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
	8592	A. BUILDING _____ B. WING _____	09/06/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMERLIN RETIREMENT LIVING, LLC	**10128 SNOW CREST PLACE, LAS VEGAS, NEVADA ,89134**

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0000	Initial Comments - Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 9/6/17. This State Licensure survey was conducted by the authority of NRS 449.0307, Powers of the Division of Public and Behavioral Health. The facility is licensed for seven Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was five. Five resident files were reviewed and five employee files were reviewed. The facility received a grade of B. 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 deficiencies were identified:	0000		

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0105 SS= F	449.200(1)(f) - Personnel File - Background Check - NAC 449.200 Staffing requirements; limitations on number of residents; written schedule required for each shift. 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. Inspector Comments: Based on record review and interview, the facility failed to ensure 4 of 5 employees met background check requirements of NRS 449 (Employee #1, #2, #4 and #5). Findings include: On 9/6/17 in the afternoon, review of the employee files revealed the following background check deficiencies: Employee #1 Employee #1 was hired on 1/5/16. Review of the employee file revealed a State and FBI clearance dated 12/22/14 from another facility. Observed documented evidence of fingerprinting dated 6/29/17 and a NABS Clearance Letter for this facility dated 7/5/17, 18 months after hire date. Employee #2 Employee #2 was hired on 9/9/16. Review of the employee file revealed a NABS Clearance Letter dated 1/10/17 from another facility. Observed documented evidence of a NABS Clearance Letter dated 5/18/17, eight months after hire date. Employee #4 Employee #4 was hired on 8/1/16. Review of the employee file revealed a NABS Clearance Letter dated 11/6/15 from another facility. Observed documented evidence of fingerprinting dated 5/20/17 and a NABS Clearance Letter for this facility dated 5/24/17, more than nine months after hire date. Employee #5 Employee #5 was hired on 3/15/17. Review of the employee file revealed fingerprinting dated 5/25/17 and a NABS Clearance Letter dated 6/19/17. The employee turned 18 years old in February 2017. On 9/6/17 in the afternoon, Employee #3 acknowledged the findings and explained they had difficulty figuring out the electronic background check system. Severity: 2 Scope: 3	0105	This plan of correction is submitted as required by the State of Nevada Administrator Code applicable to NAC 449. This plan of correction does not constitute an admission of liability, and such liability is hereby expressly denied. The submission of this plan does not constitute agreement by the facility that the surveyor's conclusions are accurate, that the findings represent a deficiency, or that the severity of the deficiencies cite is correctly applied* 1.We will use a checklist for all new employees to ensure we comply with NAC 449.200. 2.We have contacted the NABS website and entered the email address of the owner, administrator, and consultant. 3.We have reviewed the files on all employees annually to ensure their compliance. 4.The owner of the facility will make sure that this deficiency does not happen again. 5.The deficiency was corrected on May 24, 2017.	09/23/2017

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0905 SS= D	449.2746(1)(a)-(c) - PRN Medication - NAC 449.2746 Administration of medication: Restrictions concerning medication taken as needed by resident; written records. 1. A caregiver employed by a residential facility shall not assist a resident in the administration of medication that is taken as needed unless: (a) The resident is able to determine his need for the medication. (b) The determination of the resident's need for the medication is made by a medical professional qualified to make that determination; or (c) The caregiver has received written instructions indicating the specific symptoms for which the medication is to be given, the exact amount of medication that may be given and the frequency with which the medication may be given. Inspector Comments: Based on observation, record review and interview, the facility failed to ensure the physician's order for "as needed" medications for 1 of 5 residents included specific instructions on frequency of administration and not a range (Resident #1). Findings include: Resident #1 was admitted on 8/23/16. On 9/6/17 at 3:00 PM, review of the medications and Medication Administration Record (MAR) for Resident #1 revealed a medication package that read Acetaminophen 325 milligrams (mg) take 2 tablets (650 mg) every 6 hours as needed for temperature greater than 100 degrees Fahrenheit. The MAR and physician order read the same. On 8/6/17 at 3:00 PM, Employee #3 confirmed the observation. Severity: 2 Scope: 1	0905	1. The medication has been discontinued. 2. In the future, we will ask the Physician to write the order as proposed by Division of Public and Behavioral Health Technical Bulletin Dated: March 18, 2014 *"Tylenol 325 mg every 6 hours for a fever between 100 degrees and 102 degrees, not to exceed 4 consecutive doses without notifying the physician."* 3. We will give a copy of the Bulletin to the Physician if necessary to have them write the order to your specifications.\ 4. The owner will be responsible for implementing the plan 5. September 23, 2017	09/23/2017

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0930 SS= F	449.2749(1)(a) - Resident File-Storage, Res Information - 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: (a) The full name, address, date of birth and social security number of the resident. Inspector Comments: Based on observation and interview, the facility failed to ensure the resident files were secure. Findings include: On 9/6/17 at 1:15 PM, during a tour of the facility, observed the file cabinet in the kitchen containing the resident files was unlocked. On 9/6/17 at 1:15 PM, Employee #2 acknowledged the observation. Severity: 2 Scope: 3	0930	1. The owner and administrator will hold an in-service to explain NAC 449.2749. 2. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. 3. In the in-service, the owner will explain to the staff because we are required to maintained residents' records containing protected health information in a manner so that individual protected health information we can not allow it to be visible to other residents or the general public that visits our facility. 4. The facility has developed a policy. 5. the owner will be the responsible party to ensure that the in-service is conducted 6. TheIn-service will be held on or before October 10, 2017.	10/10/2017

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0991 SS= F	449.2756(1)(b) - Alzheimer's Fac door alarm - NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure 2 of 3 of exit doors had installed alarms that operated when the exit door was opened. Findings include: On 9/6/17 at 1:20 PM, during a tour of the facility observed the following: -The patio door was open approximately two inches. Employee #2 acknowledged the door was open indicating the door was left open so the dog could go out. -The door leading to the laundry room and garage door was open. The sign on the door read to remain locked at all times. Employee #3 confirmed the observation. Severity: 2 Scope: 3	0991	1. 1. The facility shall ensure that operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors. 2. The Owner will purchase a door alarm for the door leading to the garage from the laundry room. 3. The Owner will ensure that the patio door is kept closed and it will be the responsibility the caregiver on duty to let the dog in and out, always shutting the door behind the pet. 4. The Owner will have a janitorial lock or a classroom lock install on the laundry door. The type of locks automatically when the door is closed, but if you are on the inside of the door, there is no lock, and the door will open with a twist of the knob. 5. The owner will also install self-closing hinges on the door frame so that the door will automatically be closed and locked simultaneously. 6. The administrator had an in-service with the staff and explained again, which they have been doing, even at the time of the survey, to make sure the alarms or activated. The Administrator is responsible for ensuring the implementation of all policies. This deficiency will be completed by October 10, 2017	10/10/2017

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1036 SS= E	449.2768(1)(a)(2) - Dementia Training - 449.2768 Residential facility which provides care to persons with dementia: Training for employees. 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that: (a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, successfully completes: (2) In addition to the training requirements set forth in subparagraph (1), within 3 months after such an employee is initially employed at the facility, at least 8 hours of training in providing care to a resident with any form of dementia, including, without limitation, Alzheimer's disease. Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 5 employees completed the required eight hours of Alzheimer's training within the first three months of employment (Employee #3 and #5). Findings include: Employee #3 Employee #3 was hired on 8/23/16. Review of the employee file revealed eight hours of Alzheimer's disease training dated 3/24/16. The next documented Alzheimer's disease training documented was three hours dated 5/10/17, beyond 90 days of hire. Employee #5 Employee #5 was hired on 3/15/17. Review of the employee file revealed eight hours of Alzheimer's disease training dated 11/1/16. The employee file lacked documented evidence of the remaining required two hours of Alzheimer's disease training within 90 days of hire. On 9/6/17 in the afternoon, Employee #3 acknowledged the deficiencies. Severity: 2 Scope: 2	1036	1. Employee number 3 is a licensed registered nurse; she is also the owner of the facility. She was hired March 2016, and she had her 8 hours of training and because she is an owner her start date is when she applied for her license. Employee #3 is licensed Registered Nurse and hold a Nevada State Nursing licensing, at least 3 hours of continuing education in providing care to a resident with dementia, which must be completed on or before the anniversary date of the first date the employee was initially employed at the facility. 2. Employee Number 3 complied with the regulations. 3. Employee Number 5 has completed the appropriate training. 4. The Administrator and owner will use the guidelines set by the HCQC for the employee checklist 5. September 23, 2017	10/10/2017