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
	8243	A. BUILDING _____ B. WING _____	10/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER HORIZON-HICKAM	8280 HICKAM AVENUE, LAS VEGAS, NEVADA ,89129

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a State Licensure annual survey and infection control survey conducted at your facility on 10/04/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten beds for elderly and disabled and/or persons with mental illness and/or persons with chronic illness, Category II residents. The census at the time of survey was ten. Ten resident files and three employee files were reviewed The facility received a grade of B . The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of antidiscrimination policy; posting of nondiscrimination statement and certain other information, NRS 449.102 - Duties of licensed facility to protect privacy of patient or resident, and LCB File No. R016-20 - Cultural competency training; complaint policy; development of gender identity/expression policy; designated person responsible for compliance with these regulations. Failure to comply with NRS 449.101, NRS 449.102 and LCB File No. R016-20 may result in future deficiencies. 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: FAITH RAMOS | Title: Administrator | Date: 10/22/2021

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0050 SS= F	Administrator's Responsibilities - Oversight - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.27706, inclusive, and chapter 449 of NRS. Inspector Comments: Based on observation and interview, the facility failed to implement safe infection control practices for the protection of residents and staff in response to the COVID-19 Pandemic. Findings include: On 10/04/21 at 8:15 AM, the Health Facility Inspector was not asked COVID-19 screening questions related to symptoms, travel history, and exposure to the virus. One employee was observed not wearing a face mask. The Caregiver indicated a face mask should have been worn while providing care to the residents. Severity: 2 Scope: 3	0050	Administrator have class and review with caregivers the continuing need for COVID 19 precautions and following facility protocols. Reviews why we need to follow state and regulatory guidelines to ensure continued safety of residents and staff alike, including mask wearing, hand sanitation, temperature checks for staff, visitors and residents. Administrator will make surprise checks to ensure that staff is following procedures on a daily basis. Class with staff on 10//5/2021 reviewing these details and reaffirming compliance going forward.	10/05/2021

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0920 SS= F	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medications for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself or herself without supervision may keep the resident ' s medication in his or her room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room. Inspector Comments: Based on observation and interview, the facility failed to ensure all medications were stored securely and inaccessible to residents. Findings include: On 10/04/2021 at 8:15 AM, two medication cabinets in the kitchen were observed unlocked and accessible to residents. The Caregiver acknowledged the medication cabinets were unlocked and not secured. The Caregiver indicated the medication cabinets should have been locked. Severity: 2 Scope: 3	0920	Administrator will have class and review with caregivers the continuing need for compliance with resident medications being stored in a safe locked cabinet at all times when not in use. Also reviewed that when giving medications caregiver needs to stay present at all times to ensure continued safety. Reviews why we need to follow state and regulatory guidelines to ensure continued safety of residents Administrator will make surprise checks to ensure that staff is following procedures on a daily basis. Class with staff on 10//5/2021 reviewing these details and reaffirming compliance going forward.	10/05/2021

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0930 SS= F	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she 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: (a) The full name, address, date of birth and social security number of the resident. (b) The address and telephone number of the resident ' s physician and the next of kin or guardian of the resident or any other person responsible for the resident. (c) A statement of the resident ' s allergies, if any, and any special diet or medication he or she requires. Inspector Comments: Based on observation and interview, the facility failed to ensure files for 10 of 10 residents were secured to prevent unauthorized use. Findings include: On 10/04/21 at 8:15 AM, a cabinet in the kitchen containing resident files was unlocked and not secured. The Caregiver acknowledged the residents' files were unlocked and not secured from unauthorized use. Severity: 2 Scope: 3	0930	Administrator have class and review with caregivers the continuing need for residents charts and private information to be in a locked cabinet. Reviewed in full HIPPA privacy and why documents need to be locked away when not in use. Also educated staff on why we need to follow state and regulatory guidelines. Administrator will make surprise checks to ensure that staff is following procedures on a daily basis. Class with staff on 10//5/2021 reviewing these details and reaffirming compliance going forward.	10/05/2021

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0960 SS= D	Alzheimer's Care Application for Endorsement - NAC 449.2754 Residential facility which provides care to persons with Alzheimer ' s disease: Application for endorsement; general requirements. (NRS 449.0302) 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 disease. The 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 observation, interview, and record review, the facility admitted and retained a resident with a diagnosis of Alzheimer's disease or related dementia and failed to provide a standard physician placement form for 1 of 10 sampled residents (Resident #6). Findings include: The facility is licensed for ten Residential Facility for Group residents, with an endorsement for mental illness and/or chronic illness. The facility did not have an endorsement to provide care for persons with Alzheimer's disease or related dementia. Resident #6 (R6) R6 was admitted on 06/04/21, with diagnoses including dementia and hypertension. A physical exam dated 03/18/21, documented R6 had a diagnoses of dementia. There was no documented evidence a standard physician placement form was completed. The Caregiver acknowledged R6's standard physician placement form was not in the resident's file. Severity: 2 Scope: 1	0960	Administrator have class and review with caregivers the need to follow state and regulatory guidelines to ensure admit process is followed in full. Reviewed all documents needed for admit to the facility including what we need to receive from medical professionals. Educated staff on why we need documentation especially standard placement and standard physical assessment before admit to the facility. Resident in questions had physical assessment in chart but standard placement missing. Administrator will frequent chart checks, before admit, on admit and in regular intervals to make sure that all paperwork is in order for residents to be safe and appropriate in our care home. Class with staff on 10//5/2021 reviewing these details and reaffirming compliance going forward. We received back a new standard placement determination sheet from residents medical professional on 10/18/21 and it is attached here.	10/18/2021