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
	8664	A. BUILDING _____ B. WING _____	05/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELLA VITA CARE HOME	**9924 WONDERFUL DAY DRIVE, LAS VEGAS, NEVADA ,89148**

(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 conducted at your facility on 05/17/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons and/or Alzheimer's disease, Category II residents. The census at the time of the survey was nine. Nine resident files and five employee files were reviewed. The facility received a grade of D. 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 investigation, 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		

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0053 SS= F	Administrator's Responsibilities-Complete Rec - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 4. Ensure that the records of the facility are complete and accurate. Inspector Comments: Based on observation, interview, and document review, the Administrator failed to ensure 4 of 5 sampled employees had a completed personnel file at the facility (Employee #2, #3, #4, and #5). Findings include: On 05/17/23 at 9:00 AM, two Caregivers were present in the facility providing care to the residents. When the surveyor asked to review employee files an Administrative Assistant verbalized there were no employee files located at the facility. There was no evidence four of five employee files contained the following: - Current and/or initial background checks, per the NAC 449.200 (1) (f). - Initial physical examination, per the NAC 449.200 (1) (d). - Initial two-step and/or annual tuberculosis testing, per the NAC 449.200 (1) (d). - Initial and/or annual Alzheimer's training, per the NAC 449.2768 (1) (1-4). - Initial and/or current CPR card/First Aid certification, per the NAC 449.200 (2) (a) and NAC 449.231(1). - Initial and/or annual Elder Abuse training, per the NRS 449.093. - Initial and/or annual Caregiver training, per the NAC 449.196 (1) (a-f) - Initial and/or annual Cultural Competency training, per the RO16-20 Section 14, 15, 16, and 17. - Initial and/or annual Medication Management training, per the NAC 449.196 (3) (a-d) On 05/17/23 in the afternoon, an Administrative Assistant acknowledged employee files should have been completed and located at the facility. Severity: 2 Scope: 3	0053	1. The facility administrator will gather any missing information and create a file for both facility employees and independent contractors. 2. To ensure compliance with statutory requirements, a checklist will be introduced to employees for the collection of necessary information in a separate employee file. 3. The facility will conduct regular checks of resident and employee files in June and December each year, as outlined in NAC449. 4. The House Manager will be responsible for implementing these measures to address any deficiencies.	06/10/2023

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0088 SS= D	Staffing Schedule - NAC 449.199 Staffing requirements 4. The administrator of a residential facility shall maintain monthly a written schedule that includes the number and type of members of the staff of the facility assigned for each shift. The schedule must be amended if any changes are made to the schedule. The schedule must be retained for at least 6 months after the schedule expires. Inspector Comments: Based on observation, interview and document review, the facility failed to maintain a staffing schedule which listed the number and types of staff members assigned to each shift. Findings include: Review of facility documentation lacked documented evidence a monthly staff schedule, which included the number and types of staff members assigned to each shift, was completed. On 05/17/23 in the afternoon, the surveyor requested a copy of the staffing schedule. The Administrative Assistant acknowledged the facility did not maintain a written monthly staff schedule. Severity: 2 Scope: 1	0088	1. Written Schedule: The administrator must maintain a monthly written schedule that outlines the number and type of staff members assigned for each shift. This schedule should coverall days of the week. 2. Amendments: If any changes are made to the original schedule, they must be promptly amended and updated accordingly. 3. Retention Period: The administrator is required to retain the schedule for at least six months after it expires. This allows for reference and review if needed. 4. Staff Information: The written work schedule should include the names of caregivers and medication technicians scheduled to work each day. It should also specify the start and end times for each shift the employees are assigned to. 5. Compliance Review: When a surveyor visits the facility, they will review the current month's staffing schedule. This review involves comparing the schedule with the actual caregivers present on-site. 6. Medication Management: An important aspect of the schedule is ensuring that a caregiver with medication management training is on duty at all times. This requirement aims to maintain the safe administration of medications to the residents.	05/31/2023

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0644 SS= F	Posting Requirements - 1. A person who operates a residential facility for groups shall: (a)?Post his or her license to operate the residential facility for groups; (b)?Post the rates for services provided by the residential facility for groups; and (c)?Post contact information for the administrator and the designated representative of the owner or operator of the facility, in a conspicuous place in the residential facility for groups. Inspector Comments: Based on observation and interview, the facility failed to ensure signage was posted which indicated who the designee was in the absence of the Administrator. On 05/17/23 in the afternoon, an Administrative Assistant acknowledged the designee information was not posted and could not verbalize who the designee was in charge of the facility in the absence of the Administrator. Severity: 2 Scope: 3	0644	(a) License Posting: The operator of a residential facility for groups is required to prominently display their license to operate the facility. This license serves as evidence that the facility meets the necessary requirements and is authorized to provide services. (b) Rates Posting: The operator must also post the rates for the services provided by the residential facility for groups. This includes the charges or fees associated with room accommodations and other services offered by the facility. (c) Contact Information: In addition to the license and rates, the operator must display the contact information for both the administrator and the designated representative of the facility's owner or operator. This information should be easily visible and accessible to residents and visitors. 1. We will post a new sign with all the required information on it. 2. After hanging the sign, caregiver or house manager will fill out the designated fields that change weekly. 3 & 4. An Assistant to the administrator will be monitoring this practice is being done by visiting the facility on a weekly basis and checking it off her task list within or records software. 5. Action was completed on 5/31/2023	05/31/2023

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0895 SS= D	Administration of Medication Maintenance - NAC 449.2744 Administration of medication: Maintenance and contents of logs and records. (NRS 449.0302) 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident ' s physician. Inspector Comments: Based on record review and interview, the facility failed to ensure the Medication Administration Record (MAR) was available for review and able to be maintained for 2 of 9 residents (Resident #5 and #6). Findings include: Resident #5 (R5) R5 was admitted on 05/15/23 with diagnoses including heart failure, kidney failure and dementia. R5's Medication Administration Record (MAR) was not available for review. Resident #6 (R6) R6 was admitted on 05/06/23 with diagnoses including hypertension and benign prostatic hyperplasia. R6's Medication Administration Record (MAR) was not available for review. On 05/17/23 at 12:30 PM, the Administrative Assistant acknowledged R5's and R6's MAR was not able to be accessed in the MAR computer system and therefore, not available for review. The Administrative Assistant acknowledged the Caregivers were unable to keep the MAR maintained by documenting the administration of R5's and R6's medication on the MAR. Severity: 2 Scope: 1	0895	We had to change the E-Mar system from the previousadministrator to a system that would belong to the facility instead of the Administrator. Even though we used the same provider, we needed help with switchingover. We believed the system wouldautomatically add recent information to our new login. However, we were in error and had to reenterthe previous information, which caused us to use paper MARs during the transitionfor some of the residents. We have corrected the errors in the system. We the med tech enters the information for the e-MAR, thesupervisor will review it for the accuracy of the information as a double check. In the future, we will contact the third-party provider to makethe changes and some of the old information in the database until we have an acknowledgmentthat it was done correctly. The owner and administrator are the people responsible for compliancewith this regulation.	06/15/2023

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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 medications were stored, locked and inaccessible to residents. Findings include: On 05/17/23 at 9:30 AM, a cardboard box was located under a cabinet in the main bathroom at the back of the house. The bathroom was open, unlocked and accessible to residents. In the box were multiple items including a bottle of over the counter allergy medication. On 05/17/23 at 9:45 AM, the Administrative Assistant acknowledged the over the counter allergy medication should have been stored, locked and inaccessible to residents. Severity: 2 Scope: 3	0920	1. Locks will be replaced on the medication storage cabinets and a key will be given to the med tech for safe keeping. The cardboard box was removed from the bathroom and contents were discarded appropriately in accordance to Nevada Statute. This included the box of OTC allergy medications of the deceased resident. 2. Med Tech will check to ensure medication cabinets are locked at the beginning of each shift. 3. We will add a task in our records software to reflect the daily shift checklist that caregivers use to check off their daily responsibilities, record their work, etc. 4. The Assistant to the administrator or the administrator will monitor the software to ensure caregivers are checking off the task daily.	07/31/2023
0930 SS= F	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	0930	Resident # 1see Page 23 of contract ultimate user agreement. Resident #2 see Page 23 of contract ultimate user agreement. Resident #4 see Page 23 of contract ultimate user agreement.	07/09/2023

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	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. (b) The address and telephone number of the resident ' s physician and the next of kin or guardian of the resident or any other person responsible for the resident. (c) A statement of the resident ' s allergies, if any, and any special diet or medication he or she requires. Inspector Comments: Based on interview, record review, and document review, the facility failed to ensure a completed file was maintained for 5 of 9 residents (Resident #1, #2, #4, #6, and #7). Findings include: Resident #1 (R1) R1 was admitted on 05/05/23 with diagnoses including congestive heart failure, gastroesophageal reflux disease, and anxiety. R1's file lacked documented evidence of a completed tuberculin test, per the provisions of chapter 441A of the NRS and a signed ultimate user agreement, per the NAC 449.2742 (4) (a) (b). Resident #2 (R2) R2 was admitted 12/14/22 with diagnoses including hypertension, diabetes, and Alzheimer's. R2's file lacked documented evidence of a signed ultimate user agreement, per the NAC 449.2742 (4) (a) (b). Resident #4 (R4) R4 was admitted on 07/21/22 with diagnosis including dementia, hypertension, and depression. R4's file lacked documented evidence of a signed ultimate user agreement, per the NAC 449.2742 (4) (a) (b). Resident #6 (R6) R6 was admitted on 05/06/23 with diagnoses including hypertension and benign prostatic hyperplasia. R6's file lacked documented evidence of the following: - Activities of daily living assessment, per the NAC 449.2749 (1) (g) (1-3). - General physical exam, per the NAC 449.274 (5). - Documented tuberculin tests, per the provisions of chapter 441A of the NRS. - Signed ultimate user agreement, per the NAC 449.2742 (4) (a) (b). - Resident rights, per the NAC 449A.118. Resident #7 (R7) R7's admission date and diagnoses were not documented and were unknown. R7's file lacked		Resident # 6 The first time he went to the doctor, he needed the proper forms to be filled out by the physician. He has an appointment for July 10, 2023, to complete the Activities of daily living assessment, General physical exam, and tuberculin tests. See page 23 of the contract for resident rights and page 25 for the ultimate user agreement. Resident #7 admission date see page 1 of the contract, Activities of daily living assessment, General physical exam, Documented tuberculin tests,and Signed ultimate user agreement, Resident rights, We will develop a checklist for new admissions. We will use the new checklist for all new admissions as a guideline to ensure we have the required information. We will schedule a file review 15 days after the resident moves in to ensure we have all the documents and information that is needed to care for the resident in the file. The person who is responsible for the above is the Administrator or their appointed assistant.	

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	documented evidence of the following: - Activities of daily living assessment, per the NAC 449.2749 (1) (g) (1-3). - General physical exam, per the NAC 449.274 (5). - Documented tuberculin tests, per the provisions of chapter 441A of the NRS. - Signed ultimate user agreement, per the NAC 449.2742 (4) (a) (b). - Resident rights, per the NAC 449A.118. On 05/17/23 in the afternoon, the Administrative Assistant acknowledged R1's, R2's, R4's, R6's and R7's files were not complete with the requirements of NAC 449 and/or chapter 441 of the NRS. Severity: 2 Scope: 3			

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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 sharp objects were not accessible to residents. Findings include: On 05/17/23 at 9:30 AM, a cardboard box was located under a cabinet in the main bathroom at the back of the house. The bathroom was open, unlocked and accessible to residents. In the box was a box of razors. On 05/17/23 at 9:45 AM, the Administrative Assistant acknowledged the razors should have been stored, locked and inaccessible to residents. Severity: 2 Scope: 3	0994	The administrator shall ensure that razor or sharp tools and other items that could be dangerous to the residents are secured in a locked area so the resident cannot use the razor or tool. Our caregivers are trained not to leave sharp tools, razors, or other items out. We will also implement a check list for each shift to ensure this task is being completed We will give each employee, CNA, and nurse that comes to our facility a copy. of NAC 449. 2756 and explain these regulations are violated. The administrator is responsible for ensuring that the owner and the caregivers follow the facility's policies. The date of completion will be June 28, 2023	06/28/2023

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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 items were not accessible to residents. Findings include: On 05/17/23 at 9:30 AM, a cardboard box was located under a cabinet in the main bathroom at the back of the house. The bathroom was open, unlocked and accessible to residents. In the box was a bottle labeled Zinc Oxide, a bottle labeled Hydrogen Peroxide, and a bottle labeled shoe polish. On 05/17/23 at 9:45 AM, the Administrative Assistant acknowledged the toxic substances should have been stored, locked and inaccessible to residents. Severity: 2 Scope: 3	0999	1. The facility had an in-service to discuss the problems of leaving any and all chemicals or toxic items in reach of a resident. 2. We plan to use a form for the House Manager to use daily to ensure that the physical property is safe for all residents. 3. All items will be locked up as soon as the chemical has been used, measured and poured immediately after use. 4. We will require the House Manager to follow this policy and have them address it in their daily check list 5. The Administrator is the responsible party to implement the policy.	05/31/2023