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
	8642	A. BUILDING _____ B. WING _____	01/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMETHYST CARE HOME, LLC	3702 INTERNET AVENUE, N. LAS VEGAS, NEVADA ,89031

(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 survey at your facility on 01/29/19, 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 person and persons with Alzheimer's disease, Category II resident. The census at the time of the survey was eight. Eight resident files were reviewed and six 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 deficiency was identified:	0000		
0825 SS= D	449.2734(2)(c) - Pressure or Stasis Ulcers - NAC 449.2734 Residents having tracheostomy or open wound requiring treatment by a medical professional; residents having pressure or stasis ulcers. 2. If a person who has a pressure or stasis ulcer or who is at risk of developing a pressure or stasis ulcer is admitted to a residential facility or permitted to remain as a resident of a residential facility: (c) Before a caregiver provides care to a person who has a pressure or stasis ulcer or who is at risk of developing a pressure or stasis ulcer,the caregiver must receive training related to the prevention and care of pressure sores from a medical professional who is trained to provide care for that condition. Inspector Comments: Based on record review and interview, the facility failed to obtain a wavier/exemption for 2 of 8 residents (Resident #4 and #5) with wounds. Findings include: Resident #4 Resident #4 was admitted on 12/22/18, with diagnoses including dementia and hypertension. The resident's medical file lacked documented evidence a wound	0825	1. Requests for waiver for Resident #4 and #5 have been submitted. (see attached) 2. A resident file checklist will be used to monitor residents that require waiver. (see attached) 3. The administrator will monitor compliance during her visits to the facility. 4. 02/22/2019.	02/22/2019

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	exemption/ waiver had been obtained. A Progress Note dated 09/12/18, indicated the resident had been assessed for wound care by Hospice. On 01/29/19 at 10:00 AM, a Owner/Caregiver indicated the resident had been seen by a Hospice Nurse two to three times weekly. The Caregiver reported the resident had an open wound on their buttocks. On 01/29/19 at 12:30 PM, a Registered Nurse (RN) acknowledged the resident had two pressure ulcers. The RN indicated the resident had a stage 2 pressure ulcer located on buttocks and a pressure ulcer on right heel. The RN explained the pressure ulcer on right heel had improved. The RN indicated the pressure ulcers had been treated twice a week. Resident #5 Resident #5 was admitted on 12/20/17, with diagnoses of dementia. The resident had been under Hospice care. The resident's medical file lacked documented evidence a wound exemption/ waiver had been obtained. On 01/29/19 at 1:45 PM, a Registered Nurse (RN) indicated the resident had a stage 3 pressure ulcer located on the coccyx. The RN reported the resident had the pressure ulcer for a month. The RN explained the pressure ulcer had improved. However, the resident had declined. The RN indicated the pressure ulcer had been treated once a week. On 01/29/19 at 2:15 PM, Owner/Caregiver acknowledged both residents did not have a wound exemption /waiver. Severity: 2 Scope: 1			