taken 5/30/22	05/30/2022

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0991 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: (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure the audible door alarms were working properly. The front door alarm was not working, and the back door alarm was continuously being turned off by staff and one resident. The resident was observed turning off the alarm when they went outside to smoke a cigarette. Employee #2 acknowledged the staff and resident were turning the back door alarm off. Severity: 2 Scope: 3 This was a repeat deficiency from the 07/16/20 and 06/29/21, state licensure surveys.	0991	All alarms are working. new alarm was installed in the front door. Employee and Administrator are in charge to make sure alarms are working. Administrator is in charge for compliance	05/14/2022

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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 that items that could constitute a danger to the residents of the facility are inaccessible to the residents. A Resident was observed in the back yard smoking a cigarette and using a lighter without staff supervision. The Caregiver indicated she locks the cigarette lighter in the kitchen when the resident is not smoking. The Caregiver acknowledged the resident does go into the backyard in possession of the lighter to smoke cigarettes unsupervised. Severity: 2 Scope: 3	0994	Cigarette lighters of residents are place in a lock cabinet where resident have no access. I will make sure that no cigarette lighter will be given to the residents while smoking outside. Employees and Administrator are in charge to make sure that this followed through. Administrator is in charge for compliance.	05/14/2022