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
	7637	A. BUILDING _____ B. WING _____	06/11/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT CARE GROUP HOME III, LLC	**795 SIENNA STATION WAY, RENO, NEVADA ,89512**

(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 06/11/20. This State Licensure survey was conducted by the Division of Public and Behavioral Health in accordance with NAC 449, Residential Facility for Groups. The facility is currently licensed for a total of six Residential Facility for Group beds for elderly and disabled persons, one Category I and five Category II residents. The census at the time of the survey was six. Six resident files and four 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		

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: FREDA T CASTRO Title: Administrator Date: 06/22/2020

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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 record review, document review and interview, the facility failed to ensure 2 of 4 employees met the background check requirements of the Nevada Revised Statute (NRS) 449.124 (Employees #3 and #4). Findings include: Employee #3 Employee #3 was hired as a Caregiver with a start date of 04/14/15. Employee #3's file lacked evidence of fingerprints submitted to the Central Repository for Nevada Records of Criminal History and lacked a Nevada Automated Background Check System (NABS) clearance letter. Employee #4 Employee #4 was hired as an Administrator with a start date of 12/05/10. Employee #4's file lacked evidence of fingerprints submitted to the Central Repository for Nevada Records of Criminal History and lacked a Nevada Automated Background Check System (NABS) clearance letter. On 06/11/20 at 11:38 AM, the Caregiver confirmed the file for Employee #3 and Employee #4 lacked documented evidence of fingerprint submission and lacked evidence of a NABS clearance letter. Severity: 2 Scope: 2	0104	TAG 0104 The Administrator of the facility will continue to monitor the personnel files of all employees every three months and review the employee's records for accuracy and if it is up to date. The Administrator of the Facility will ensure that all of the employee's personal file will include and updated with background check for compliance of NAC 449.200(NRS 449.0302) The Administrator will implement the Employee Track Log to all employee which includes the background checks. Please see Attachment A. The Administrator of the facility had completed the background check for Employee number 3 and number 4, for Compliance to NAC 449.200.(NRS449.0303) Please see attachment B for Employee No #3 and Attachment C for Employee no.4	06/22/2020
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 observations and interview, the facility failed to ensure the common hallway area was maintained and the outside premise was maintained free of debris. Findings include: On 06/11/20 at 12:24 PM, in the common area in the hallway there was damaged drywall on the corner of the corridor wall, black marks along the walls and doors. On	0178	TAG 0178 The Administrator of the Facility will maintain the proper and cleanliness of interior and exterior of the facility. The Administrator of the facility will do frequent checks and rounding of the facility's vicinity to ensure the common hallway area is well maintained, clean and free from black discoloration from wheelchair bumps and scratches. The Administrator will do frequent check of the interior of the facility for cleanliness, safety and hazard free for all the residents and visitors. The Administrator of the facility will make sure the interior drywall at the hallways, rooms,	06/22/2020

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	06/11/20 at 12:24 PM, the Caregiver verbalized the black marks were done by the residents' wheelchairs. On 06/11/20 at 12:25 PM, in the common bathroom of the residents there was damaged drywall and a loose sink faucet. On 06/11/20 at 12:25 PM, the Caregiver verbalized the bathroom and sink faucet needed to be repaired. On 06/11/20 at 12:28 PM, the backyard was observed to have the following items stored and leaning against a stone retaining wall. - medical equipment to include several portable commodes and chairs, trash containers. 06/11/20 at 12:30 PM, the Caregiver acknowledged the drywall and black marks along the wall, indicated the bathroom needed to be repaired and the backyard needed to be cleaned up. Severity: 2 Scope: 3		hallways, kitchen areas, corridors is well kept and its surrounding areas. The Administrator will continue to monitor sinks and faucet if loose, leaking or if not working properly. The Administrator will immediately repair, continue to monitor and maintain the cleanliness of the interior of the facility. The Administrator has painted and retouched the black discoloration of the corridor/hallway walls, damaged bathroom dry wall. Please see attachment D. Also, the loose faucet was fixed and already secured, Please see attachment E. The Administrator of the facility will ensure that exterior of the facility is well maintained. It must be clean and free from debris including the landscaping of the facility. The Facility Administrator will make frequent rounds to the facility and its surrounding areas and ensure that it is free from clutter and debris. The Administrator will continue to maintain the cleanliness of the outside premise by removing items that are unused like portable equipment that were leaning against the retaining wall. The Facility Administrator had instructed all caregivers to let the Facility Administrator know about needed touch up paint to hallways and corridors and to any faulty or loose/leaky faucets or sinks and notify the Administrator for any needed repairs. All caregivers were instructed not to stock up non working equipment like bedside commode at the back or at side of the facility premise. The caregivers were told to notify the Administrator for the immediate removal of any unused equipment. All items stored and leaning against the retaining wall were removed. Please see Attachment F.	

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0895 SS= D	Administration of Medication Maintenance - NAC 449.2744 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; and (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident ' s physician. Inspector Comments: Based on document review, record review and interview, the Administrator failed to ensure the Medication Administration Record (MAR) was accurate for 1 of 6 residents (Resident #2). Findings include: Resident #2 Resident #2 was admitted to the facility on 10/20/16 with diagnoses including severe dementia, depression, insomnia, and congestive heart failure. Resident #2's physician order dated 05/19/20 and medication on-site documented lorazepam solution 0.25 milligrams (mg), milliliter (ml), give 0.25 (ml), sublingual every two hours as needed. However, the resident's MAR documented lorazepam solution 0.5 milliliter (ml), take 0.5 (ml), take by mouth sublingually every six hours as needed. On 06/11/20 at 12:13 PM, the Caregiver confirmed the MAR was not accurate and did not match the physician order. Severity: 2 Scope: 1	0895	TAG 0895 The Administrator of the Facility will make sure Medication Maintenance (NAC 449.2744),contents of logs and records will be maintained accurately. The Administrator of the facility will ensure that medication maintenance will be accurate and managed appropriately. The Administrator of the Facility will make sure that the doctor's orders are verified to the primary doctor and have been accurately transcribe in the record of the Medication Administration Record to each resident in accordance with NAC 744.196. The Administrator of the facility will make sure that the medication is reviewed for accuracy and appropriateness every 3 months. The Facility Administrator would have the provider do a medication maintenance accuracy every six months. The Administrator of the Facility provided in service training to caregivers regarding the importance and accuracy of medication administration. The caregivers were given instructions to be very careful with medication maintenance and handling, to verify the doctors order and the medication on hand. The Administrator of the facility had all the caregivers attended annual eight hours refresher course each year for Medication Training refresher course to abreast with new regulations and topics about medication management. The Administrator of the Facility had placed a changed order sticker to the order of resident #2.The Lorazepam bottle of resident #2 new order sticker see Mar was placed. Please see Attachment G.	06/22/2020