

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7876	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2019
NAME OF PROVIDER OR SUPPLIER BEE HIVE HOMES OF MESQUITE		STREET ADDRESS, CITY, STATE, ZIP CODE 780 WEST SECOND SOUTH, MESQUITE, NEVADA ,89027		
(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 grading survey initiated at your facility on 11/21/19, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for 15 Residential Facility for Group beds which provides assisted living services, Category II residents. The census at the time of survey was eight. Eight resident files were reviewed and six 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 investigation, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The following regulatory deficiency was identified:	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
0702 SS= D	Residents Requiring Use of Oxygen - NAC 449.2712 Residents requiring use of oxygen. (NRS 449.0302) 3. The administrator of a residential facility shall ensure that the caregivers who may be required to administer oxygen have demonstrated the ability to operate properly the equipment used to administer oxygen. Inspector Comments: Based on observation, interview and record review on 11/21/2019, the facility failed to ensure a resident was administered oxygen according to physicians's orders. Physician's Orders stated: " As of 6/13/15, Resident #8 is on 3 liters of oxygen continuous." Resident #8's oxygen concentrator was set at 4 liters. Severity: 2 Scope: 1	0702	All staff will be trained to monitor oxygen equipment to ensure that settings are per physician's orders. The Administrator and house managers will monitor for compliance by checking equipment settings weekly.	12/16/2019

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 Name: GERALD HAMILTON Title: Administrator
REPRESENTATIVE'S SIGNATURE

Date: 01/29/2020

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(X4) ID PREFIX TAG 0870 SS= F	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0870	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE 12/31/2019
	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). Inspector Comments: Based on document review, record review and interview, the facility failed to ensure a medication profile review was performed by a physician, pharmacist or registered nurse at least once every six months for 5 of 8 sampled residents residing in the facility for longer than six months (Resident #1, #2, #3, #4 and #5). Severity: 2 Scope: 3		The administrator will review this requirement with the facility's new consulting pharmacist. The pharmacist will conduct and document an individual review of each resident's medications at least once every six months. The Administrator will monitor for compliance at least every six months to ensure the reviews are completed and documented.	

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(X4) ID PREFIX TAG 0936 SS= D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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, the facility failed to ensure a two- step tuberculosis (TB) test was completed for 1 of 8 sampled residents (Resident #1). Severity: 2 Scope: 1	ID PREFIX TAG 0936	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) A two step TB test will be completed and documented for Resident #1. The facility will ensure that the requirements of 441A NRS are met for each new resident admitted to the facility, and that the resident record contains documentation of this compliance. The House managers will ensure that the required tests are completed and the Administrator will review each new resident's record to ensure the documentation is in place.	(X5) COMPLETION DATE 12/18/2019