DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**08/01/2019**

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

(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 a State Licensure annual grading survey and complaint investigation conducted at your facility on 08/01/19. 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 six employee files were reviewed. The facility received a grade of A. There was one complaint investigated. Complaint #NV00055129 with the following allegations could not be substantiated. Allegation #1 a resident had the wheelchair lock engaged and could not unlock chair due to physical and cognitive deficits. Allegation #2 a resident was neglected due to isolation. The investigation into the allegations included: Observation of the four residents, observation of two residents using their wheelchairs and tour of the facilty. Interviews were conducted with two residents, two Caregivers and the Owner. 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		
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	0870	1. Since the deficiency is a time matter, we will just make sure that moving forward, the administrator will review the medication in a timely manner (within 72 hours). 2. Administrator will review and sign medication review within 72 hours once provider or pharmacy reviewed it. In case of administrator's absence, the employee in	08/07/2019

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: ALAN BARCELON Title: Administrator Date: 08/19/2019

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	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, document review and interview, the facility failed to document any actions taken on a medication profile review for 1 of 4 residents (Resident #2). Findings include: Resident #2 Resident #2 was admitted to the facility on 01/30/15 with diagnoses including hypertension, type II diabetes mellitus, right hip pain, osteoarthritis, glaucoma and hypothyroidism. Resident #2's record documented a medication profile review, dated 02/27/19, 08/10/18 and 03/01/18. The medication profile review dated 02/27/19 was not initialed by the Administrator until 03/09/19, seven days late. The medication profile review dated 08/10/18 included a recommendation by the pharmacist to monitor the resident's potassium chloride levels. The facilty lacked documented evidence the resident's provider was made aware of the recommendation. Resident #4 Resident #4 was admitted to the facility on 07/22/18 with diagnoses including hyperlipidemia, vitamin B-12 deficiency, signs and symptoms involving cognitive functions, hypertension, carotid artery occlusion and history of poliomyelitis. Resident #4's record documented a medication profile review,		charged will review and sign medication review. Also, next time Faith & Hope Home Care LLC will furnish documentation that we have communicated suggestions by the pharmacy to the provider. 3. Every time that medication review is needed, administrator and operations manager will work together to ensure the deficiencies will not happen again. 4. Administrator and Operations Manager/owner will ensure that the changes are implemented. 5. 8/7/2019	

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	dated 07/19/19 and 01/25/19. The medication profile review dated 07/19/19 was not initialed by the Administrator. The medication profile review dated 01/25/19 was not initialed by the Administrator until 02/02/19, five days late. On 08/01/19 at 11:30 AM, the Owner acknowledged the findings and verbalized the medication profile reviews were to be initialed by the Administrator within seventy-two hours and any recommendations should be communicated to the resident's provider for action. Severity: 2 Scope: 1			