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 _____	06/03/2021

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

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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 06/03/21. 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 was licensed for 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		
0870 SS= E	Medication Administration-Accuracy & Report - 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: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility. (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a).	0870	Tag 0870 The Administrator of the residential facility shall ensure that a Physician,Pharmacist or Registered Nurse who does not have a financial interest in the facility will have medication review for accuracy and appropriateness, at least once every six months the regimen of drugs taken by each resident in the facility. The Administrator will make sure that all residents medication profile should be reviewed every six months by physician, pharmacist or Registered nurse and initialed by Administrator after it was reviewed for accuracy of medication ordered for the resident. The Administrator of the facility will assure the resident medication profile review should be reviewed and signed in a timely manner for accuracy of medication order for the residents. The Administrator of the facility will make sure medication review of each resident will be monitored closely for	07/02/2021

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	Inspector Comments: Based on record review and interview, the Administrator failed to ensure a medication profile review was performed by a physician, pharmacist or registered nurse at least once every six months for 3 of 6 sampled residents residing in the facility for longer than six months (Resident #1, #3, and #4). Findings include: Resident #1 Resident #1 was admitted to the facility on 10/20/16 with diagnoses to include dementia, depression and chronic congestive heart failure. Resident #1's file contained medication reviews dated 01/29/21 and 05/26/21. The resident's file lacked documented evidence the Administrator reviewed the medication profile and initialed the Administrator had reviewed. Resident #3 Resident #3 was admitted to the facility on 12/26/19 with a diagnosis to include dementia, heartburn and type 2 diabetes. Resident #3's file contained medication reviews dated 10/06/20 and 05/07/21. The 05/07/21 medication review was one month late and lacked documented evidence the Administrator reviewed the medication profile and initialed the Administrator had reviewed. Resident #4 Resident #4 was admitted to the facility on 10/04/18 with diagnoses to include bilateral pulmonary embolism and chronic respiratory distress. Resident #4's file contained medication review dated 07/11/20. The resident's file lacked documented evidence of six month medication reviews for 01/2021. On 06/03/21 at 11:41 AM, Employee #4 acknowledged medication reviews lacked the Administrator's initials for Resident #1 and Resident #3, and was not able to locate a 01/2021 medication review for Resident #4. Severity: 2 Scope: 2		making sure a timely medication review every six months is done. The Administrator of the facility had in service all caregivers about the importance of resident medication profile to be reviewed and signed by Administrator for accuracy of orders before medication profile securely placed on resident's chart. The Administrator of the facility had instructed all caregivers where to place a new medication review profile of residents , awaiting for Administrators signature for review. The Administrator has provided a separate secure binder to keep all new medication profile of residents for Administrator of the facility for review and to be initialed for accuracy of orders. See Attachment A for Resident #1 and #3, #4 medication order was verified and initialed by Administrator.(late Entry) The Administrator of the facility had spoke and requested a copy of medication review done after July 11, 2020 to the Nurse of resident #4 at VA , But VA nurse had not responded yet. A medication list was found in resident # 4 chart . See attachment B and B-1. The Administrator of the facility will make sure to request from the family of resident to ask resident's Primary Care at VA hospital for medication review copy every six months for the facility.	

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0936 SS= E	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 6 sampled residents met the requirements concerning tuberculosis (TB) testing (Resident #3 and #4). Findings include: Resident #3 Resident #3 was admitted to the facility on 12/26/19 with a diagnosis to include dementia, heartburn and type 2 diabetes. Resident #3's file documented a late annual TB test for 2020. The resident's annual 2019 Quantiferon TB was given on 12/18/19. The resident's annual TB test for 2020 documented a TB test was administered on 12/08/20, however, lacked a read date. The resident was administered a TB test on 2/10/20 and read negative on 02/13/20. The residents file lacked documentation of a timely TB test for 2020. On 06/03/21 at 11:35 AM, Employee #4 acknowledged the TB test was late. Resident #4 Resident #4 was admitted to the facility on 10/04/18 with diagnoses to include bilateral pulmonary embolism and chronic respiratory distress. Resident #4's file documented a Quantiferon TB test was given on 10/24/19 and a Quantiferon TB test was given on 04/24/21. The resident's file lack documentation a TB test was given for 2020. The 2021 TB test was 6 months late. On 06/03/21 at 11:41 AM, Employee #4 acknowledged not being able to locate a 2020 TB test for Resident #4. Severity: 2 Scope: 2	0936	Tag 0936 The File must contained all records, letters, assessments, medical information related to resident including with out limitations, evidence of compliance with provisions of chapter 441A of NRS and the regulations adapted pursuant like File of Tuberculosis records. The Administrator of the facility will make sure the residents annual Tuberculosis testing should be done in a timely manner and not to be late in administration and reading . The Administrator of the facility will make sure all tuberculosis test of all residents and staff will be constantly monitored closely. Tuberculosis track form was hang next to the printer at the facility for quick reference of staff and also a Tb track form for the administrator for reference if who is due. The Administrator will make sure the Tb test of resident will have complete documentation.It should not lack of documentation of date given and date read and to file in resident's file. The Administrator had in- service staff to help the Administrator by looking at the reference shit on the board for tracking resident needing tuberculosis skin testing. The caregivers were also instructed and trained how to look for complete documentation of skin TB skin testing by having all the information filled up when TB test was given. The date TB test was read and the result should be complete if home health performed skin tb testing at home and read them during my my absence. Pls see Attachment C, complete tb test result of Resident # 3	07/02/2021

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1001 SS= D	Elderly Care Training for Caregivers - NAC 449.2758 Residential facility which provides care for elderly persons or persons with disabilities: Training for caregivers. (NRS 449.0302) 1. Within 60 days after being employed by a residential facility for elderly persons or persons with disabilities, a caregiver must receive not less than 4 hours of training related to the care of those residents. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 4 employees received four hours of initial training to care for elderly and disabled residents, within 60 days of hire (Employee #3). Findings include: Employee #3 Employee #3 was hired as a Caregiver on 01/12/21. Employee #3's file lacked documented evidence of four hours of initial caregiver training within 60 days of hire. On 06/03/21 at 10:15 AM, Employee #4 acknowledged Employee #3 did not receive caregiver training within 60 days after being employed. Severity: 2 Scope: 1	1001	Tag 1001 The Adminitrator of the facility will make sure to provide 4 hours of training related to care of elderly residents with disabilities to the newly hire caregiver of the facility with in 60 days after being employed . Yes, The Administrator had provided a lot of oral- verbal and hands on training with the new hire caregiver but not documented. The Administrator will ensure that all new caregiver hired to the facility who will provide care to elderly and disabled residents will make sure all trainings is documented and filed on employee profile. The Administrator of the facility will ensure the newly hire employee will received four hours of initial training to care for elderly and disabled residents with in 60 days of hire. The Administrator of the facility had made late written training for a new hired staff for employee #3. See attachment D	07/02/2021