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
	8827	A. BUILDING _____ B. WING _____	09/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAITH & HOPE HOME CARE, LLC	**973 LEPORI WAY, SPARKS, NEVADA ,89431-1165**

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0000	Initial Comments - Inspector Comments: This Statement of Deficiencies was generated as a result of a State Licensure annual grading survey conducted at your facility on 09/24/18. This survey was conducted by the Division of Public and Behavioral Health in accordance with NAC 449, Residential Facility for Groups. The facility is licensed for five Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was four. Four resident files and four 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 deficiencies were identified:	0000		
0103 SS= D	449.200(1)(d) - Personnel File - NAC 441A / Tuberculosis - 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: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. Inspector Comments: Based on record review and interview, the facility failed to ensure an employee received timely tuberculosis (TB) screening (Employee # 4). Findings include: Employee #4 was hired as a Caregiver/ Owner on 08/11/17. The employee's file revealed a Quantiferon TB screening on 04/05/17 and evidence of two step TB screening for 2018, on 06/29/18 and 07/09/18 (screening was 2 months and 24 days late). On 09/24/18 at 3:00 PM, the Owner/Caregiver confirmed the annual TB screening for 2018 was late. Severity: 2 Scope: 1	0103	1) Administrator have reviewed the employees file and reminded employees of their annual TB test. 2) Operation manager/owner will work with the administrator to ensure and prevent the occurrence of this problem by posting reminders for employees one month before the annual due date. 3) Operation manager/owner and the administrator has performed a stand up meeting to ensure the employees have their own reminders of their annual TB test. 4) Administrator will ensure the change is implemented. 5) 9/26/18	09/26/2018

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: ALAN BARCELON Title: Administrator Date: 12/13/2018

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0515 SS= F	449.259(1)(a) - Supervision of Residents - NAC 449.259 Supervision and treatment of residents generally. 1. A residential facility shall: (a) Provide each resident with protective supervision as necessary. Inspector Comments: Based on observation and interview, the facility failed to provide protective supervision to 4 of 4 residents (Resident #1, #2, #3, and #4). Findings include: On 09/24/18 at 8:45 AM, the facility had four residents supervised by two persons that identified themselves as volunteers, the Owner's family relatives. Resident #1 was admitted on 07/22/18 with diagnosis including probable vascular dementia with behavior disturbance. Resident #2 was admitted on 01/30/15 with diagnoses including type II diabetes mellitus, presence of pacemaker and dependence on supplemental Oxygen. Resident #3 was admitted on 11/08/17 with diagnoses including atrial fibrillation, cerebral infarction and motion sickness. Resident #4 was admitted on 03/16/18 with diagnosis including dementia probable Alzheimer's type, late onset. On 09/24/18 at 9:30 AM, the Owner arrived at the facility. The Owner verbalized the caregivers scheduled for the day were not available for personal reasons and she had been in the facility early in the morning. Then she had to leave the facility and called family relatives for help. The Owner verbalized the family relatives were not facility's employees and did not have caregiver training. The Owner confirmed the facility did not have trained staff members present in the morning.. Severity: 2 Scope: 3	0515	1) The Administrator and operation manager/owner have made an emergency back up plan to make sure it will not occur again. The monthly schedule of caregivers is already posted. 2) Manager/owner have already hired 2 new employees to have adequate caregiver to be place on-call in case of emergency. 3) Administrator and manager/owner will assure that full-time caregivers, part-time, on-call and volunteers will have their proper training, certifications and proper clearance required by BHCQC. 4) Administrator and manager/owner will ensure that the changes will be implemented. 5) 10/20/18	10/20/2018
0870 SS= E	449.2742(1)(a-c) 2 - Medication Administration - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregivers 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	0870	1) Administrator has reviewed and signed the medication profile review for Resident #3 and #4. 2) Administrator will be notified by the operations manager/owner every time there is a new medication profile review for all the residents. 3) Aside from operation manager/owner monitoring the medication profile review, administrator will also check the medication list on a monthly basis so the deficiency will	09/26/2018

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	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; and (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). 2. Within 72 hours after the administrator of the facility receives a report submitted pursuant to paragraph (a) of subsection 1, a member of the staff of the facility shall notify the resident ' s physician of any concerns noted by the person who submitted the report. The report must be reviewed and initialed by the administrator. Inspector Comments: Based on interview and record review the facility failed to ensure a medication profile review was reviewed and initialed by the Administrator for 2 of 4 residents residing in the facility for longer than six months (Resident #3 and #4). Findings include: On 09/24/18 at 1:00 PM, review of the resident files revealed the following: Resident #3 Resident #3 was admitted to the facility on 11/08/17 with diagnoses including atrial fibrillation and hypertension. Resident #3's medication review, dated 05/18/18, lacked the Administrator's initials as evidence the Administrator was aware of the results of the review. Resident #4 Resident #4 was admitted to the facility on 03/16/18 with diagnosis including dementia probable Alzheimer's type, late onset. Resident #4's medication review, dated 08/10/18, lacked the Administrator's initials as evidence the Administrator was aware of the results of the review. On 09/24/18 at 1:15 PM, the Owner acknowledged the medication profile reviews for Resident #3 and #4 had not been reviewed and initialed by the Administrator. Severity: 2 Scope: 2		not occur again. 4) Operation manager/owner and administrator will be in charge of making sure that the changes are implemented. 5) 9/26/18	

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0936 SS= D	449.2749(1)(e) - Resident file-NRS 441A Tuberculosis - 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: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on record review, document review and interview, the facility failed to ensure 1 of 4 residents met the requirements concerning Tuberculosis (TB) testing (Resident #1). Findings include: Resident #1 Resident #1 was admitted on 01/30/15, with diagnosis including type II diabetes mellitus with diabetic chronic kidney disease. Resident #1's file revealed a negative TB test with a read date of 11/07/16. The resident's medical record lacked documented evidence of a completed annual tuberculosis (TB) testing due October of 2017. The resident had a first test TB test administered on 12/16/17 and read on 12/18/17, a second -step administered on 12/30/17 and read on 01/01/18 and a signs and symptoms form completed on 12/14/17. On 09/24/18 at 11:00 AM, the Owner/Caregiver confirmed Resident #1's TB test for 2017 was two months late. Severity: 2 Scope: 1	0936	1) Resident #1 was admitted on 7/22/18 and Resident # 2 was admitted on 1/30/15. The administrator and the operation manager/owner presumes the above statement is pertaining to Resident #2. Administrator has reviewed Resident #2 file. 2) The Administrator and the operation manger/owner will review resident file and will have a TB test reminder before the annual due of their TB test to prevent the occurrence of this problem. 3) Operation manager/owner will post a reminder of the TB test due dates and will ensure a timely TB test done annually. 4) Administrator and manger/owner will work together to ensure that the correction is implemented. 5) 9/24/18	09/24/2018

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0960	449.2754(1) - Alzheimer's Endorsement - NAC 449.2754 Residential facility which provides care to persons with Alzheimer's disease: Application for endorsement; general requirements. 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 Health 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 record review and interview, the facility failed to obtain an Alzheimer's/dementia endorsement to provide care to residents with dementia for 2 of 4 sampled residents (Resident #1 and #2). Findings include: Resident #1 Resident #1 was admitted to the facility on 07/22/18 with diagnosis including probable vascular dementia with behavior disturbance. On 09/24/18 at 9:40 AM, Resident #1 was asked what city she was in, what year it was, who was the current president, what day of the week was, and what time of the day was. Resident #1 could not verbalize the day of the week and the name of the president. Resident #4 Resident #4 was admitted to the facility on 03/16/18 with diagnosis including dementia. On 09/24/18 at 9:50 AM, Resident #4 was asked what city she was in, what year it was, who was the current president, what day of the week was, what time of the day was and what was the name of her Caregiver. Resident #4 could verbalize only the time of the day and the name of the Caregiver. On 09/24/18 at 10:15 AM the Owner admitted Resident #1 and #4 had dementia and the facility did not have an Alzheimer/dementia endorsement.	0960	1) Administrator has reviewed the resident file and understands their diagnosis. 2) Administrator and operation manager/owner received and reviewed the email that was sent on November 16, 2018 regarding the Clarification on Admitting Residents with Alzheimer's Diagnosis, License Endorsement. 3) Operation manger/owner applied for change/addition of endorsement on 9/26/18. Application is pending on approval. 4) Administrator and operation manger owner will ensure that the change is implemented 5) 9/26/18	09/26/2018