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
	7545	A. BUILDING _____ B. WING _____	07/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HASTINGS HOUSE	3253 HASTINGS AVENUE, 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 an annual state licensure and infection control survey conducted at your facility on 07/20/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness, and/or persons with intellectual disabilities and/or persons with chronic illness, Category II residents. The census at the time of the survey was eight. Eight resident files were reviewed and five employee files were reviewed. The facility received a grade of A. 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		
0878 SS= E	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	0878	1) Medications that were not present on site were obtained 7/20/2021 and no additional dose was missed due to medications being unavailable. 2) On Site personnel were re-trained on PRN medication availability expectations and protocols to secure medication and have available on site at all times. 3) On Site Supervisor will complete periodic medication inventory reviews to assure that	07/21/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7545	A. BUILDING _____ B. WING _____	07/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HASTINGS HOUSE	3253 HASTINGS AVENUE, 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
	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 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, interview and record review the facility failed to ensure 3 of 8 sampled residents' prescribed medications were available for administration (Resident #2, #4, and #7) Findings include: Resident #2 (R2) was admitted to the facility on 06/16/21. R2 was prescribed Aspirin Low 81 milligram (MG) tablets, take one tablet by mouth daily. The medication was not available at the facility and the Assistant Administrator confirmed the medication was not on site. The Medication Administration Record (MAR) indicated the medication was last administered on 07/18/21. The facility ordered the medication and it was delivered on 07/20/21. Resident #4 (R4) was admitted		all prescribed PRN Medications are available on site at all times. The Administrator will complete random Medication Audits to assure compliance with standards. 4) Program Supervisor and Administrator will assure POC is implemented 5) 7/20/2021 Medications available on site. 7/21/2021 Retraining of procedures completed. Reviews to be ongoing. 6) N/A 7) Administrator will be present on site to assure compliance with policies and procedures involving medication administration	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7545	A. BUILDING _____ B. WING _____	07/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HASTINGS HOUSE	3253 HASTINGS AVENUE, 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
	to the facility on 11/12/20. R4 was prescribed Loratadine 10 MG (sub for Claritin 10 MG tab), take one tablet by mouth as needed. The medication was not available at the facility and the Assistant Administrator confirmed the medication was not on site. The MAR indicated the medication was last administered on 07/16/21. The facility ordered the medication and it was delivered on 07/20/21. Resident #7 (R7) was admitted to the facility on 07/01/19. R7 was prescribed the following: 1. Docusate SOD 100 MG, take one tablet by mouth daily for constipation. 2. Imodium 2mg capsule, take 2 capsules by mouth 4x as needed for diarrhea. 3. Pepto-Bismol SUS 525/15ml, take 30 ml by mouth 4x daily as needed for upset stomach. The medications were not available at the facility. The Docusate was listed on the MAR and the last date of administration was 07/16/21. The Imodium and Pepto-Bismol were listed on the MAR and no dates of administration were entered. The facility ordered the medication and it was delivered on 07/20/21. Severity: 2 Scope: 2			