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 _____	09/14/2023

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 revised Statement of Deficiencies was generated as a result of an annual state licensure survey conducted at your facility on 09/14/23, 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, 10 Category I residents and 5 Category II residents. The census at the time of survey was six. Six resident files were reviewed and five 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 deficiencies were identified:	0000		
0255 SS= E	Permits-Comply with NAC 446 on Food Service - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 6. A residential facility with more than 10 residents shall: (a) Comply with the standards prescribed in chapter 446 of NAC; and (b) Obtain the necessary permits from the Division. Inspector Comments: Based on observation on 09/14/2023, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Critical Violations: a. A staff member demonstrated the process of setting up the sanitizer compartment of the three-compartment sink by manually pouring in quaternary ammonium sanitizer using a small plastic cup. The sanitizer was tested to be approximately 50 parts per million (ppm) quaternary ammonium, which was below the correct concentration (200-400 ppm) required to sanitize ware. 2. Major Violations: a. Face painting supplies were washed and stored at the hand sink in the kitchen. Severity: 2 Scope: 2	0255	The dietary manager will inservice all kitchen staff on the correct preparation of sanitizing solution, and routine testing for proper concentration. This procedure will be used until the dispensing equipment can be calibrated by the chemical vendor, and to periodically test the sanitizing solution thereafter. Staff have been reminded to only use the hand wash sink for hand cleaning, and a sign has been posted advising staff of the same. The dietary manager or house manager will monitor correct use of sanitizing solution and the hand wash sink on a daily basis.	10/16/2023
0878	Medication/OTCS, Supplements, Change	0878	A refill had been ordered from the Veteran's	09/22/202

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SS= D	Order - NAC 449.2742 - 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 has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of 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 must be administered as prescribed by the physician. If a physician 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 (Previously Y 0879) (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 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, the 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 interview and record review, the facility failed to ensure medications were onsite and administered as prescribed for 2 of 6 residents (Resident #2 and Resident #3). Findings include: Resident #2 (R2) R2 was admitted on 05/31/22, with diagnoses including hypertension, gastroesophageal		Administration provider for resident #2 at the time of the survey but had not arrived. The refill has been received and resident #2 is receiving the medication. In the future if a refill is not received timely for any resident, the facility will notify the resident's physician for instructions and responsible party for assistance in obtaining a refill before medications run out. The house manager will monitor the medication supply for all residents to ensure that refills have been ordered and are received in a timely fashion.	3

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	reflux disease and arthritis. R2's physician's order dated 05/31/22 documented L thyroxine 75 micrograms, administer one tablet oral at 7:30 AM. R2's Medication Administration Record (MAR) for September 2023 documented L thyroxine 75 micrograms, administer 1 tablet oral at 7:30 AM. R2's September 2023 MAR documented the medication was unavailable from 09/01/23 to 09/14/23. On 09/14/23 in the afternoon, the medication was not on-site and available to be administered to R2, per the physician's order. Resident #3 (R3) R3 was admitted on 12/01/21, with diagnoses including hypertension and anxiety. R3's physician's order dated 12/01/22 documented Seroquel 25 micrograms, take one tablet by mouth every night. R3's MAR for September 2023 documented Seroquel 25 micrograms, take one tablet by mouth every night. R3's September 2023 MAR documented the medication was unavailable from 09/11/23 to 09/13/23. On 09/14/23 in the afternoon, the medication was not on-site and available to be administered to R3, per the physician's order. On 09/14/23 in the afternoon, the Caregiver verbalized the medications for both R2 and R3 were not on site and had not been delivered by the pharmacy. The Caregiver acknowledged R2 and R3's medication had not been administered per the physician's orders. Severity: 2 Scope: 1			