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
	8455	A. BUILDING _____ B. WING _____	11/09/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA OLIVA	**3209 CEDAR STREET, LAS VEGAS, NEVADA ,89104**

(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 a State Licensure annual and infection control survey conducted at your facility on 11/09/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for nine beds for persons with persons with mental illness and/or chronic illness and or intellectual disabilities, five Category I and four Category II residents. The census at the time of survey was nine. Nine resident files and three employee files were reviewed. The facility received a grade of A. 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		
0878 SS= D	Medication/OTCS, Supplements, Change 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	0878	On 11/09/2021, the date of the survey, staff were able to get clarification of the medication order from the physician. Clarified order was sent to pharmacy and is on site. Medication instructions were changed on the MAR to correspond with the order and the label on the bubble pack. Staff and recipient were informed on the clarifications and changes that were being made per updated instructions. Medications, prescriptions and MARS will be audited weekly by the site supervisor to	11/09/2021

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	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 administered per physician's orders for 1 of 9 sampled residents (Resident #6). Findings include: Resident #6 (R6) R6 was admitted on 03/24/20, with diagnoses including obesity. A review R6's medication administration record (MAR), documented Pantoprazole Sodium 40 milligrams (mg), take one tablet by mouth twice daily. A physician's order dated 09/30/21, documented Pantoprazole Sodium 40 mg, one tablet by mouth 30 minutes before meals. R6's medication bubble pack documented, Pantoprazole Sodium 40 mg, one tablet by mouth every day 30 minutes before meals. On 11/9/21 at 1:00 PM, the Supervisor acknowledged R6's medication bubble pack did not match R6's		assure consistency and clarification will be sought when there are questions. The administrator will review the weekly audit of medication and will do unannounced spot audits of medication during weekly site visits. Action completed on 11/09/2021 and will be monitored ongoing.	

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	medication administration record (MAR). The Supervisor indicated the physician order needed to be clarified. Severity: 2 Scope: 1			
0936 SS= D	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: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on interview and record review, the facility failed to ensure 2 of 9 sampled residents received annual signs and symptoms screening for tuberculosis (TB) (Resident #4 and #7). Findings include: Resident #4 (R4) R4 was admitted to the facility on 05/26/16, with diagnoses including anemia and hyperlipidemia. R4's file documented a positive TB test on 02/17/17. R4 had a chest x-ray completed 03/16/17. The chest x-ray documented R4 was free from TB. R4's file lacked documented evidence an annual TB signs and symptoms screening was completed. Resident #7 (R7) R7 was admitted to the facility on 09/22/19, with diagnoses including traumatic brain injury (TBI). R7's file documented a positive TB test on 11/12/18. R7 had a chest x-ray completed on 04/14/20. The chest x-ray documented R7 was free from TB. R7's file lacked documented evidence an annual TB signs and symptoms screening was completed. On 11/09/21 at 11:00 AM, the Supervisor acknowledged R4 and R7 did not have an annual TB signs and symptoms screening completed. Severity: 2 Scope: 1	0936	Annual Signs and Symptoms screening was completed on both individuals. Records of screening are maintained in their individual files. Program Supervisor will schedule annual signs and symptoms screening each year prior to the expiration date. The program administrator will complete file reviews to assure that updated information in located in the file and is accessible at all surveys. Signs and symptoms screenings will be scheduled annually as all other TB testing in scheduled to assure residents remain in compliance with health and safety standards.	11/23/2021