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
	8994	A. BUILDING _____ B. WING _____	12/13/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBORS MEMORY CARE	**2121 EAST PRATER WAY, SPARKS, NEVADA ,89434**

(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 mandatory State Licensure regrading survey conducted at your facility on 12/13/22. This State Licensure survey was conducted by the Division of Public and Behavioral Health in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 72 Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 43. Fifteen resident files were reviewed, and nine 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 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		

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: ASSAAD ZEID | Title: Administrator | Date: 01/10/2023

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0450 SS= D	First Aid & CPR - NAC 449.231 First aid and cardiopulmonary resuscitation. (NRS 449.0302) 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training. Inspector Comments: Based on employee record review and interview, the facility failed to ensure 1 of 9 sampled employees received training and certification to perform cardiopulmonary resuscitation (CPR) and first aid within the first 30 days of employment (Employee #9). Findings include: Employee #9 Employee #9 was hired on 07/21/22 as a Caregiver. Employee #9's certification to perform CPR and first aid had a completion date of 09/01/22, more than 30 days after the employee's date of hire. On 12/13/22 at 12:35 PM, the Business Office Director confirmed Employee #9 had completed the certification to perform CPR and first aid on 09/01/22, more than 30 days late. This was a repeat deficiency from the 06/16/22 annual re-licensure survey. Severity: 2 Scope: 1	0450	Employee #9 completed the First Aid and CPR trainingon 9/1/22. All other employees are current with First Aid and CPR training. The Business Office Director will schedule First Aidand CPR training within thirty days for all new hires that do not have proof ofcompletion at time of hire. The Business Office Director will audit and maintainthe staff records checklist monthly per the Quality Assurance Review Schedule. The Executive Director will be responsible to ensurethat compliance is maintained.	01/10/2023

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0859 SS= D	Medical Care of Resident After Illness - NAC 449.274 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. (NRS 449.0302) 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his or her physician. The resident must be cared for pursuant to any instructions provided by the resident ' s physician. Inspector Comments: Based on record review and interview, the facility failed to ensure a physical examination was performed annually for 1 of 15 sampled residents (Resident #4). Findings include: Resident #4 Resident #4 was admitted to the facility on 06/05/19, with diagnoses including atrial-fibrillation, cognitive and functional debility, and seizure disorder. Resident #4's record documented an annual physical examination was completed on 03/01/21 and lacked documented evidence a physical examination had been completed in 2022. On 12/13/22 at 10:52 AM, the Wellness Director confirmed Resident #4 had not received a physical examination since 03/01/21 and should have had a physical examination in 2022. This was a repeat deficiency from the 06/16/22 annual re-licensure survey. Severity: 2 Scope: 1	0859	Resident #4 received a physical examination on12/7/22. All other residents are current with annual physical examinations. The Wellness Director will review the last annualexamination date as part of updating the service plan upon move-in, quarterly,or change of condition. The Wellness Director will schedule medicalappointments as needed to ensure physical examinations are completed annually. The Executive Director will be responsible to ensurethat compliance is maintained.	12/07/2022

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0874 SS= D	Medication Administration-Report Received - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 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 record review and interview, the Administrator failed to document confirmation a medication pharmacy review report had been reviewed. Findings include: A quarterly medication pharmacy review report, for all residents residing in the facility, dated 10/30/22, lacked documented evidence the Administrator had reviewed the report. On 12/13/22 at 10:47 AM, the Executive Director confirmed having received the quarterly medication pharmacy review report via email on 10/30/22 but did not review the report. The Executive Director verbalized not knowing the report had to be reviewed. Severity: 2 Scope: 1	0874	The Executive Director reviewed the report from10/30/22. The Wellness Director will provide the primary careprovider any written communication or suggestions provided as a result of thepharmacy report within 72 hours. The Executive Director will review the reportand note action taken. The Wellness Director and Executive Director willensure that action has been taken as part of the Quarterly Quality AssuranceTeam Meeting. The Executive Director will be responsible to ensurethat compliance is maintained.	12/22/2022
0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must	0878	Achange label was placed on Resident #10’s Senna bottle. An audit of allmedication carts was completed to ensure all medication containers had changelabels as applicable. TheMed-Tech’s received additional training on placing a change label on medicationcontainers when a new order is received that changes the current directions forthe medication.	12/13/2022

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	be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (Previously Y 0879) (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, the physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. Inspector Comments: Based on observation, interview and document review, the facility failed to ensure a change label was affixed to a medication for 1 of 15 sampled residents (Resident #10). Findings include: Resident #10 Resident #10 was admitted on 12/28/21, with diagnoses including dementia, hypertension and depression. On 12/13/22 at 11:48 AM, Resident #10's December 2022 Medication Administration Record (MAR) and physician order dated 01/08/22, documented Senna Plus 8.6/50 milligram tablet, take one tablet by mouth every day as needed for constipation. The Senna Plus medication label documented Senna Plus 8.6/50 milligram tablet, take one tablet by mouth every day (hold for loose stools). On 12/13/22 at 11:48 AM, the Caregiver/Medication Technician confirmed the medication container lacked the required change label. This was a repeat deficiency from the 06/16/22 annual re-licensure survey. Severity: 2 Scope: 1		TheExecutive Director will be responsible to ensure that compliance is maintained.	

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0923 SS= D	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician; and (b) Kept in its original container until it is administered. Inspector Comments: Based on observation, interview, and record review, the facility failed to properly label over-the-counter (OTC) medications with the resident's name and ordering provider's name for 1 of 15 sampled residents (Resident #2) Findings include: Resident #2 Resident #2 was admitted on 12/10/20, with diagnoses including Alzheimer's disease with late onset, chronic atrial fibrillation and ototoxic hearing loss, right ear. On 12/13/22 at 11:09 AM, Resident #2's December 2022 Medication Administration Record (MAR) and physician's order dated 07/26/21, documented D-Mannose 1300 milligram capsule, take one capsule by mouth two times daily. The medication container lacked the resident's name and the ordering provider's name. On 12/13/22 at 11:09 AM, the Wellness Coordinator confirmed the D-Mannose belonged to Resident #2 and verbalized the resident's name and provider's name should be documented on the medication. Severity: 2 Scope: 1	0923	The residentand ordering physician name was written on Resident #2’s D-Mannose bottle. Anaudit of all mediation carts was completed to ensure that all medicationcontainers had the required resident and ordering physician name. TheMed-Tech’s received additional training on ensuring that all over the countermedication bottles have the resident and ordering physicians name written onthem. TheExecutive Director will be responsible to ensure that compliance is maintained.	12/13/2022