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
	7210	A. BUILDING _____ B. WING _____	03/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ORMSBY HEIGHTS RESIDENTIAL CARE, LLC	210 SOUTH ORMSBY BLVD, CARSON CITY, NEVADA ,89703

(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 conducted in your facility on 3/9/16. This State Licensure survey was conducted by the authority of NRS 449.0307, Powers of the Division of Public and Behavioral Health. The facility is licensed for ten Residential Facility for Group beds for elderly or disabled persons, five Category I and five Category II residents. The census at the time of the survey was nine. Nine resident files were reviewed and ten 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 deficiencies were identified:	0000		

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0103 SS= E	449.200(1)(d) - Personnel File - NAC 441A / Tuberculosis - NAC 449.200 Staffing requirements; limitations on number of residents; written schedule required for each shift. 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 record review and interview, the facility failed to ensure 3 of 10 employees met the requirements concerning tuberculosis (TB) testing(Employee #5, #7 and #8). Findings include: Employee #5 Employee #5 had a start date of 09/22/16. On 03/20/18, the employee's file revealed documented evidence of a two-step TB test with a final read date of 09/26/16 and a negative result, after the start date. Employee #7 Employee #7 had a start date of 02/28/18. On 03/20/18, the employee's file revealed documented evidence of a two-step TB test with a final read date of 03/01/18 and a negative result, after the start date. The facility's February 2018 staffing schedule confirmed Employee #7 worked on 02/28/18. Employee #8 Employee #8 had a start date of 02/23/16. On 03/20/18, the employee's file revealed documented evidence of an annual one-step TB test with a read as negative on 12/08/16 and an annual one-step TB test read as negative on 01/22/18. The resident's file lacked documented evidence of an annual one-step TB test completed in 2017. On 03/20/18 at approximately 11:45 AM, the Manager confirmed the late and missing TB tests. The Manager was unaware the two-step TB process was required to be completed prior to the employee's start date. Severity: 2 Scope: 2	0103	ID Prefix Tag 0103 1) The TB tests in question have been completed. 2) As mentioned in the SOD, it was our understanding that the second step of the TB test could be completed after employment began. Management will ensure that BOTH steps are completed before employment begins. Employee#8 was notified by Administrator that annual TB test was due before 12/08/17 and it was neglected to be completed within correct date range. Employee #8 then completed a two-step TB test. Management will ensure that annual TB tests are completed prior to due date. 3) Management will not allow any person to begin employment until both steps of TB test are completed. Dates of completion will be verified prior to employment. Management will not allow staff to continue working if annual TB test is not completed within correct date range. 4) Administrator will ensure that this action is completed. 5) Action to be completed immediately, 3/20/18.	04/04/2018

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0450 SS= D	449.231(1) - First Aid and CPR - NAC 449.231 First aid and cardiopulmonary resuscitation. 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training. Inspector Comments: Based on record review and document review, the facility failed to ensure 1 of 9 caregivers received first aid and cardiopulmonary resuscitation (CPR) training within thirty days of employment (Employee #8). Findings include: Employee #8 Employee #8 had a start date of 02/23/16. On 03/20/18, the employee's file provided documented evidence of first aid and CPR training dated 10/04/16, beyond the required 30 days of hire. On 03/20/18 at approximately 2:00 PM, the Manager was unable to locate the employee's original training and acknowledged the training in the file was completed beyond the 30 days of employment. Severity: 2 Scope: 1	0450	ID Prefix Tag 0450 1) First aid and CPR training has been completed. 2) All employees will have to complete a checklist of items required for employment to include first aid and CPR training within 30 days of hire. 3) Management will ensure that the checklist is completed by monitoring list upon hire, then again at 30 days of employment. 4) Administrator will ensure the plan of correction is implemented. 5) 3/20/18	04/04/2018
0878 SS= D	NAC 449.2742(5)(6) - Medication / OTCs, Supplements, Change Order - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregivers 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	0878	ID Prefix Tag 0878 1) A flag was placed on the bottle of medication indicating the change on physician order and MAR. The hospice agency caring for the resident and the pharmacy filling the resident's medications were also informed of the changes. 2) All changes in medication will be given to management to ensure that they flagged to notify all medication technicians are aware of any changes. 3) Management will require to see and initial any medication change orders. 4) Manager/Caregiver. 5) 03/20/18.	04/04/2018

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	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 (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 observation, record review and interview, the facility failed to ensure change labels were placed on medications with administration changes for 1 of 9 records reviewed (Resident #1). Findings include: Resident #1 Resident #1 was admitted on 12/19/13 with diagnoses including chronic heart failure, peripheral vascular disease and dementia. On 03/20/18 at 1:45 PM, the resident's Medication Administration Record (MAR) and physician order dated 01/11/18 documented Miralax Powder, mix 17 grams in liquid and drink it by mouth once daily. However, the medication on site documented Miralax, mix 17 grams with eight ounces of water and drink by mouth every day as needed for constipation. The medication on site lacked documented evidence of a change order label. On 03/20/18 at 1:45 PM, the Manager confirmed the medication label was different from the MAR and physician's order. Severity: 2 Scope: 1			