

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 79	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/22/2018
NAME OF PROVIDER OR SUPPLIER BECKY'S HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 4055 CLOUD NINE LANE, LAS VEGAS, NEVADA ,89115		
(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 survey completed at your facility on August 22, 2018. This State Licensure Survey was conducted in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons Category I and Category II residents with Mental Illness. The census at the time of the survey was six. Six resident files were reviewed and three 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 deficiency was identified during the survey.	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
0878 SS= D	NAC 449.2742(5)(6) - Medication / OTCs, Supplements, Change Order - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregivers 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)	0878	The Trazodone Medication of Patient 4 has been corrected by changing the MAR and Schedule to Bedtime. As an administrator, I have written a memo addressed to the Caregivers and Owner to make sure that all medications received must be double checked when delivered and must be given to the Resident as per instruction. I have written a note visible to all caregivers that the specific medication must be given at BEDTIME. The Owner and administrator will work hand in hand to make sure that this citation will not happen again. As administrator, a routine reminder to the caregivers to call the Doctor if they need to verify certain medication and its instruction.	08/23/2018

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: CHARO DALE
REPRESENTATIVE'S SIGNATURE

Title: Administrator

Date: 09/03/2018

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	Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (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 record review and interview, the facility failed to administer medications as prescribed for one of six residents (Resident #4). Findings include: Resident #4 Resident #4 (R4) was admitted on 02/17/18 with diagnoses including history of chronic obstructive pulmonary disease, diabetes, and seizures. The file contained a physician order for Trazodone HCL 50 milligram (mg), one tablet by mouth daily at bedtime. The Medication Administration Record (MAR) documented Trazodone HCL 50 mg one tablet daily at 7:00 AM. On 08/22/18 in the afternoon, the Owner acknowledged discrepancy on the MAR and reported the medication was being administered each morning. On 8/22/18 at 2:00 PM, R4 confirmed the medication was administered in the morning. Severity: 2 Scope: 1			