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
	79	A. BUILDING _____ B. WING _____	09/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BECKY'S HOME CARE	**4055 CLOUD NINE LANE, LAS VEGAS, NEVADA ,89115**

(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 survey completed at your facility on 09/19/2024. 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 a Mental Illness endorsement. The census at the time of the survey was two. Two resident files 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 deficiencies were identified during the survey.	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: JULIA ASUNCION G DUGAY	Title: ADMINISTRATOR	Date: 10/17/2024

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0874 SS= C	Medication Administration-Report Received - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 2. Within 72 hours after the administrator of the facility receives a report submitted pursuant to paragraph (a) of subsection 1, a member of the staff of the facility shall notify the resident's physician, physician assistant or advanced practice registered nurse of any concerns noted by the person who submitted the report. The report must be reviewed and initialed by the administrator. Inspector Comments: Based on record review and interview, the facility failed to ensure the Administrator reviewed and initialed six month medication reviews for 1 of 2 residents. (Resident #2) Findings include: Resident #2 (R2) R2 was admitted on 10/02/22 with primary diagnoses including senile - degeneration of the brain. On 09/19/24 in the morning, R2's 01/30/24 and 06/11/24 Medication Reviews lacked documented evidence of the Administrator's review and initials. On 09/19/24 in the afternoon, the Owner confirmed they were unaware of the documented requirement for the Administrator to review and initial the six month medication reviews. Severity: 2 Scope: 3	0874	1) On 9/19/24, 6 month medication review on R#2 was not signed by the Administrator as mandated. 2) Administrator and Lead Caregiver will ensure medication review is signed by the Administrator. 3) The Administrator is ultimately responsible to make certain the medication review every 6 months is signed by the Administrator.	10/14/2024
1600 SS= D	Preferred Name/Pronoun P& P - Preferred Name/Pronoun P& P R016-20 Sec. 19 1. A facility shall: (a) Develop policies to ensure that a patient or resident is addressed by his or her preferred name and pronoun and in accordance with his or her gender identity or expression; and (b) Adapt electronic records and any paper records the facility has to reflect the gender identities or expressions of patients or residents with diverse gender identities or expressions, including, without limitation: (2) If the facility is a facility for the dependent or other residential facility, adapting electronic records and any paper records the facility has to include the preferred name and pronoun and gender identity or expression of a resident. R016-20 Sec. 19 2. If a patient or resident chooses to provide the following information, the health records	1600	1) On 9/19/24, R#1 na R#2 did not have the preferred pronoun, gender expression and gender orientation in their files as mandated. 2) The documentation preferred pronoun, gender expression and gender orientation has been updated in resident files. 3) The Administrator is ultimately responsible to make certain that preferred pronoun, gender expression and gender orientation is documented on residents' files.	10/14/2024

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	adapted pursuant to subparagraph (1) of paragraph (b) of subsection 1 must include, without limitation: (a) The preferred name and pronoun of the patient or resident; (b) The gender identity or expression of the patient or resident; (c) The gender identity or expression of the patient or resident that was assigned at the birth of the patient or resident; (d) The sexual orientation of the patient or resident; and (e) If the gender identity or expression of the patient or resident is different than the gender identity or expression of the patient or resident that was assigned at the birth of the patient or resident: (1) A history of the gender transition and current anatomy of the patient or resident; and (2) An organ inventory for the patient or resident which includes, without limitation, the organs: (I) Present or expected to be present at the birth of the patient or resident; (II) Hormonally enhanced or developed in the patient or resident; and (III) Surgically removed, enhanced, altered or constructed in the patient or resident. R016-20 Sec. 20 1. Except as otherwise provided in subsection 2, the statements, notices and information required by sections 2 to 22, inclusive, of this regulation and NRS 449.101 to 449.104, inclusive, must be in English and, as appropriate for a facility, in any other language the Department determines is appropriate based on the demographic characteristics of this State. In addition to the notices and information provided in English and any other language the Department determines is appropriate based on the demographic characteristics of this State, a facility may provide the statements, notices and information in any other language the facility may desire. R016 -20 Sec. 20 2. A facility must make reasonable accommodations in providing the statements, notices and information described in subsection 1 for patients or residents who: (a) Are unable to read; (b) Are blind or visually impaired; (c) Have communication impairments; or (d) Do not read or speak English or any other language in which the statements, notices and information are written pursuant to subsection 1.			

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	Inspector Comments: Based on interview and record review, the facility failed to ensure 2 of 2 residents files included documentation of preferred pronoun, gender expression and sexual orientation. Residents #1 and #2 (R1 and R2) Findings include: On 09/19/2024 in the morning, a review of R1 and R2 files revealed the facility did not document, residents preferred pronoun, gender expression and sexual orientation. On 09/19/24 in the afternoon, the Administrator confirmed they did not ask nor document R1 and R2's preferred pronoun, gender expression and sexual orientation. These questions had not been added to their admission documents. Severity: 1 Scope: 3			