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
	7942	A. BUILDING _____ B. WING _____	03/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSARIO'S GROUP HOME	2885 RED ROCK STREET, LAS VEGAS, NEVADA ,89146

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0000	Initial Comments - Inspector Comments: This Statement of Deficiencies was generated as a result of a State licensure annual survey conducted in your facility on 03/19/19. This State licensure survey was conducted in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for eight Residential Facility for Group beds for elderly and disabled persons, three Category I residents and five Category II residents. The census at the time of the survey was five. Five 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 investigation, 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:	0000		
0840	449.2738(1)(a)(b)(2) - Medical Condition of a Resident - NAC 449.2738 Review of medical condition of resident; relocation or transfer of resident having certain medical needs or conditions. 1. If, after conducting an inspection or investigation of a residential facility, the bureau determines that it is necessary to review the medical condition of a resident, the bureau shall inform the administrator of the facility of the need for the review and the information the facility is required to submit to the bureau to assist in the performance of the review. the administrator shall, within a period prescribed by the bureau, provide to the bureau: (a) The assessments made by physicians concerning the physical and mental condition of the resident. (b) Copies of prescriptions for medication or orders of physicians for services or equipment necessary to provide care for the resident. 2. If the bureau or the resident's physician determines that the facility is prohibited from caring for the resident pursuant to NAC 449.271 to 449.2734, inclusive, or is unable to care for the resident in the proper manner, the administrator of the facility	0840	1) Resident #3's doctor was contacted to asses and approve his stay in my group home. The form of approval will be attached. In regards to resident #5, a doctor appointment was made for next month for assessment and approval/disapproval for his stay in the group home. 2) In the future, we will get doctor assessments first prior to acceptance into the group home. 3) The corrective actions will be monitored by the administrator by ensuring the appropriate assessment forms are present for each resident 4) Administrator 5) Middle of May 6) Form attached 7) Does not apply was contact to assess resident #3 and approved him to stay in this group home. A Dr. appointment was make for resident #5 for next month to assess him and determines if resident can stay in this group home! The administrator	04/03/2019

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	must be notified of that determination. Upon receipt of such a notification, the administrator shall, within a period prescribed by the bureau, submit a plan to the bureau for the safe and appropriate relocation of the resident pursuant to NRS 449.700 to a place where the proper care will be provided. Inspector Comments: Based on interview and record review, the facility failed to ensure a resident with an Alzheimer's Disease diagnosis was assessed by a physician for appropriate placement for 2 of 5 residents (Resident #3 and #5). Findings include: Resident #3 (R3) R3 was admitted on 06/29/17, with a diagnosis of acute encephalopathy, atrial fibrillation and hypertension. R3's medical record contained a General physical exam dated 02/15/19, documented a diagnosis of senile dementia with an onset date of 04/06/18. R3's medical record did not include a standard placement form signed by the physician to indicate which facility was appropriate for R3. On 03/19/19 at 10:30 AM, R3 was able to complete the mini cognitive assessment questions with the exception of correcting identifying the current year. On 03/19/19 at 10:30 AM, the Administrator confirmed R3 did have a diagnosis of dementia, and there was no documented evidence of a standard placement form to allow R3 to reside at the facility. Resident #5 (R5) R5 was admitted on 05/08/17, with a diagnosis of arthralgia, coronary artery disease, and dementia. R5's medical record contained a Clinical Summary for physical exam dated 12/27/17, documented a diagnosis of presenile dementia uncomplicated. R5's medical record did not include a standard placement form signed by the physician to indicate which facility was appropriate for R5. On 03/19/19 at 10:30 AM, R5 was not able to verbalize any of the questions on the mini cognitive assessment. R5 indicated being hard of hearing, and did not understand any questions and was not able to converse. On 03/19/19 at 10:30 AM, the Administrator confirmed R5 did have a diagnosis of dementia, and there was no documented evidence of a standard placement form to			

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	allow R5 to reside at the facility.			
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) 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 observation, interview and record review the facility failed to ensure medications were available and onsite per physician's	0878	1) Resident #4's doctor was contacted whom stated the inhaler medication was discontinued since the end of last year. 2) The administrator will educate the medication technician about following the DC orders and will be sure to record such orders in the MAR 3) By obtaining every DC order and recording them in the medication book immediately 4) Administrator 5) 3-20-19 7) By monitoring the medication book on a weekly basis	04/03/2019

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	orders for 1 of 5 residents (Resident #4). Findings include: Resident #4 (R4) R4 was admitted on 03/12/17, with diagnoses including hypothyroidism, coronary artery disease, seizures and brain trauma. A Pharmacy Medication Review dated 01/14/19, documented Ventolin HFA 108 microgram (mcg)/act aerosol (inhaler). R4's March Medication Administration Record (MAR), documented Ventolin HFA 108 microgram (mcg)/act aerosol, inhale two puffs every four hours as needed for wheezing. On 03/19/19 at 10:00 AM, the Ventolin HFA inhaler was not on site. On 03/19/19 at 10:00 AM, the Caregiver verbalized he could not locate R4's Ventolin inhaler. On 03/19/19 at 10:30 AM, the Administrator verbalized the Ventolin inhaler could not be located, and believed the inhaler had been discontinued. The Administrator verbalized the inhaler should not be documented on R4's MAR if it had been discontinued. Scope: 1 Severity: 2			

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0938 SS= D	449.2749(1)(g)(1) - Resident file - ADL Evaluation Admission - 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: (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident. Inspector Comments: Based on record review and interview, the facility failed to ensure an initial assessment to determine a resident's functional abilities was completed for 1 of 5 residents (Resident #1). Findings include: Resident #1 (R1) R1 was admitted on 6/12/17 with diagnoses including multiple sclerosis, hypertension, diabetes and peripheral neuropathy. The resident's medical record did not contain the form titled Activities of Daily Living that was dated on or shortly after the resident's admission. On 03/19/19 in the morning, the Administrator acknowledged they had not documented the assessment upon admission. The Administrator further explained the facility did not have a policy regarding the completion/timing of completion of the Activities of Daily Living form. Severity: 2 Scope: 1	0938	1) The actual assessment form was immediately completed and placed in resident #1's file. 2) By completing the assessment form at the time of admission of any resident. 3) By requesting that every worker and administrator obtain the assessment form at the time of admission. 4) Administrator 5) 3-20-19 6) Forms attached	04/03/2019
0960	449.2754(1) - Alzheimer's Endorsement - NAC 449.2754 Residential facility which provides care to persons with Alzheimer's disease: Application for endorsement; general requirements. 1. A residential facility which offers or provides care for a resident with Alzheimer ' s disease or related dementia must obtain an endorsement on its license authorizing it to operate as a residential facility which provides care to persons with Alzheimer ' s	0960	1) Rather than getting an Alzheimer endorsement, we will ensure that the physician will provide an assessment form for authorization into the group home regarding any resident with dementia. 2) In the future, we will get doctor assessments first prior to acceptance into the group home. 3) The corrective actions will be monitored by the administrator by ensuring the appropriate assessment forms are present	04/03/2019

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	disease. The Health Division may deny an application for an endorsement or suspend or revoke an existing endorsement based upon the grounds set forth in NAC 449.191 or 449.1915. Inspector Comments: Based on interview and record review, the facility failed to ensure an endorsement was obtained for the provision of Alzheimer's Disease or related dementia care for 2 of 5 residents (Resident #3 and #5). Findings include: Resident #3 (R3) R3 was admitted on 06/29/17, with a diagnosis of acute encephalopathy, atrial fibrillation and hypertension. R3's medical record contained a General physical exam dated 02/15/19, documented a diagnosis of senile dementia with an onset date of 04/06/18. R3's medical record lacked documented evidence an endorsement had been obtained for the provision of Alzheimer's disease or related dementia care. On 03/19/19 at 10:30 AM, R3 was alert and oriented sitting in a chair watching television. R3 was able to complete the mini cognitive assessment questions with the exception of correcting identifying the current year. On 03/19/19 at 11:00 AM, the Administrator verbalized R3 did not exhibit any dementia related behaviors. On 03/19/19 at 11:00 AM, the Administrator verbalized R3 did have a diagnosis of dementia, and the facility was not endorsed for Alzheimer's residents. Resident #5 (R5) R5 was admitted on 05/08/17, with a diagnosis of arthralgia, coronary artery disease, and dementia. R5's medical record contained a Clinical Summary for physical exam dated 12/27/17, documented a diagnosis of presenile dementia uncomplicated. R5's medical record lacked documented evidence an endorsement had been obtained for the provision of Alzheimer's disease or related dementia care. On 03/19/19 at 10:30 AM, R5 was not able to verbalize any of the questions on the mini cognitive assessment. R5 indicated being hard of hearing, and did not understand any questions and was not able to converse. On 03/19/19 at 11:00 AM, the Administrator verbalized R5 did not exhibit any dementia related behaviors. On		for each resident 4) Administrator 5) Immediately	

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