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
	8602	A. BUILDING _____ B. WING _____	10/01/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHINY STARS HOME CARE II, LLC	1032 SILVER CREEK, LAS VEGAS, NEVADA ,89183

(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 an annual State Licensure and infection control survey completed at your facility on 10/01/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for four Residential Facility for Group beds for elderly and disabled persons Category II residents. The census at the time of the survey was three. Three resident records and three employee records 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 nondiscrimination 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: ROSARIO RAMIREZ Title: Administrator Date: 11/29/2021

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0830 SS= E	Exemption Requests - NAC 449.2736 Procedure to exempt certain residents from restrictions. (NRS 449.0302) 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 interview and record review, the facility failed to obtain a bedfast waiver/exemption for two residents (Residents #2, and #3). Findings include: Resident #2 (R2) R2 was admitted to the facility on 04/01/21 with diagnoses including coronary artery disease, hypertension, and dementia. The resident file lacked documented evidence of a bed fast waiver/exemption for the resident. On 10/01/21, R2 was observed lying in a hospital bed with full bed rails up. R2 did not respond to questions and was unable to independently rotate position or sit up in bed. On 10/01/21, Employee #2 (E2) indicated R2 is unable to reposition in bed or sit up without assistance. Facility caregivers assist with turning/repositioning the resident every two hours. On 10/01/21, E2 confirmed R2 was bedfast, and they have not applied for a bedfast exemption/waiver. Resident #3 (R3) R3 was admitted to the facility on 09/18/17 with diagnoses including heart failure, kidney disease, dementia, and muscular disease. On 10/01/21, E2 indicated R3 is unable to reposition in bed or sit up without assistance. Facility caregivers assist with turning/repositioning the resident every two hours. On 10/01/21, E2 confirmed R3 was bedfast, and they have not applied for a bedfast exemption/waiver. Severity: 2 Scope: 2	0830	0830 - Exemption Requests. EXHIBIT A The deficiency will be correcting by submitting a writer request for permission to admit any resident that has special needs and see if he/she is appropriate to be in a group home. A measure would be in place by submitting the permit and evaluating the needs of the resident. The deficient will be monitor by evaluating the assessment and diagnosis of the resident. The administrator will be responsible for insure that the correction is implement. Unfortunately resident #3 passed away on October 25,21 and resident #2 passed away on November 2,21., but the deficit will be corrected immediately in the future. In the future the home owner will screen each new resident using the form provided by surveyor. Contract health inspector to exclude any potential residents that are inappropriate for the group home. Owner will screen and only admit or retain patients that are appropriate to be in a group home facility.	10/29/2021

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0870 SS= E	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 review and interview, the facility failed to ensure a medication review was completed at least once every six months for 2 of 3 sampled residents (Residents #2 - admit date 04/01/21 and #3 - admit date 09/18/17). On 10/01/21, the Caregiver acknowledged there was no documented evidence the six-month medication reviews were completed for Residents #2 and #3. Severity: 2 Scope: 2	0870	0870 - Medication Administration/ Accuracy and Report The deficiency will be correcting by requesting a medication review every 6 months. A calendar reminder will be set for each resident and keep it in the medication book. The administrator will monitor to ensure that a medication review is obtain it every 6 months. The administrator will be responsible to check that the residents get the medication review.The action was corrected immediately by the Hospice Registered Nurse and medication reviews were obtained Immediately from the pharmacy and sent to the division for residents #2 and #3. The administrator will be en charge of monitor that the medications review is done every 6 months and be sure that a copy will be in the residents file.	10/29/2021

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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 residents with diagnoses of Alzheimer's disease or related dementia and failed to provide a standard physician placement form for 2 of 3 sampled resident (Residents #2 and #3). Findings include: The facility is licensed for four Residential Facility for Group residents, for elderly and disabled persons. The facility did not have an endorsement to provide care for persons with Alzheimer's disease or related dementia. Resident #2 (R2) R2 was admitted on 04/01/21, with diagnoses including coronary artery disease, dementia, and hypertension. A physical exam dated 05/03/21, documented R2 had a diagnosis of Alzheimer's disease. There was no documented evidence a standard physician placement form was completed. The Caregiver acknowledged R2's standard physician placement form was not in the resident's file. Resident #3 (R3) R3 was admitted on 09/18/17, with diagnoses including heart failure, kidney disease, dementia, and muscular disease. A physical exam dated 05/03/21, documented R3 had a diagnosis of Alzheimer's disease. There was no documented evidence a standard physician placement form was completed. The Caregiver acknowledged R3's standard physician placement form was not in the resident's file. Severity: 2 Scope:1	0960	0960 - Alzheimer's Care Application for Endorsements. the deficit will be correcting by not taking any resident with Alzheimer or by obtaining the right documents that permit the resident to be able to stay. A measure would be in place by selecting residents that are appropriate to live in a regular group home. The correction will be monitor by fallow the assessment and the diagnosis of the resident. The administrator will be responsible to monitor that the correction is implement. Unfortunately this action can not be completed due that resident #3 passed away October 25,21 and resident#2 passed away on November 2,21., but in the future the deficient would be correcting immediately. The deficient will be identified by screening any future resident and by obtain the right documents.	10/29/2021