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 _____	12/18/2019

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 12/18/19, 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 nine. Nine resident files were reviewed and six employee files were reviewed. The facility received a grade of C. 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		
0557 SS= D	Provision of Dental, Optical and Hearing Care - NAC 449.262 Provision of dental, optical and hearing care and social services; report of suspected abuse, neglect, isolation or exploitation; restrictions on use of restraints, confinement or sedatives. (NRS 449.0302) 3. The members of the staff of a residential facility shall not: (a) Use restraints on any resident; (b) Lock a resident in a room inside the facility; or Inspector Comments: Based on record review and interview, the facility failed to ensure a full bed rail was not used for 1 of 9 residents (Resident #3). Severity: 2 Scope: 1	0557	1. The full bed rail on resident's #3 has been removed. 2. A Facility Checklist will be used to ensure full bed rails are not used on residents' bed. 3. The Administrator will monitor compliance during his visits to the facility. 4. 12/30/2019	12/30/2019

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: GILBERTO DECASTRO	Title: Administrator	Date: 12/30/2019

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0620 SS= D	Written Policy on Admissions - NAC 449.2702 Written policy on admissions; eligibility for residency. (NRS 449.0302) 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast; (b) Requires restraint; (c) Requires confinement in locked quarters; or (d) Requires skilled nursing or other medical supervision on a 24-hour basis. Inspector Comments: Based on observation, record review and interview, the facility failed to ensure 1 of 9 residents had a waiver to retain a resident who was bedbound (Resident #3). The Owner indicated the resident did not get out of bed and needed help to re-position in bed. The Owner indicated a waiver had not been obtained. Severity: 2 Scope: 1	0620	1. The Bedfast Waiver on resident #2 has been submitted and awaiting response. 2. A Resident File Checklist will be used to ensure bedfast residents have a waiver on file. 3. The Administrator will monitor compliance during his visits to the facility. 4. 12/30/2019.	12/30/2019
0826 SS= D	Tracheostomy or Open Wound - NAC 449.2734 Residents having tracheostomy or open wound requiring treatment by medical professional; residents having pressure or stasis ulcers. (NRS 449.0302) 3. The administrator of the facility shall ensure that records of the care provided to a person who has a pressure or stasis ulcer pursuant to subsection 2 are maintained at the facility. The records must include an explanation of the cause of the pressure or stasis ulcer. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 9 residents received a waiver to retain a resident with a wound (Resident #2). Resident #2 had a pressure ulcer on the right and left heel. The Owner indicated a wound waiver had not been obtained. Severity: 2 Scope: 1	0826	1. The Wound Waiver has been submitted for resident #2. 2. A Resident File Checklist will be used to ensure residents with wounds have a waiver on file. 3. The Administrator will monitor for compliance during his visits to the facility. 4. 12/30/2019.	12/30/2019

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0920 SS= F	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 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. Medications 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 or herself without supervision may keep the resident ' s medication in his or her 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 two bottles of Hydrocortisone cream and one bottle of Tylenol were secured in the medicine cabinet in the bathroom near bedroom #5. The Owner indicated the medication should have been secured. Severity: 2 Scope: 3	0920	1. The medications have been relocated in a locked medication cabinet. 2. The facility staff have been instructed to store their personal medications in a locked cabinet. 3. The Administrator will monitor compliance during his visits to the facility. 4. 12/30/2019.	12/30/2019

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0936 SS= D	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she 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: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 9 residents received a second step tuberculosis (TB) test (Resident #6). The Owner was unable to provide the second step. Severity: 2 Scope: 1	0936	1. The second step TB test for resident #6 has been obtained. 2. A Resident File Checklist will be used to ensure TB testing is completed for all residents. 3. The Administrator will monitor compliance during his visits to the facility. 4. 12/30/2019.	12/30/2019
0994 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. Inspector Comments: Based on observation and interview, the facility failed to ensure a disposable razor and a pair of nail scissors were secured in the bathroom near bedroom #5. The Owner acknowledged the items should have been locked up. Severity: 2 Scope: 3	0994	1. All dangerous items including knives, matches, razor, nail clipper, and tools have been stored in a locked cabinet. 2. The facility staff have been instructed that all items that may cause harm to residents should be stored in a locked cabinet. 3. The Administrator will monitor compliance during his visits to the facility. 4. 12/30/2019.	12/30/2019

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0999 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure toxic substances were secured as evidenced by: multiple cans of paint, glass cleaner, motor oil and coolant were found in the garage and a bottle of glass cleaner was found in the master bathroom medicine cabinet. The Owner acknowledged the items were unsecured and should have been locked up. Severity: 2 Scope: 3	0999	1. All toxic substances including paint, glass cleaner, motor oil, and coolant have been locked up in a cabinet. 2. A Facility Checklist will be used to ensure no toxic substances are accessible to residents. 3. The Administrator will monitor compliance during his visits to the facility. 4. 12/30/2019.	12/30/2019