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 _____	02/26/2024

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

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey completed at your facility on 02/26/24 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons, five Category I and five Category II residents. The census at the time of the survey was ten. Ten resident files and five 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 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: MARGIE ANTONIO Title: Admisnitrator Date: 04/15/2024

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0870 SS= D	Medication Administration-Accuracy & Report - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility. (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). Inspector Comments: Based on record view and interview, the facility failed to perform medication reviews every six months for 1 of 10 residents (Resident #1). Findings include: Resident #1 (R1) R1 was admitted on 08/19/22 with diagnoses including Type 2 Diabetes Mellitus, hypothyroid, and hypertension. R1's medical record lacked documented evidence of six-month medication reviews of R1's medications by a physician, pharmacist or registered nurse in July of 2023 and January of 2024. On 02/26/24 in the afternoon, the Caregiver acknowledged the lack of six-month medication reviews for R1. Severity: 2 Scope: 1	0870	1. Administrator and/or Manger shall complete the missed medication review. 2. A thorough medication review of every six months must be done to ensure the deficient practice will not recur. 3. The Administrator or Manager shall do a quarterly review of each residents files to ensure the deficient practice will not recur. 4. The Administrator is responsible to ensure resident's file is complete. 5. Correction was made on 2/29/24 6. Document attached on 4/10/24	04/10/2024
0874 SS= F	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	0874	1. Administrator shall complete the missed initials on medication review to correct the specific findings. 2. A thorough medication review of every six months must be done to ensure the deficient practice will not recur. 3. The Administrator or Manager must do a shall do a quarterly review of each residents	04/10/2024

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	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 6-month medication reviews were reviewed and initialed by the Administrator for 6 of 10 residents (Residents #4, #5, #6, #7, #9, and #10). Findings include: Resident #4 (R4) R4 was admitted on 03/11/22 with diagnoses including debility, cough, acute deep vein thrombosis, and Diabetes Mellitus with peripheral artery disease. R4's most recent medication reviews were performed on 07/20/23, 11/08/23, and 01/04/24. There was no documentation of the Administrator's initials on R4's medication reviews. Resident #5 (R5) R5 was admitted on 04/06/23 with a diagnosis of senile degeneration of the brain. R5's most recent medication reviews were performed on 05/05/23 and 11/02/23. There was no documentation of the Administrator's initials on R5's 11/02/23 medication review. Resident #6 (R6) R6 was admitted on 12/23/19 with diagnoses including Alzheimer's Type Dementia and hypertensive heart and renal disease with renal failure. R6's most recent medication reviews were performed on 07/17/23 and 11/16/23. There was no documentation of the Administrator's initials on R6's medication review from 11/16/23. Resident #7 (R7) R7 was admitted on 12/06/18 with diagnoses including Dementia, seizures, and urinary incontinence. R7's most recent medication reviews were performed on 06/13/23 and 09/22/23. There was no documentation of the Administrator's initials on R7's medication reviews. Resident #9 (R9) R9 was admitted on 04/04/22 with a diagnosis of cardiomyopathy. R9's most recent medication review was performed on 02/14/24. There was no documentation of the Administrator's initials on R9's medication review. Resident #10 (R10) R10 was admitted on 10/27/22 with diagnoses including chronic obstructive pulmonary disease, irritable bowel syndrome, edema,		files to ensure the deficient practice will not recur. 4. The Administrator is responsible to ensure resident's file is complete. 5. Correction was made on 2/29/24 6. Document attached on 4/10/24	

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	Vascular Dementia, and urinary tract infection. R10's most recent medication reviews were performed on 01/23/23 and 09/22/23. There was no documentation of the Administrator's initials on R10's 09/22/23 medication review. On 02/26/24 in the afternoon, the Caregiver acknowledged the lack of Administrator review of medication reviews for R4, R5, R6, R7, R9, and R10. Severity: 2 Scope: 3			

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1830 SS= E	Infection Control Required Training - Infection Control Required Training LCB File No. R048-22 Sec. 5 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training. Inspector Comments: Based on record review and interview, the facility failed to ensure the primary and secondary infection control designees acquired the required 15 hours of infection control training. Findings include: On 02/26/24 in the afternoon, the records for the Administrator and Owner, the primary and secondary infection control designees respectively, lacked documented evidence of 15 hours of training concerning the control and prevention of infections from the approved nationally recognized organizations. On 12/11/23 in the afternoon, the Owner confirmed the 15 hours of required infection control and prevention training had not been completed for the primary and secondary infection control designees. Severity: 2 Scope: 2	1830	1. Administrator shall ensure that the infection control training for the designees must be completed. 2. A complete infection training must be done to ensure the deficient practice will not recur. 3. The Administrator or Manager must do a quarterly file review to ensure the deficient practice will not recur. 4. The Administrator is responsible to to ensure resident's file is complete. 5. Correction was made on 3/4/24 6. Document attached on 4/10/24	04/10/2024