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
	7195	A. BUILDING _____ B. WING _____	06/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT PAUL HOME CARE III	4910 KOENIG RD, RENO, NEVADA ,89506

(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 State licensure annual survey conducted at your facility on 06/17/20. This State investigation was conducted by the Division of Public and Behavioral Health in accordance with NAC 449, Residential Facility for Groups. The facility is licensed for ten beds for the elderly and disabled with special endorsement to provide services to persons with mental illness. The census at the time of survey was nine. Nine resident files and four employee files were reviewed. The facility received a grade of D. NAC 449.27706 Resurvey: Application and fee; failure to comply. 2. If the Bureau issues a placard to a residential facility that includes a grade of "C" or "D," the administrator must submit an application to the Bureau for a resurvey of the facility not later than 30 days after the facility receives the placard. The fee for an application for a resurvey is $600 and must accompany the application. 3. The Bureau may revoke the license of a residential facility that is required to submit an application for a resurvey pursuant to subsection 2 if the facility fails to submit the application in accordance with the provisions of that subsection. 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: JERIS BELTEAJR Title: Owner Date: 08/07/2020

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0050 SS= F	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, record review, and interview, the Administrator failed to provide oversight and direction to staff to ensure the facility complied with certain requirements of Nevada Administrative Code 449.156 to 449.27706, inclusive, and Nevada Revised Statutes Chapter 449. Findings include: Please see Tags Y0051, Y0072, Y0074, Y0102, Y0104, Y0174, Y0178, Y0180, Y0251, and Y0878. Severity: 2 Scope: 3	0050	The facilityadministrator will provide better oversight of the facility by conducting morefrequent site inspections of their own and correcting/ repairing problems theyfind. The administrator will also trainstaff to better identify and report any potential hazards or repairs needed tothe facility. Please see tags Y0051,Y0072, Y0074, Y0102, Y0104, Y0174, Y0178, Y0180, Y0251, and Y0878 for thefacility's plan of corrections for the currently identified deficiencies.	08/06/2020
0051 SS= C	Administrator's Responsiblities - Designation - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 2. Designate one or more employees to be in charge of the facility during those times when the administrator is absent. Except as otherwise provided in this subsection, employees designated to be in charge of the facility when the administrator is absent must have access to all areas of and records kept at the facility. Confidential information may be removed from the files to which the employees in charge of the facility have access if the confidential information is maintained by the administrator. The administrator or an employee who is designated to be in charge of the facility pursuant to this subsection shall be present at the facility at all times. The name of the employee in charge of the facility pursuant to this subsection must be posted in a public place within the facility during all times that the employee is in charge. Inspector Comments: Based on observation and interview, the Administrator failed to designate a staff person to be in charge of	0051	The old sign posted at the facility has been replaced with a new one. The new sign indicates that Eleanor Monzon is the facility administrator. Jeris Beltejar or Rosalia Vicente are designatedto be in charge of the facility should the administrator be absent. The facility administrator will ensure thatthe sign is posted at all times she is absent from the facility.	08/04/2020

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	the facility for times when the Administrator was not at the facility. Findings include: On 06/17/20 at 8:30 AM, the annual survey of the facility began. Two caregivers were present. One of the caregivers contacted the Owner who arrived shortly thereafter. A review of signs posted on the bulletin board in the living room on the first floor of the facility revealed a sign indicating the names and phone numbers of the Administrator and Assistant Administrator. At the top of the sign was the following wording: Questions/Comment/Concerns Available for Contact 24/7 On 06/17/20 at 11:10 AM, the Owner confirmed being the Assistant Administrator as well as the Owner of the business. The Owner verbalized the sign did not indicate a person to serve as the Administrator's designee. The Owner declared being the person in charge when the Administrator was absent, and the live-in Caregiver was in charge when both the Administrator and the Assistant Administrator were absent. The Owner verbalized this information was not posted in the facility. The Owner confirmed not being in the facility at 8:30 AM on 06/17/20. Severity: 1 Scope: 3			
0072 SS= F	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	0072	Employees #2, #3, and #4 have been scheduled to retake their annualmedication management training by a trainer approved by HCQC. Employee #2 has been scheduled with Majen CertificationTraining to retake medication management re-certification on 8/12/2020. Employee #3 has been scheduled with Majen CertificationTraining to retake medication management re-certification on 8/5/2020. Employee #4 has been scheduled with Majen CertificationTraining to retake medication management re-certification on 8/13/2020. The facility administrator will forward thenew certificates for all three employees to HCQC when completed for approval. The facility administrator will also ensurethat prior to sending employees out to medication training that the trainer selectedis approved by HCQC by checking on the HCQC website.	08/04/2020

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	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 employees administering medications to residents completed annual medication management training and passed an annual medication management test provided by an instructor approved by the Bureau of Health Care Quality and Compliance (BHCQC) for 3 of 4 employees (Employee #2, Employee #3, Employee #4). Findings include: Employee #2 Employee #2 was hired on 12/01/11 as the Owner. The employee's personnel file indicated completion of an annual medication management course and test on 10/01/19. Employee #3 Employee #3 was hired on 06/15/14 as a Caregiver. The employee's personnel file indicated completion of an annual medication management course and test on 07/19/19. Employee #4 Employee #4 was hired on 04/15/20 as a Caregiver. The employee's personnel file indicated completion of an annual medication management course and test on 01/01/20. On 06/17/20, a review of the personnel files of Employee #2, Employee #3, and Employee #4 revealed the instructor for their medication management courses and accompanying examinations was no longer approved by the BHCQC at the time of the training. On 06/17/20 at 10:23 AM, the Owner verbalized not being aware the instructor of the medication management course was no longer approved by the BHCQC. Severity: 2 Scope: 3			
0074 SS= D	Elder Abuse Training - NRS 449.093 Training to recognize and prevent abuse of older persons: Persons required to receive; frequency; topics; costs; actions for failure to complete. 1. An applicant for a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive	0074	Employee #3 has retaken their elderly abuse training for 2020 on 6/18/20. Attachment #1 shows the certificate for trainingcompleted to be filed in the employee’s file. The facility administrator will ensure that future elderly abusetraining for all employees are to be done prior to, or on the day of previous year’selder abuse training.	08/04/2020

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	training to recognize and prevent the abuse of older persons before a license to operate such a facility, agency or home is issued to the applicant. If an applicant has completed such training within the year preceding the date of the application for a license and the application includes evidence of the training, the applicant shall be deemed to have complied with the requirements of this subsection. 2. A licensee who holds a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must annually receive training to recognize and prevent the abuse of older persons before the license to operate such a facility, agency or home may be renewed. 3. If an applicant or licensee who is required by this section to obtain training is not a natural person, the person in charge of the facility, agency or home must receive the training required by this section. 4. An administrator or other person in charge of a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the facility, agency or home provides care to a person and annually thereafter. 5. An employee who will provide care to a person in a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the employee provides care to a person in the facility, agency or home and annually thereafter. 6. The topics of instruction that must be included in the training required by this section must include, without limitation: (a) Recognizing the abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; (b) Responding to reports of the alleged abuse of older			

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	persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; and (c) Instruction concerning the federal, state and local laws, and any changes to those laws, relating to: (1) The abuse of older persons; and (2) Facilities for intermediate care, facilities for skilled nursing, agencies to provide personal care services in the home, facilities for the care of adults during the day, residential facilities for groups or homes for individual residential care, as applicable for the person receiving the training. 7. The facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care is responsible for the costs related to the training required by this section. 8. The administrator of a facility for intermediate care, facility for skilled nursing or residential facility for groups who is licensed pursuant to chapter 654 of NRS shall ensure that each employee of the facility who provides care to residents has obtained the training required by this section. If an administrator or employee of a facility or home does not obtain the training required by this section, the Division shall notify the Board of Examiners for Long-Term Care Administrators that the administrator is in violation of this section. 9. The holder of a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care shall ensure that each person who is required to comply with the requirements for training pursuant to this section complies with such requirements. The Division may, for any violation of this section, take disciplinary action against a facility, agency or home pursuant to NRS 449.160 and 449.163. Inspector Comments: Based on record review and interview, the Administrator failed to ensure the annual training in elder abuse was completed by 1 or 4 employees (Employee #3). Findings include: Employee #3 Employee #3 was hired on 06/15/14 as a			

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	Caregiver. Employee #3's personnel record documented the most recent training in elder abuse was completed on 06/15/19. On 06/17/20 10:34 AM, Employee #3 verbalized not having taken the elder abuse training in 2020 and confirmed having last completed this training on 06/15/19. On 06/17/20 at 10:34 AM, the Owner verbalized the elder abuse training for Employee #3 had last been completed on 06/15/20 and was overdue for 2020. Severity: 2 Scope: 1			
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 observation, record review, and interview, the Administrator failed to ensure a pre-hire physical examination was completed for 1 of 4 employees (Employee #4). Findings include: Employee #4 Employee #4 was hired as a Caregiver at the facility on 04/15/20. Employee #4's personnel file did not include documentation of a pre-hire physical examination. The file contained evidence of a physical examination, dated 06/09/20, for the employee. On 06/17/20 during the employee file review at approximately 10:45 AM, the Owner verbalized Employee #4 was hired on 04/15/20 without documentation the applicant had undergone a physical examination. The Owner confirmed the employee's physical examination, dated 06/09/20, was conducted late. Severity: 2 Scope: 1	0102	The facility administrator confirms that the physical examination foremployee #4 was conducted late. Theywill ensure that all future physical examinations of future employees been doneprior to that employee’s hire date.	08/04/2020

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0104 SS= E	Personnel Files - Background Checks - NAC 449.200 Personnel files. (NRS 449.0302) 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: (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. Inspector Comments: Based on observation, record review, document review, and interview, the Administrator failed to follow the employee background check process, as outlined in Nevada Revised Statutes (NRS) 449.122 to NRS 449.125, inclusive, for 2 of 4 employees (Employee #3 and Employee #4). Findings include: Employee #3 Employee #3 was hired as a Caregiver at the facility on 06/15/14. Employee #3's personnel file included documentation of a background check being conducted when the employee was initially hired, however, not at the five-year anniversary of the hire date, 06/15/19. Employee #3's personnel file revealed the facility initiated the Nevada Automated Background Checks System (NABS) on 06/09/20. Employee #4 Employee #4 was hired as a Caregiver at the facility on 04/15/20. Employee #4's personnel file revealed the facility initiated the NABS process and the employee was fingerprinted on 06/09/20. On 06/17/20 at approximately 10:45 AM during the personnel file review, the Owner verbalized the facility had not submitted a background check application upon the fifth anniversary of Employee #3 hire date. The Owned verbalized the facility hired Employee #4 on 04/15/20 without conducting the required background check. The Owner verbalized submitting the background check application late for Employee #4 on 06/09/20. Severity: 2 Scope: 2	0104	The facilityadministrator confirms that background checks for employee #3 and employee #4were conducted late. Both Employee #3and Employee #4 have received their clearance letters as show in theattachments. The facility will ensurethat all future background checks of future employees been done prior to thatemployee's hire date and current employees receive a background check everyfive years.	08/06/2020

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0174 SS= E	Health& Sanitation-odors-hazards-insects-dirt - NAC 449.209 Health and sanitation. (NRS 449.0302) 4. To the extent practicable, the premises of the facility must be kept free from: (a) Offensive odors; (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility; (c) Insects and rodents; and (d) Accumulations of dirt, garbage and other refuse. Inspector Comments: Based on observation and interview, the facility failed to ensure the grounds were clear of refuse. Findings include: On 06/17/20 during a tour of the exterior of the facility in the morning, the following were found: On the North side of the front of the facility, several long wooden boards were lying at the base of the fence. Several old tires and a discarded television wall mount were stacked against the side of the facility. A rusty hatchet was lying on the concrete underneath the air conditioner unit at the side of the facility. To the North and East of the storage building in the back yard were old wheelchairs, washer and dryers, and other old items. On 06/17/20 during a tour of the facility at 9:30 AM, the Owner verbalized the items stacked against and to the side of the facility needed to be removed. The Owner explained the items on the North side of the storage building in the back yard where no longer wanted and were waiting to be taken to the dump. Severity: 2 Scope: 2	0174	The north sideof the front of the facility has been cleaned. All wooden boards on the base of the fence were removed and all trash hasbeen disposed of. All yard tools hasbeen placed in a proper storage area in the back of the facility. The areas around the storage building in theback of the facility was also cleaned and all items waiting to be disposed ofhas been disposed of.	08/06/2020
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 Administrator failed to ensure basic upkeep to the interior and exterior of the facility was maintained. Findings include: On 06/17/20 during a tour of the exterior and interior of the facility in the morning, the following were found: Peeling paint appeared to the right of the front door, above the front entryway at the	0178	All weeds havebeen cleared from the driveway as shown in the attachment. The landlord for the facility has beencontacted to make all necessary repairs to the facility. The landlord has a handyman company startingwork on the facility starting 8/10/2020 with all repairs expected to becompleted by 8/24/2020. They will repaintthe fascia boards near the front door, the deck, deck stairs, and the swampcooler base. They will also secure theloose fence, secure any loose railings, and hang any missing screens on theexterior windows. On the inside of the facilitythey will fix the loose tracks on the bottom bedroom closet door, hang new blindsin the bottom	08/06/2020

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	gutter, on the balcony floor and railings, and on the stairs leading from the balcony to the back yard. The railing on the South side of the balcony was loose, as was the handrail on the South side of the stairs leading from the balcony to the back yard. The exterior air conditioning unit mounted on a wooden platform at the North side of the facility was leaking water onto the wooden platform, wooden posts, and concrete area below the platform. The wooden posts appeared to be soaked with moisture, and a puddle had formed at the base of the structure holding the air conditioner. At the North rear of the facility on the first level, a chain link fence was unsecured. The other side of the fence was a drop-off to the bottom level at the rear of the facility. Large weeds were growing out of the driveway near the mailbox and in the middle of the driveway in front of the garage. Tumble weed had blown into the backyard, and other weeds were growing near the storage building in the backyard. The following windows lacked at least one screen: Front window in kitchen/dining area on first level Resident bedroom on south side of the first level, shared by three residents Laundry room window on bottom level Sliding glass door next to laundry room Resident bedroom next to the laundry room, shared by two residents Caregiver bedroom on bottom level The blinds at the window in the resident bedroom on the lower level were broken and left in the up position. No curtain or other window covering was in place. The sliding closet doors in this bedroom were off their tracks, unable to slide back and forth. On 06/17/20 during a tour of the facility at 9:30 AM, the Owner verbalized the peeling paint at the front of the facility and the items stacked against the side of the facility were signs upkeep had not been done. The Owner verbalized having to call the landlord. The Owner verbalized not having checked the railing on the North side of the stairs leading from the balcony to the back yard. The Owner confirmed the sliding closet door in the resident bedroom on the lower level was not on its track and attempted to fix it. The Owner expressed not being aware of the water under the sink in the first floor		bedroom, fix the leak under the sink on the first floor bathroom,and replace missing vent covers. The facilityadministrator will forward pictures of the completed repairs to HCQC forapproval once completed. The administratorwill ensure the facility interior and interior is properly upkept and willcontact the landlord should any repairs need to doing.	

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	bathroom. In the bathroom at the end of the hallway on the first floor, a piece of the glass light fixture over the vanity was missing. Dead insects were inside the overhead light fixture. Two small plastic basins were located under the sink in the cabinet. Both had water in them. One of the basins had one inch or more of water in it along with several personal bath products. The water was not clear and appeared to have been in the basin for some time. The right side and back of the cabinet under the sink were visibly wet and wet to the touch. On 06/17/20 at 10:00 AM, the Owner verbalized not being aware the bathroom sink had been leaking and asked the Caregiver to clean up the water. A square hole appeared in the middle of the living room ceiling. A similar hole was located in the ceiling in the dining area of the kitchen directly above where residents would sit and eat at the table. On 06/17/20 at 10:41 AM, the Owner verbalized the holes in the living room and dining area ceilings had been there for a year after the Owner removed the broken vent covers. The Owner expressed the holes in the ceiling were a problem. Severity: 2 Scope: 3			

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	7195	A. BUILDING _____ B. WING _____	06/17/2020

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SAINT PAUL HOME CARE III	4910 KOENIG RD, RENO, NEVADA ,89506

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0180 SS= D	Health&Sanitation-Lighting - NAC 449.209 Health and sanitation. (NRS 449.0302) 7. The facility must maintain electrical lighting as necessary to ensure the comfort and safety of the residents of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure lighting was operable for the sink, toilet, and shower areas of the bathroom within the largest resident bedroom. Findings include: The largest bedroom in the facility, shared by three residents, was on the South side of the first floor and included its own bathroom. The bathroom was laid out with the toilet and shower in a separate room adjacent to the sink area. Separate lighting existed over the sink, toilet, and shower. On 06/17/20 during a tour of the facility in the morning, the lights above the sink, toilet, and shower in this bathroom were inoperable. On 06/17/20 at 9:57 AM, a resident was lying on the resident's bed. This resident verbalized the lights in the bathroom did not work. The resident expressed having informed a Caregiver of the problem a week ago. On 06/17/20 at 9:57 AM, the Owner verbalized the lights in this resident bathroom were not working and asked the Caregiver to check the circuit breaker and/or light bulbs. Severity: 2 Scope: 1	0180	The facility confirmedthat the circuit breaker for the master bedroom had tripped. All the light bulbs were changed and thebreaker reset. All lights in the bathroomare now working. The administrator has informedstaff that if any light fixtures are not working in the facility, they are tochange the bulb immediately and were also shown how to check the circuitbreaker for a trip. If they are stillnot working following a light bulb change and checking the circuit breaker, thesituation is to be reported to the administrator or manager who is then torefer the problem out to the landlord for repairs. The administrator will monitor forcompliance.	08/06/2020

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0251 SS= F	Storage of Food-Perishable Foods Refrigerated - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 2. Perishable foods must be refrigerated at a temperature of 40 degrees Fahrenheit or less. Frozen foods must be kept at a temperature of 0 degrees Fahrenheit or less. Inspector Comments: Based on observation and interview, the facility failed to maintain the temperature of the refrigerator in the kitchen at 40 degrees Fahrenheit or lower. Findings include: On 06/17/20 during a tour of the facility in the morning, the refrigerator in the kitchen was opened. The internal temperature of the refrigerator did not feel cold enough. A thermometer measurement revealed the internal temperature of this refrigerator was 53.7 degrees Fahrenheit. On 06/17/20 at 10:00 AM, the Owner confirmed the reading of the thermometer was 53.7 degrees Fahrenheit. Severity: 2 Scope: 3	0251	Therefrigerator at the facility has been replaced. An wireless thermometer has been placed inside both the fridge andfreeze so that the temperature can be closely monitored by the facility staffand administrator. The facilityadministrator will ensure the temperatures remain within acceptable ranges andthat the refrigerator remain upkept and in working order.	08/06/2020

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0451 SS= D	First Aid & CPR - NAC 449.231 First aid and cardiopulmonary resuscitation. (NRS 449.0302) 2. A first-aid kit must be available at the facility. The first-aid kit must include, without limitation: (a) A germicide safe for use by humans; (b) Sterile gauze pads; (c) Adhesive bandages, rolls of gauze and adhesive tape; (d) Disposable gloves; (e) A shield or mask to be used by a person who is administering cardiopulmonary resuscitation; and (f) A thermometer or other device that may be used to determine the bodily temperature of a person. Inspector Comments: Based on observation and interview, the facility failed to maintain the contents of a first aid kit required by Nevada Administrative Code 449.231(2)(a-f). Findings include: On 06/17/20, a review of the facility's first aid kit located on the kitchen wall included an expired and uncapped tube of antibacterial ointment, an expired cold pack, and a bottle of expired germicidal spray. The kit included gauze pads and a box of adhesive bandages. The kit did not include the following required items: - germicide safe for use by humans, - rolls of gauze and adhesive tape, - disposable gloves, - a shield or mask for use in administering cardiopulmonary resuscitation, and - a thermometer or other device used to determine body temperature. On 06/17/20 shortly before 11:00 AM, the Owner verbalized the first aid kit included several expired items and threw out the expired items. The Owner expressed most of the items in the kit were original and had not been used. The Owner related the only new items the Owner had purchased for the kit were bandages. Severity: 2 Scope: 1	0451	The first aid kit in the facility has been replaced with a new one. All items necessary for the first aid kid havebeen added including rolls germicide safe for human use, rolls of gauze and adhesivetape. The facility keeps disposalgloves, a mask for use in administering cardiopulmonary resuscitation, and a thermometerused to determine body temperature inside the medication cabinet accessible toall caregivers. The facilityadministrator will ensure all items in the first aid remain replenished withfresh supplies and all expired items are thrown out and replaced.	08/04/2020

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0872 SS= D	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 Administrator failed to complete annual medication management training and pass an annual medication management test provided by an instructor approved by the Bureau of Health Care Quality and Compliance (BHCQC). Findings include: Employee #1 Employee #1 was hired on 12/01/11 as the Administrator. The employee's personnel file indicated completion of an annual medication management course and test on 10/01/19. On 06/17/20, a review of the personnel file of Employee #1 revealed the instructor for the medication management course and accompanying examination was no longer approved by the BHCQC at the time of the training. On 06/17/20 at 10:23 AM, the Owner verbalized not being aware the instructor of the medication management course was no longer approved by the BHCQC. Severity: 2 Scope: 1	0872	The facilityadministrator/ employee #1 has been scheduled to retake their annual medicationmanagement training by a trainer approved by HCQC. Employee #1 has been scheduled with MajenCertification Training to retake medication management re-certification on8/12/2020. The facility administratorwill forward the new certificate for completion of medication training to HCQCwhen completed for approval. Thefacility administrator will also ensure that prior to sending employees out tomedication training that the trainer selected is approved by HCQC by checkingon the HCQC website.	08/06/2020
0885 SS= F	Medication - Destruction - NAC 449.2742 - Administration of medication:	0885	The facilityadministrator had contacted the	08/06/2020

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	Responsibilities of administrator, caregiver and employees of facility. 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Inspector Comments: Based on observation, record review, and interview, the Administrator failed to destroy discontinued medications in a timely manner for 1 of 10 residents (Resident #2). Findings include: Resident #2 Resident #2 was admitted to the facility on 07/15/19 with diagnoses including bipolar disorder, left hemiparesis, hypertension, and benign prostatic hyperplasia. Resident #2's May 2020 and June 2020 Medication Administration Records (MAR) revealed the following medications prescribed by the resident's primary care physician were marked as discontinued and had not been administered: -Eliquis 5 milligram (MG) tablet - take one table by mouth twice daily. -losartan potassium 100 mg tablet - take 1 tablet by mouth at bedtime. -zolpidem tartrate 5 mg tablet - take 1 table by mouth at bedtime. Start and stop dates for these medications appeared on both MARs as follows: Eliquis - start 08/08/19, stop 08/01/20 losartan - start 10/31/19, stop 10/24/20 zolpidem - start 02/06/20, stop 07/04/21 A Medication Review document, dated 06/10/20, signed by Resident #2's hospice nurse and the Owner, did not include Eliquis, losartan, or zolpidem. This document included three scheduled and four as needed medications. The three scheduled medications were: paroxetine hydrochloride 20 mg tablet, take one tablet by mouth once daily tamsulosin hydrochloride 0.4 mg capsule, take one capsule by mouth at bedtime trazadone 100 mg tablet, take one tablet by mouth at bedtime These three medications appeared on Resident #2's May 2020 and June 2020		resident's hospice care nurse and informed herthat the PCP of the resident would not provide discontinue orders formedications since the resident was on hospice care and the PCP was no longerproviding any care for the resident. Thehospice nurse said she would bring the issue up with her medical director. The hospice nurse issued discontinue ordersfor the three medications. Themedication packs were then sent back to the pharmacy for removal of the threediscontinued medications. The facilityadministrator will ensure that hard copy discontinue orders are promptlyreceived for any medications discontinued.	

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	MARs. On 06/17/20 during the morning medication review, the three discontinued medications were on site mixed in the pill packs for Resident #2's scheduled medications. The Eliquis tablets were packed with the paroxetine. The losartan and zolpidem tablets were packed with the tamsulosin and trazadone. On 06/17/20 at 8:52 AM, the Owner verbalized Resident #2 had been on hospice since March 2020 and the hospice doctor had discontinued the three medications. The Owner explained the pharmacy continued to send these medications in the resident's monthly pill packs because the primary care doctor had not issued a discontinue order. The Owner expressed trying to solve the problem by contacting the nurse at the primary care doctor's office. However, the Owner was unable to provide documentation of these attempts. The Owner described how facility staff administered Resident #2's scheduled medication by breaking open the pill packs, administering the hospice-prescribed medications, and throwing away the discontinued medications each day. Severity: 2 Scope: 3			

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0960 SS= D	Alzheimer's Care Application for Endorsement - NAC 449.2754 Residential facility which provides care to persons with Alzheimer ' s disease: Application for endorsement; general requirements. (NRS 449.0302) 1. A residential facility which offers or provides care for a resident with Alzheimer ' s disease or related dementia must obtain an endorsement on its license authorizing it to operate as a residential facility which provides care to persons with Alzheimer ' s disease. The Division may deny an application for an endorsement or suspend or revoke an existing endorsement based upon the grounds set forth in NAC 449.191 or 449.1915. Inspector Comments: Y960 Based on observation, interview and record review, the facility failed to obtain an Alzheimer's endorsement to provide care to residents with Alzheimer's Disease or related dementia for 2 of 9 residents (Resident #1 and #6). Findings include: Resident # 1 Resident # 1 was admitted to the facility on 08/28/16 with diagnoses including unspecified dementia without behavioral disturbance, hypertension, and epilepsy unspecified. Resident #1's medical record lacked documented evidence of a Physician Placement Determination form. On 6/17/20 at 10:15 AM, Resident #1 was not available to conduct a standard assessment for cognitive abilities. On 06/17/20 at 10:03 AM, the Owner confirmed the facility did not obtain an Alzheimer's endorsement to care for Resident #1 with Alzheimer's/dementia. Resident # 6 Resident # 6 was admitted to the facility on 05/14/19 with diagnoses including neurocognitive impairment, "alcohol- related" dementia and peripheral neuropathy, and glaucoma. Resident #6's medical record lacked documented evidence of a Physician Placement Determination form. On 06/17/20 at 10:15 AM, Resident #6 was not available to conduct a standard assessment for cognitive abilities. On 06/17/20 at 10:03 AM, the Owner confirmed the facility did not obtain an Alzheimer's endorsement to care for Resident #6 with Alzheimer's/dementia. Severity: 2 Scope: 1	0960	The administratorhas sent out Physician Placement Determination forms for resident's #1 and #6to their PCPs to be filled out. The formwas filled out and returned by the PCP for resident #1 as show in attachment theattachment. The facility is stillwaiting on the form from the PCP for resident #6. Upon it's receipt the facility administratorwill forward it to HCQC for approval. The facility administrator will ensure that all future residents admittedwith an Alzheimer's/ Dementia diagnosis have a proper Physician PlacementDetermination form filled out prior to admission.	08/06/2020