

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7545	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/17/2024	
NAME OF PROVIDER OR SUPPLIER HASTINGS HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 3253 HASTINGS AVENUE, LAS VEGAS, NEVADA ,89107		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey completed at your facility on 04/17/24 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 Intellectual Disabilities and/or persons with Mental Illness, three Category I and seven Category II residents. The census at the time of the survey was eight. Eight resident files and seven 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 regulatory deficiencies were identified:	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE

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: SHELLE SPONSELLER	Title: Administrator	Date: 05/08/2024
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(X4) ID PREFIX TAG 0104 SS= D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0104	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE 05/08/2024
	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 interview and record review, the facility failed to ensure a background check was completed through the Nevada Automated Background Check System (NABS) upon hire for 1 of 7 employees (Employee #5). Employee #5 (E5) E5 was hired as a Caregiver on 10/13/21. E5's employee file lacked documented evidence a background check was completed through NABS for the facility. Verification through the NABS online system confirmed E5 did not complete a background check upon hire at the facility. On 04/17/24 in the afternoon, the Administrator was unable to produce evidence E5 completed a background check through NABS upon hire. Severity: 2 Scope: 1		All individuals hired are required to complete fingerprinting within 7 days of hire. Fingerprints are submitted to NABS/DPS. This individual was hired in 10/2021 at Casa Norte before Hastings House was re-opened. She transferred to Hastings House 4/08/2024 and her NABS was not yet run by the Administrator under Hastings House. She did still have a clearance under Casa Norte. On 5/08/24 individual was cleared in NABS under Hastings House as well. Administrator will assure that all individuals transferring within the agency are transitioned in NABS as well and a new clearance letter is generated with the new site name within 7 days of transfer. Administrator will conduct file reviews in the home to assure that all NABS reports generated match the facility in which they are working. ASI Nevada Supportive Housing Administrator will assure compliance. Completed 5/08/2024	

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(X4) ID PREFIX TAG 0106 SS= E	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Personnel File - 1st Aid & CPR - NAC 449.200 Personnel files 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1: (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation; Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 7 employees received cardiopulmonary resuscitation (CPR) and first aid training which included in-person training (Employees #3 and #4). Findings include: Employee #3 (E3) E3 was hired on 02/05/24 as a Caregiver. E3 completed CPR and first aid training provided by an online company on 06/07/23. The training did not contain an in-person component, a requirement per the regulation. Employee #4 (E4) E4 was hired on 10/16/23 as a Caregiver. E4 completed CPR and first aid training provided by an online company on 05/08/23. The training did not contain an in- person component, a requirement per the regulation. On 04/17/24 in the afternoon, the Administrator acknowledged the CPR and first aid training completed by E3 and E4 did not contain an in-person component, and the employees should have completed training as required by the regulation. Severity: 2 Scope: 2	ID PREFIX TAG 0106	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 1) Staff #3 no longer holds employment at Hastings House or within our organization. Staff #4 participated in re-training of First Aid/CPR on 4/19/2024 at an approved vendor "CPR Connections." 2) All staff will be required to complete ASI chosen vendor training for First Aid / CPR regardless of having previous training elsewhere. This will assure that all certifications are in compliance with HCQC standards. 3) Administrator will review employee files to assure that all First Aid / CPR Training is completed every two years and that it is completed at our selected vendor. 4) Nevada Supportive Housing Services Administrator 5) 4/19/2024	(X5) COMPLETION DATE 04/19/202 4
0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 and R043-22 - 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 , physician assistant or advanced practice registered nurse has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician, physician assistant or advanced practice registered nurse. The over-the- counter medication or dietary supplement must be administered in accordance with the written instructions of the physician, physician assistant or advanced practice registered nurse. The administration of	0878	1) Standing orders for PRN Over the Counter Medications are commonplace in Residential Facilities to grant individuals the opportunity to request medications for common ailments like headaches, coughs, allergies, etc. when they arise. Sometimes individuals have a standing order but never request the medications, but the order is there and approved JUST IN CASE. Because RFG do not have medical staff on site, standing orders give individuals the ability to request PRN Over the Counter Medications when they are needed without having to go to Urgent Care or the Emergency Room to secure a prescription outside	05/08/202 4

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	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, physician assistant or advanced practice registered nurse must be administered as prescribed by the physician, physician assistant or advanced practice registered nurse. If a physician, physician assistant or advanced practice registered nurse 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, physician assistant or advanced practice registered nurse 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, physician assistant or advanced practice registered nurse, a 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 labeled for 1 of 8 residents (Resident #1). Findings include: Resident #1 (R1) R1 was admitted on 07/24/23 with a diagnosis of traumatic brain injury. A review of R1's file revealed a list of physician's standing orders dated 02/01/24 for as-needed medications for R1. The list included: Tylenol 500 milligrams (mg) two tablets, two times a day (TID) for fever with temp > 100.5, as needed (PRN) Tylenol 500 mg, two tablets, TID for pain, PRN Pepto Bismol 30 milliliters (ml) PRN for stomach		of normal physician hours. Standing Orders are reviewed and approved by an individual's physician at admission and at their annual physician to assure that authorization remains current. As per policy, all OTC PRN Medications are available in the home at all times. However, these medications are NOT labeled with the individual's name until the individual has requested the medication. At that time the medication is pulled from inventory, labeled with the individual's name and their physician's name as well as the date that the medication was opened. This medication is then stored with their other identified medications as OTC medications cannot be shared. Likewise, PRN Medications (prescribed or OTC) are not entered onto the MAR until the medication has been requested by the individual. For this reason, medications that are approved as a standing order but that have not been requested are not listed on the MAR at all times. An email has been sent to HCQC for clarification on this regulation and any changes to Standing Orders for medications. Should it be reported that our use of Standing Orders is not allowed, our Medication Policies and Procedures will be amended, and staff will be retrained. 2) Should it be determined that Standing Orders are unacceptable and that all OTC PRN Medications need to be available and labeled at the time a physician approves, our policies will be changed to indicate these new procedures. Additionally, all prescribed OTC PRN Medications will then be added to the MAR monthly to remain in compliance with the policies.	

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	ache,TID if unresolved Tums 750 mg 2 tablets PRN for upset stomach, TID if unresolved Polyethylene glycol powder 17 grams (gm). Take 1 capful in 8 ounces (oz) water 1 time daily for constipation Orajel instant tooth pain relief. Apply one drop on affected tooth every day (QID), PRN Colace (docusate) 100 mg, one capsule twice a day (BID) for constipation, PRN Zinc oxide paste topical, apply to affected area with each peri care provided, PRN for skin protection On 04/17/24 in the afternoon, the listed medications were in a locked cupboard in the office. The medications were not labeled with R1's name and R1's physician's name On 04/17/24 in the afternoon, the Services Specialist and the Administrator acknowledged the medications were not labeled with R1's name and R1's physician's name to identify who the medications were for. Severity: 2 Scope: 1		3) Audits of MARS, Orders and Medications will be completed weekly to assure compliance 4) Nevada Supportive Housing Services Administrator 5) All medications listed on current standing order OTC PRN list have been labeled with individual's name, physician name and date entered into their medication catalog. All standing order OTC PRN Medications have also been added to the MAR until clarification can be received from HCQC Medication Staff. This has been completed effective 5/08/2024.	
0895 SS= D	Administration of Medication Maintenance - NAC 449.2744 and R043-22 Administration of medication: Maintenance and contents of logs and records. (NRS 449.0302) 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician, physician assistant or advanced practice registered nurse, including, without limitation, whether the medication is to be administered according to a routine schedule or as needed; (5) Any change in an order or prescription of a resident ' s physician, physician assistant or advanced practice registered nurse,including, without limitation, the discontinuation of the medication; (6) Any time when the resident is out of the facility; and (7) Any mistakes	0895	1) Standing orders for PRN Over the Counter Medications are commonplace in Residential Facilities to grant individuals the opportunity to request medications for common ailments like headaches, coughs, allergies, etc. when they arise. Sometimes individuals have a standing order but never request the medications, but the order is there and approved JUST IN CASE. Because RFG do not have medical staff on site, standing orders give individuals the ability to request PRN Over the Counter Medications when they are needed without having to go to Urgent Care or the Emergency Room to secure a prescription outside of normal physician hours. Standing Orders are reviewed and approved by an individual's physician at admission and at their annual physician to assure that authorization remains current. As per policy, all OTC PRN Medications are available in the home at all times. However, these medications are NOT labeled with the individual's name until the individual has requested the	05/08/2024

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	made in the administration of medication. Inspector Comments: Based on record review and interview, the facility failed to the Medication Administration Record (MAR) was accurate and included all prescribed medications for 1 of 8 residents (Resident #1). Resident #1 (R1): R1 was admitted on 07/24/23 with a diagnosis of traumatic brain injury. R1's April 2024 MAR lacked documented evidence of as-needed (PRN) medications prescribed by R1's physician on 02/01/24. The list of PRN medications which were not included on the MAR were: Tylenol 500 milligrams (mg) two tablets, two times a day (TID) for fever with temp > 100.5, as needed (PRN) Tylenol 500 mg, two tablets, TID for pain, PRN Pepto Bismol 30 milliliters (ml) PRN for stomach ache, TID if unresolved Tums 750 mg 2 tablets PRN for upset stomach, TID if unresolved Polyethylene glycol powder 17 grams (gm). Take 1 capful in 8 ounces (oz) water 1 time daily for constipation Orajel instant tooth pain relief. Apply one drop on affected tooth every day (QID), PRN Colace (docusate) 100 mg, one capsule twice a day (BID) for constipation, PRN Zinc oxide paste topical, apply to affected area with each peri care provided, PRN for skin protection On 04/17/24, the Services Specialist acknowledged the MAR was not accurate and PRN medications were not listed on the MAR and should have been written on the April 2024 MAR. Severity: 2 Scope: 1		medication. At that time the medication is pulled from inventory, labeled with the individual's name and their physician's name as well as the date that the medication was opened. This medication is then stored with their other identified medications as OTC medications cannot be shared. Likewise, PRN Medications (prescribed or OTC) are not entered onto the MAR until the medication has been requested by the individual. For this reason, medications that are approved as a standing order but that have not been requested are not listed on the MAR at all times. An email has been sent to HCQC for clarification on this regulation and any changes to Standing Orders for medications. Should it be reported that our use of Standing Orders is not allowed, our Medication Policies and Procedures will be amended, and staff will be retrained. 2) Should it be determined that Standing Orders are unacceptable and that all OTC PRN Medications need to be available and labeled at the time a physician approves, our policies will be changed to indicate these new procedures. Additionally, all prescribed OTC PRN Medications will then be added to the MAR monthly to remain in compliance with the policies. 3) Audits of MARS, Orders and Medications will be completed weekly to assure compliance 4) Nevada Supportive Housing Services Administrator 5) All medications listed on current standing order OTC PRN list have been labeled with individual's name,	

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			physician name and date entered into their medication catalog. All standing order OTC PRN Medications have also been added to the MAR until clarification can be received from HCQC Medication Staff. This has been completed effective 5/08/2024.		