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
	7876	A. BUILDING _____ B. WING _____	12/20/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEE HIVE HOMES OF MESQUITE	780 WEST SECOND SOUTH, MESQUITE, Nevada ,89027

(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 12/20/16. This State Licensure survey was conducted by the authority of NRS 449.0307, Powers of the Division of Public and Behavioral Health. The facility is licensed for 15 Residential Facility for Group beds which provide assisted living services for elderly and disabled persons, Category I and II residents. The census at the time of the survey was 15. Ten resident files were reviewed and ten 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:	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: GERALD E HAMILTON	Title: Administrator	Date: 12/28/2016

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0936 SS= D	449.2749(1)(e) - Resident file-NRS 441A Tuberculosis - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he 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 1 of 10 residents met the requirements concerning tuberculosis (TB) testing (Resident #1). Findings include: Resident #1 was admitted on 2/19/16. On 12/20/16 in the morning, review of the resident file revealed a general chest x-ray dated 2/19/16. The chest x-ray was not documented to rule out TB and the file lacked documented evidence of a positive TB test. On 12/20/16 at 12:40 PM, the House Manager confirmed the missing documentation. This was a repeat deficiency from the 10/20/15 State Licensure survey. Severity: 2 Scope: 1	0936	Tag #0936 The facility has obtained a physician's order for a chest x-ray of this resident to rule out evidence of TB due to the resident's prior history of a positive reaction to a PPD skin test. Resident #1 is currently out of the facility on a leave of absence, but this x-ray will be obtained upon her return. In the future, any chest x-ray results to rule out TB will clarify the reason for the chest x-ray and the specific results. This will be monitored by the administrator upon admission for each newly admitted resident and annually for any residents requiring a chest x-ray to rule out TB. Date corrective action will be completed: 01/02/2017	01/02/2017