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
	8548	A. BUILDING _____ B. WING _____	01/16/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRANQUIL BREEZES CARE HOME, LLC	**237 PALMETTO POINTE DRIVE, HENDERSON, NEVADA ,89012**

(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 survey conducted in your facility on 01/15/19 through 01/16/19. This State licensure survey was conducted in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed to provide care to ten elderly and/or disabled residents with an endorsement for chronic illness, five Category I beds and five Category II beds. The census at the time of the survey was eight. Eight resident files were reviewed and four employee files were reviewed. The facility received a grade of D. 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		

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0069 SS= E	449.196(1)(e) - Qualifications of Caregiver-Meet needs - NAC 449.196 Qualifications of caregivers. 1. A caregiver of a residential facility must: (e) Possess the appropriate knowledge, skills and abilities to meet the needs of the residents of the facility. Inspector Comments: Based on observation, interview and record review, the facility failed to ensure 2 of 4 employees (Employee #3 and Employee #4) had the necessary training to demonstrate proper use of a Hoyer lift. Findings include: On 01/15/19 at 8:45 AM, during a tour of the facility, two Hoyer lifts were observed being stored in a small sitting area located off the main hallway. On 01/15/19 at 10:25 AM, Employee #3 (E3) and Employee #4 (E4) indicated the Hoyer lifts were used to assist Resident #3 (R3) and Resident #5 (R5) in transferring in and out of bed to a wheelchair. When asked if E3 and E4 had received any training on the use of this equipment, both employees replied negatively. Both employees expressed the importance of receiving proper training on the use of the equipment as that could avoid causing any harm to a resident while using the equipment. A review of E3 and E4's employee files did not reveal any indication or proof of training on the use of the Hoyer lift. On 01/16/19 at 11:00 AM, the Owner was not able to locate documentation which indicated staff had received training on the Hoyer lift. The Owner indicated it was important for staff to have training on the Hoyer lift so the staff know how to use the lift and so the resident did not fall. Severity: 2 Scope: 2	0069	A. Caregivers were given training on the use of Hoyer Lift in 2017, unfortunately at the time of the inspection we could not locate the training certificate, that's why the administrator immediately requested hospice provider to conduct training on the use of hoyer lift. On 01/18/2019 training was done. Furthermore, the training certificate of 2017 was also found. We are sending both certificates. B. The administrator and owner will strictly monitor that caregivers should have the necessary training in order to enhance their knowledge, skills and abilities to meet the needs of the residents of the facility. C. Completed on 01/18/2019.	01/18/2019

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0175 SS= F	449.209(4)(b) - Health and Sanitation-Hazards - NAC 449.209 Health and sanitation. 4. To the extent practicable, the premises of the facility must be kept free from: (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure medical equipment was not being stored in a common sitting area so as not to inhibit the use of that area and impede the free movement of residents within that area. Findings include: On 01/15/19 at 8:45 AM, during a tour of the facility, the following medical equipment was observed as being stored in a small sitting area located to the side of the main hallway: -two Hoyer lifts -two wheelchairs -two front wheeled walkers On 01/15/19 at 10:25 AM, E1 and E3 both confirmed this medical equipment should not have been stored there and should be stored in the garage where it would be out of the way of the residents. Severity: 2 Scope: 3	0175	A. The administrator right away instructed staff to remove the said medical equipment mentioned in the citation. The caregivers properly stock them up in the garage. Please see picture of the said common sitting area free from any obstacle that impede the free movements of residents. B. The administrator and owner will continue to monitor that all common areas will be free from any obstacle so as not to impede the free movement of residents and will make sure proper storage of medical equipment. C. Completed on 01/16/2019.	01/16/2019
0178 SS= D	449.209(5) - Health and Sanitation-Maintain Int/Ext - NAC 449.209 Health and sanitation. 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview the facility failed to ensure the interior of the facility was clean. Findings include: On 01/16/19 at 10:40 AM, in the sitting area behind the breakfast bar the window ledge and the lamp with the table were dusty. The Owner confirmed the observation. The Owner explained the area was cleaned by staff once a week. On 01/16/19 in the morning, the window ledges in rooms 1-4 and the master bedroom were dusty. The Owner confirmed the observations and indicated they should be clean. Severity: 2 Scope: 1	0178	A. The administrator immediately instructed the staff to clean the area mentioned in the citation. A memo about the new schedule of cleaning was also released. Instead of once a week, general cleaning/deep cleaning will be done 3 times a week aside from the regular cleaning/light cleaning being done daily. Please see copy of the memo. B. The administrator and owner shall regularly check cleanliness of facility. C. Completed on 01/30/2019	01/30/2019

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0250 SS= F	449.217(1) - Kitchens-Equipment works; Clean and Sanitary - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. 1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition. Inspector Comments: Based on observation and interview, the facility failed to ensure the kitchen area was clean and free of dirt and grime. Findings include: On 01/15/16 at 8:45 AM, during a tour of the facility, the kitchen cabinets located above the stove were sticky to the touch and had a layer of accumulated dust. On 01/15/19 at 9:20 AM, E1 and E3 confirmed this observation and indicated the cabinets were in need of a cleaning. E1 stated the kitchen cabinets were cleaned every few days and as needed. Severity: 2 Scope: 3	0250	A. The administrator promptly instructed staff to clean the kitchen with extra emphasis on the kitchen cabinets located above the stove. Staff said they were a little bit sticky because they just cooked breakfast that morning of inspection, nevertheless, administrator instructed them to clean right every after cooking. A memo was also released on the new schedule of general cleaning/deep cleaning. Deep cleaning will be done three times a week aside from the regular cleaning/light cleaning done daily. Please see copy of memo. B. The administrator and owner will closely monitor compliance of the new general cleaning/deep cleaning schedule and will make sure all parts of facility are clean. C. Completed on 01/30/2019	01/30/2019

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0251 SS= F	449.217(2) - Storage of Food-Perishable foods refrigerated - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. 2. Perishable foods must be refrigerated at a temperature of 40 degrees Fahrenheit or less. Frozen foods must be kept at a temperature of 0 degrees or less. Inspector Comments: Based on observation and interview, the facility failed to ensure perishable bottles of condiments were refrigerated after opening as indicted on the bottle label. Findings include: On 01/15/19 at 8:45 AM, during a tour of the facility, the following open bottles of condiments were found being stored in a kitchen cabinet at room temperature instead of in the refrigerator as indicated on the bottle label: -a 40 ounce bottle of barbecue sauce -a 17 ounce bottle of teriyaki sauce -a 24 ounce bottle of honey mustard On 01/15/19 at 9:20 AM, E1 and E3 confirmed these observations and indicated these items should have been stored in the refrigerator after opening as indicated on the bottle label. E1 and E3 further expressed the importance of proper food storage to avoid getting anyone sick. Severity: 2 Scope: 3	0251	A. The administrator immediately instructed disposal of said condiments mentioned on the citation. The staff was also reminded of the proper storage of food. B. The administrator and owner will closely monitor proper food storage. C. Accomplished on 01/16/2019.	01/16/2019

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0252 SS= F	449.217(3) - Storage of Food-Adequate storage; Packaging - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. 3. Sufficient storage must be available for all food and equipment used for cooking and storing food. Food that is stored must be appropriately packaged. Inspector Comments: Based on observation and interview, the facility failed to ensure stored food was properly kept packaged and closed. Findings include: On 01/15/19 at 8:45 AM, during a tour of the facility, the following stored food items in the kitchen were observed to not be closed properly: -a bottle of grated Parmesan cheese -a bag of potato chips -two boxes of macaroni and cheese -a box of chicken frying mix On 01/15/19 at 9:20 AM, E1 and E3 confirmed these observations and indicated it was important to keep food stored and closed properly to avoid the intrusion of rodents and pests and to ensure that no one gets sick from it as a result. Severity: 2 Scope: 3	0252	A. The administrator promptly instructed staff disposal of said stored food items on the citation. They were also reminded that food that is stored must be appropriately packaged. B. The administrator and owner will closely monitor compliance. C. Accomplished on 01/16/2019.	01/16/2019

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0272 SS= F	449.2175(3) - Service of Food - Menus - NAC 449.2175 Service of food; seating; menus; special diets; nutritional requirements; dietary consultants. 3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days. Inspector Comments: Based on observation, interview and document review, the facility failed to ensure meal menus were posted where they could be seen by residents and visitors and failed to include snack times and the snacks that were available. Findings include: On 01/15/19 at 8:45 AM, on a tour of the facility, the daily menu was observed to be posted on the front of the main refrigerator in the kitchen area and did not contain information regarding snack times and the snacks that would be available. On 01/15/16 at 9:20 AM, E1 confirmed the observation and explained the residents were not allowed in the kitchen area and so did not have access to view the menu. On 01/15/19 in the afternoon the Owner confirmed the food menu was only posted in the kitchen on the refrigerator. The Owner advised the residents were not allowed in the kitchen area. The Owner indicated the menu needed to be moved so the residents could see the menu. The Owner confirmed the posted menus did not document the time snacks were served or the type of snacks served. Severity: 2 Scope: 3	0272	A. The administrator immediately instructed posting of menu in a conspicuous place, it was posted on the bulletin board in the living room next to the kitchen. Snacks that have always been available to the residents are already included on the menu. Please see copy of the menu that shows snacks. B. The administrator and owner will continuously monitor proper posting of menu and will make sure that aside from the 3 meals, available snacks are posted as well. C. Completed on 01/17/2019.	01/17/2019
0273 SS= D	449.2175(4) - Service of Food - Special Diets - NAC 449.2175 Service of food; seating; menus; special diets; nutritional requirements; dietary consultants. 4. A resident who has been placed on a special diet by a physician or dietitian must be provided a meal that complies with the diet. The administrator of the facility shall ensure that records of any modification to the menu to accommodate for special diets prescribed by a physician or dietitian are kept on file for at least 90 days. Inspector Comments: Based on observation, interview and document review the facility failed to ensure 1 0f 8 residents (Resident #6) received a special diet in	0273	A. On 01/18/2019, the facility started posting a special diet menu for (R6). Please see copy of special menu. B. The administrator and owner will closely monitor serving of proper meals that complies with special diet of a resident prescribed by their physician. C. Completed on 01/18/2019.	01/18/2019

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	accordance with a physician's order. Findings include: Resident #6 (R6) was admitted to the facility on 2/27/17 with diagoses including coronary artery disease and status post pacemaker. The medical record contained a General Examination form dated 11/20/18 which indicated the resident was on a low fat, low cholesterol, low salt and low calorie diet. On 01/15/19 at 10:00 AM, R6 was served a snack of fruit and in the afternoon the resident had chocolate chip cookies. On 01/15/19 during the noon meal, all the residents recieved pork menudo, mashed potatoes and ice cream. On 01/16/19 at 9:50 AM, the Owner advised R6 had a physician's order for a low fat, low cholesterol, low salt and low calorie diet. The Owner advised the facility did not have a special menu. The Owner indicated there was only one menu and all resident received a low salt diet. The Owner explained the facility did not use canned foods or add salt. The Owner did not know how much salt the resident was allowed daily and guessed the resident received about 1600 to 1800 calories per day. The Owner was not able to verbalize how many calories equaled a low calorie diet. The Owner verbalized the order should be clarified to determine how much salt, calories and cholesterol were allowed each day for the resident. The Owner was aware the facility was not following the physician's order. On 01/16/19 during the noon meal, all residents were served barbeque chicken, mashed potatoes with gravy, carrots, broccoli and ice cream. Severity: 2 Scope: 1			

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0304 SS= D	449.218(4) - Bedrooms - Privacy - NAC 449.118 Bedrooms; privacy; storage space and closets; bedding; use of personal furniture. 4. The arrangement of the beds and other furniture in the bedroom must provide privacy for and promote the safety of the residents occupying the bedroom. Adjustable curtains, shades, blinds or similar devices must be provided for visual privacy. Inspector Comments: Based on observation and interview, the facility failed to provide any devices for visual privacy and safety in the master bedroom where 3 of 8 residents (R6, R7, R8) had their beds. On 01/15/19 at 8:45 AM, during a tour of the facility, it was observed there were no adjustable curtains, shades, blinds or similar devices for visual privacy and safety in the master bedroom where three residents had their beds. On 01/15/19 at 10:25 AM, R7 expressed dissatisfaction that there was no privacy in the bedroom. On 01/16/19 at 11:45 AM, E1 confirmed the observation and indicated she was looking into obtaining curtains and/or privacy screens for use in that bedroom. On 01/15/19, during the initial tour of the facility, the master bathroom door contained a posted sign which indicated for Staff use. The master bedroom contained 3 beds. There were no privacy curtains or other devices in the room to ensure privacy. On 01/15/19 in the afternoon, R8 indicated it would be nice to have privacy to change clothes. On 01/15/19 at 1:30 PM, R7 indicated it would be nice to have privacy to change clothes, but what can I do. Severity: 2 Scope: 1	0304	A. On 01/19/2019 privacy curtains were installed. Please see picture of installed curtains. B. The administrator and owner will make sure that all residents, existing and future, placed in a shared room will still have their privacy by installing adjustable curtains. c. Accomplished on 01/19/2019.	01/19/2019

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0306 SS= E	449.218(5)(b) - Bedrooms - Closet Space - NAC 449.218 Bedrooms; privacy; storage space and closets; bedding; use of personal furniture. 5. Each resident must be provided: (b) At least 24 inches of space in a permanent or portable closet for hanging garments. Inspector Comments: Based on observation and interview, the facility failed to provide at least 24 inches of closet space to hang garments for 3 of 8 residents (R6, R7, R8). Findings include: On 01/15/19 at 8:45 AM, during a tour of the facility it was observed there was no permanent or portable closet space in the master bedroom to hang garments where three residents had their beds. On 01/16/19 at 11:45 AM, E1 confirmed the observation and explained that she was in the process of obtaining a portable closet for each resident in that room. On 01/15/19 in the afternoon, R7 and R8 indicated they would like to have a closet. On 01/15/19 in the afternoon the Owner confirmed there were no closet for the 3 residents in the master bedroom and was not aware of the regulations about the closet space. Severity: 2 Scope: 2	0306	A. On 01/30/2019, 3 portable closets were placed in the master bedroom. Each resident will have one portable closet. Please see pictures of the 3 portable closets. B. The administrator and owner will make sure that all residents, existing and future, will have at least 24 inches closet space to hang garments. C. Completed on 01/30/2019.	01/30/2019
0352 SS= F	449.222(2)(b) - Bathrooms and Toilet-Tub/shower per six - NAC 449.222 Bathrooms and toilet facilities; toilet articles. 2. Each residential facility that was issued an initial license on or after January 14, 1997 must have: (b) A tub or shower for each six residents. Inspector Comments: Based on observation and interview, the facility failed to provide a tub or shower for each six residents. Findings include: On 01/15/19 at 8:45 AM, during a tour of the facility, it was observed there was only one functioning tub/shower for eight residents. Two additional tub/showers existed in the facility, however, one was rendered inoperable by having a heavy cover placed over it and the other was located in a bathroom designated for employees only with a heavy cover over it as well. On 01/15/19 at 2:15 PM, these observations were confirmed by E1 and E3 and it was indicated these tubs had covers over them as a safety measure to prevent	0352	A. The administrator immediately instructed removal of wood that covers the tub. Please see picture. B. The administrator and owner will closely monitor that all tubs/showers are functioning and ready for use to residents. C. Completed on 01/17/2019.	01/17/2019

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	any residents from possibly falling into them and subsequently drowning. On 01/15/19 in the morning during the initial tour of the facility the master bathroom had a sign posted on the door for Staff use. The master bathroom had a toilet, shower and a bath tub which was covered with a large piece of wood. There were 2 other bathrooms located in the facility. The first bathroom had a toilet and shower and the second bathroom had a toilet and a bath tub covered with a large piece of wood. On 01/15/19 during the tour, a caregiver explained the bath tubs were covered as the facility did not want the residents to trip over or lose their balance if they went to the bathroom. On 01/15/19 at 3:45 PM, the Owner indicated the residents did not use the master bathroom it was for staff use only. On 01/15/19 in the afternoon, the Owner and a Care giver confirmed the bath tub was covered and not used in the second bathroom. The staff indicated everyone used the shower in the first bathroom. The Caregiver indicated the bath tub had been covered since August of 2018 when the care giver had been hired. The caregiver indicated the bath tub had been covered for safety. Severity: 2 Scope: 3			
0531 SS= F	449.260(1)(f) - Activities for Residents - NAC 449.260 Activities for residents. 1. The caregivers employed by a residential facility shall: (f) Encourage the residents to participate in the activities scheduled pursuant to paragraph (e). Inspector Comments: Based on observation, interview and document review, the facility failed to ensure residents were encouraged to participate in scheduled activities. Findings include: On 01/15/19 at 8:45 AM, during a tour of the facility, a posted monthly activity schedule was observed. The scheduled activities for January 15 and 16, 2019 were as follows: - January 15, 2019 8:30 AM - 10:00 AM News Watching 10:00 AM - 11:00 AM Walking 3:30 PM - 4:30 PM Word Puzzle - January 16, 2019 8:30 AM - 10:00 AM News Watching 10:00 AM - 12:00 Noon Card Games 3:30 PM - 4:30 PM Baking None of these activities were observed to	0531	A. We make sure that our activities are implemented on a regular basis. At the time of the 2 day inspection, the staff just got so overwhelmed and nervous which affected the normal flow of activities. Though, during the inspection, staff led some residents those who are still ambulatory to do some walking exercise but according to the inspector "it was not enough" thus on 01/17/2019, administrator conducted a meeting and reminded staff to make sure that activities are being done regardless there is an inspection or not. B. The administrator and owner will strictly monitor compliance of scheduled activities. C. Accomplished on 01/17/2019.	01/17/2019

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	occur on these dates, with the exception of News Watching, during the time the inspectors were on site. The only activity the residents were observed to participate in during the entire inspection period was watching TV. On 01/16/19 at 11:45 AM, E1 confirmed these observations and indicated there was usually more activities happening in the residence with more resident participation, however, E1 expressed feeling overwhelmed and very nervous with the inspection going on and so the normal flow of events at the facility was effected as a result. The posted activity calendar posted in a sitting area off the kitchen documented the following activities for 01/15/19: 8:30 AM to 10:00 AM, news watching 10:00 Am to 11:00 AM, walking 3:30 Pm to 4:30 PM, puzzles On 01/15/19 at 9:10 AM, 3 residents were sitting in recliners lined up against the wall behind the kitchen table watching television. There were no activities observed done with residents at the facility as posted on the activity calendar. On 01/15/19 at 11:00 AM and 2:00 PM, 4 resident were in the sitting area off the kitchen watching television. The posted activity calendar was located in a sitting area off the kitchen documented the following activities for 1/16/19: 8:30 Am to 10:00 AM, news watching 10:00 AM to 12 noon card games On 01/16/19 from 8:30 AM, to 11:15 AM, 4 residents were sitting in an area just off the kitchen watching television. On 01/16/19 at 11:15 AM, a Care giver indicated the staff had not encouraged or offered the residents the posted activities. The caregiver acknowleged the activity calendar had not been followed for 01/15/19 and 01/16/19. The care giver confirmed the residents had been watching television while the survey team was at the facility. On 01/16/19 at 11:55 AM, the Owner indicated the expectation was staff would do the activities on the activity calendar with the residents and have the residents participate in the activities. The Owner agreed the activity calendar had not been followed on 01/15/19 and 01/16/19. Severity: 2 Scope: 3			

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	8548	A. BUILDING _____ B. WING _____	01/16/2019

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0693 SS= D	449.2712(2) - Oxygen-Caregiver monitor resident ability - NAC 449.2712 Residents requiring the use of oxygen. 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician. (b) Ensure That: (1) The resident's physician evaluates periodically the condition of the resident which necessitates his use of oxygen; (2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored; (3) Persons do not smoke in those areas where smoking is prohibited; (4) All electrical equipment is inspected for defects which may cause sparks. (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; (6) The equipment used to administer oxygen is in good working condition; (7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and (8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident. Inspector Comments: Based on observation, interview and record review, the facility failed to ensure there was a portable unit for the administration of oxygen present in the facility in the event of a power outage for 1 of 8 residents (R5). Findings include: On 01/15/19 at 8:45 AM, during a tour of the facility, R5 was observed using an oxygen concentrator for the administration of oxygen. There was no portable oxygen unit available in the facility for R5 to use in the event of a power outage. On 01/15/19 at 2:15 PM, E1 and E4 confirmed this observation. E1 also stated a unit was ordered on this date and should be delivered within the next few hours. On 01/15/19 in the afternoon the Owner verbalized there was no portable oxygen tank on site at the facility. Severity: 2 Scope: 1	0693	A. On January 16, 2019, a portable oxygen was delivered to the facility. Please see picture of the portable oxygen. B. The administrator and owner will make sure that a portable oxygen is at all time available for each resident requiring the use of oxygen. C. Accomplished on 01/16/2019.	01/16/2019

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0702 SS= D	449.2712(3) - Oxygen-Caregivers can operate equipment - NAC 449.2712 Residents requiring use of oxygen. 3. The administrator of a residential facility shall ensure that the caregivers who may be required to administer oxygen have demonstrated the ability to operate properly the equipment used to administer oxygen. Inspector Comments: Based on observation and interview, the facility failed to ensure the caregivers who may be required to administer oxygen were able to demonstrate the ability to properly operate the equipment used to administer oxygen. Findings include: On 01/15/19 at 2:15 PM, E3 and E4 were asked if they had been trained on and if they knew how to operate both an oxygen concentrator and a portable oxygen tank. Both employees responded negatively to those questions. They both indicated that if a resident is on hospice care, they leave the operation of the oxygen equipment to the hospice nurses and they only remove and replace the nasal cannula on the resident. On 01/16/19 at 11:00 AM, the Owner was not able to locate documentation which indicated staff had received training on the use of oxygen. The Owner indicated it was important for staff to have training on the use of oxygen to ensure the resident received the correct amount of oxygen and how to regulate the oxygen flow rate. Severity: 2 Scope: 1	0702	A. The administrator promptly requested hospice provider to conduct training to caregivers (staff) on the proper operation of oxygen equipment. On 01/18/2019 hospice provider facilitated training. Please see training certificate. B. The administrator and owner will closely monitor training of all caregivers on the proper operation of oxygen equipment. C. Accomplished on 01/18/2019.	01/18/2019
0830 SS= D	NAC 449.2736(1) - Exemption Requests - NAC 449.2736 Procedure to exempt certain residents from restrictions. 1. The administrator of a residential facility may submit to the Division a written request for permission to admit or retain a resident who is prohibited from being admitted to a residential facility or remaining as a resident of the facility pursuant to NAC 449.271 to 449.2734 , inclusive. Inspector Comments: Based on observation, interview and record review, the facility failed to obtained a waiver from the Bureau of Health Care Quality and Compliance in order to retain a resident who would otherwise be prohibited from remaining a resident of the facility and failed	0830	A. An Exemption Request was submitted on 02/13/2013 to the Division of Public & Behavioral Health for the retention of said resident. Please see copy of said request. B. The administrator and owner will strictly assess residents for admission and retention, and will promptly submit exemption request if needed for a resident who would otherwise be prohibited from being admitted or retained. C. Completed on 02/13/2019.	02/13/2019

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	to obtain a waiver/exemption for 1 of 8 residents (Resident #3) with a pressure ulcer. Findings include: On 01/15/19 in the afternoon, R3 was observed with a Foley catheter sitting in a wheelchair. On 01/15/19 in the afternoon, E2 and E3 were questioned regarding the health status of R3. E2 and E3 indicated R3 had a diagnosis of dementia and had a pressure ulcer in the coccyx area in addition to the Foley catheter. They also indicated R3 was on hospice care and the hospice nurses provided the care for the pressure ulcer as well as maintaining the Foley catheter since the resident was unable to do so herself. E2 and E3 also stated they will empty the catheter bag and call the hospice service if they notice a clog in the tubing or a foul smell. On 01/16/19 in the afternoon, E1 indicated R3's coccyx pressure ulcer was greatly improved since she was admitted to the facility. A review of R3's medical records revealed the diagnoses of dementia and an unstageable pressure ulcer on the coccyx. Resident #3 (R3) was admitted to the facility on 12/15/18 with diagnoses including dementia and hypertension. On 01/15/19 in the afternoon, a Caregiver advised the resident was non ambulatory. The resident required the use of a Hoyer lift to transfer the resident to the bed and to the wheelchair. The Caregiver explained she had not been trained by the facility to use the Hoyer lift. The caregiver explained the resident was admitted to the facility with a pressure ulcer on the coccyx and the nurse came into the facility to care from the wound. The care giver indicated there was still an open area on the coccyx. On 01/15/19 the Owner confirmed the facility did not have a waiver or exemption for the resident's pressure ulcer. Severity: 2 Scope: 1			

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0883 SS= D	449.2742(7) - Medication / Resident Refusal - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregivers and employees of facility. 7. If a resident refuses, or otherwise misses, and administration of medication, a physician must be notified within 12 hours after the dose is refused or missed. Inspector Comments: Based on interview and record review, the facility failed to ensure a physician was notified within 12 hours of refusal of the administration of medication for 1 of 8 residents (R8). Findings include: A review of R8's medical records revealed the resident refused medication administration on the following dates and times: -January 13, 2019 at 7:00 PM (1 dose) -January 14, 2019 at 7:00 AM (6 doses) -January 14, 2019 at 7:00 PM (2 doses) -January 15, 2019 at 7:00 AM (4 doses) On 01/16/19 in the afternoon, E3 and E4 confirmed the findings in the record and indicated the physician was not called and there was no incident report filled out regarding these incidents. Severity: 2 Scope: 1	0883	A. The administrator immediately discussed with the staff that if a resident refuses administration of medication, their physician must be notified within 12 hrs after the dose is refused or missed. B. The administrator and owner will strictly monitor compliance by regularly checking MAR for any refusal and documentation of notification of physician about the refusal. C. Completed on 01/17/2019.	01/17/2019

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0895 SS= D	449.2744(1)(b 1-4)+449.2746(2) - Medication / MAR-PRN MAR - NAC 449.2744 Administration of medication: Maintenance and contents of logs and records. 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician. NAC 449.2746 (Refer to NAC 449.2742(5) 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.) 2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the medication: (a) The reason for the administration; (b) The date and time of the administration; (c) The dose administered; (d) The results of the administration of the medication; (e) The initials of the caregiver; and (f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician. Inspector Comments: Based on interview and record review, medication refusals were not being accurately documented and recorded in the Medication Administration Record (MAR) for 1 of 8 residents (R8). Findings include: A review of R8's medical records revealed the name of the medication, the date and time of refusal, and the reason for refusal was not being documented in the MAR. On 01/16/19 in the afternoon, E3 and E4 confirmed these findings and indicated they were not aware that this needed to be done. Severity: 2 Scope: 1	0895	A. The administrator immediately discussed with the staff that if a resident refuses administration of medication, aside from notifying the physician within 12 hours, the reason for refusal should also be documented in the MAR. B. The administrator and owner will closely monitor compliance by checking the MAR for any refusal, reason for refusal and notification of physician. C. Completed on 01/17/2019.	01/17/2019

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0920 SS= F	449.2748(1-2) - Medication Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. 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. Medication 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 without supervision may keep his medication in his 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 a prescription medication was stored properly in a locked box in a refrigerator where food was also kept. On 01/15/19 at 8:45 AM, during a tour of the facility, an unopened 16 fluid ounce bottle of prescription saline laxative was found in the secondary refrigerator located in the kitchen which stored food and also contained a medication lock box. On 01/15/19 in the morning, E3 confirmed this finding and also indicated this medication should be stored in the lock box in the refrigerator with the other medications. Severity: 2 Scope: 3	0920	A. The administrator promptly discussed with the staff to always keep all medications locked in the medication cabinet or in the medication lock box inside the refrigerator if it needs to be refrigerated each and every after use. B. The administrator and owner will continue to strictly monitor if medications are properly stored. C. Completed on 01/17/2019.	01/17/2019

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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 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 observation, interview and record review, the facility failed to acquire an endorsement on their license to operate as a residential facility which provides care for Alzheimer's disease or related dementia. Findings include: On 01/15/19 at 8:45 AM, during a tour of the facility, it was revealed the facility license had an endorsement for chronic illness only. A review of residents' medical records revealed 2 of 8 residents (R2 and R3) with a diagnosis of dementia. On 01/16/19 in the afternoon, E1 and E3 confirmed these findings. On 01/15/19 at 3:10 PM, a Care giver advised the facility was endorsed to take residents with dementia. The Owner indicated the facility had no Alzheimer's endorsement and did not take residents with Alzheimer's. The Owner indicated the facility accepted residents with dementia.	0960	A. Respective physicians of R2 and R3 issued letters stating that said residents are able to stay at our facility given their current medical condition. Please see copies of the physician's letters. B. The administrator and owner will monitor compliance of resident's medical condition to facility's endorsement. C. Completed on 02/20/2019.	02/20/2019