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
	9234	A. BUILDING _____ B. WING _____	08/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEE HIVE HOMES OF MESQUITE II	790 SECOND SOUTH ST, MESQUITE, NEVADA ,89027

(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 grading survey initiated at your facility on 08/29/19, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for 16 Residential Facility for Group beds which provides assisted living services, Category II residents. The census at the time of survey was nine. Nine resident files were reviewed and eight 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 investigation, 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		
0255 SS= E	Permits-Comply with NAC 446 on Food Service - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 6. A residential facility with more than 10 residents shall: (a) Comply with the standards prescribed in chapter 446 of NAC; and (b) Obtain the necessary permits from the Division. Inspector Comments: Based on observation on 08/29/19, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Critical Violations: a. The mechanical dish washer was not in operation. 2. Major Violations: a. In the freezer, two pieces of cake and a can of pineapple were uncovered and were not dated. b. Hair nets were not available for use onsite. 3. Equipment and Maintenance Violations: a. The ventilation hood filters had dust build-up. Severity: 2 Scope: 2	0255	1) A replacement dishwasher will be installed by 10/15/19. Until this dishwasher is installed, staff will wash dishes using sanitizer and a three-sink process. Unlabeled or undated food has been discarded. Hairnets for staff are available in the kitchen. Ventilation hood filters have been cleaned. 2) The new dishwasher will be kept in good operating condition and repaired promptly as needed. All food in refrigerators and freezers will be in its original packaging or in a storage container that is labeled and dated. Staff preparing food will use hairnets during food preparation. Ventilation filters will be cleaned routinely by kitchen staff and deep cleaned semi-annually by contract staff. 3) The dietary manager will monitor these items at least weekly for continued compliance. 4) Date of compliance: 09/09/19 for all items except new dishwasher, 10/15/19 for new dishwasher.	10/15/2019

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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 a written request to retain 1 of 9 residents who were bedbound (Resident #5). Resident #5 (R5) R5 was admitted on 05/20/19, with diagnoses including chronic back pain and debility. On 08/29/19 in the morning, R5's hospice nurse indicated R5 was bedbound due to healing pressure sores and staff had been instructed to keep R5 in bed for proper healing. On 08/29/19 in the morning, R5 was laying in bed. R5 demonstrated the ability to turn oneself but indicated R5 did not get out of bed. On 08/29/19 in the afternoon, the Administrator indicated R5 was bedbound the majority of the time and was unaware an exemption was needed. Severity: 2 Scope: 1	0620	1) An exception request has been submitted to the Division of Public and Behavioral Health for Resident R5. 2) For every new resident admitted, the manager and administrator will review whether there are any conditions that are prohibited or that might require an exception request. 3) The administrator will review the needs of each new resident admitted to ensure that the facility is able to meet their needs and will file an exception request if required. 4) Attachment: copy of exemption request for retention of Resident #5.	09/12/2019
0871 SS= F	Medication Administration - Plan - 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: d) Develop and maintain a plan for managing the administration of medications at the residential facility, including, without limitation: (1) Preventing the use of outdated, damaged or contaminated medications; (2) Managing the medications for each resident in a manner which ensures that any prescription medications, over-the-counter medications and nutritional supplements are ordered, filled and refilled in a timely manner to avoid missed dosages; (3) Verifying that orders for medications have been accurately transcribed in the record of the medication	0871	1) Each of the listed medications has been obtained and a "orders changed" sticker applied to the pharmacy label for Resident R2. See attachments for evidence of each medication being obtained or re-labeled. (cover sheet and attachments 1-14) 2) Caregivers have been instructed to notify the house manager when there is less than a week's supply of a medication for any resident. In addition, the house manager will audit the medication cart weekly to determine if refills are needed for any medications or if any "orders changed" stickers are needed. 3) The administrator will spot check the medication cart monthly to ensure ongoing compliance.	09/05/2019

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	administered to each resident in accordance with NAC 449.2744; (4) Monitoring the administration of medications and the effective use of the records of the medication administered to each resident; (5) Ensuring that each caregiver who administers a medication is in compliance with the requirements of subsection 6 of NRS 449.037 and NAC 449.196; (6) Ensuring that each caregiver who administers a medication is adequately supervised; (7) Communicating routinely with the prescribing physician or other physician of the resident concerning issues or observations relating to the administration of the medication; and (8) Maintaining reference materials relating to medications at the residential facility, including, without limitation, a current drug guide or medication handbook, which must not be more than 2 years old or providing access to websites on the Internet which provide reliable information concerning medications. (e) Develop and maintain a training program for caregivers of the residential facility who administer medication to residents, including, without limitation, an initial orientation on the plan for managing medications at the facility for each new caregiver and an annual training update on the plan. The administrator shall maintain documentation concerning the provision of the training program and the attendance of caregivers. Inspector Comments: Based on observation, interview and record review the facility failed to ensure medications were filled and re-filled in a timely manner for 7 of 9 (Resident #1, #2, #3, #5, #7, #8, #9) and a medication bottle matched a physician's order for 1 of 9 residents (Resident #2). Findings include: Resident #1 (R1) R1 was admitted on 07/12/19, with diagnoses including Parkinson's disease and dysphagia. A Physician's Order dated 07/09/19, documented Tylenol Extra Strength (ES) 500 milligrams (mg) tablets, take one tablet by mouth every six hours as needed for headache. Ibuprofen 200 mg tablets, take one tablet every eight hours as needed for headache. Imiquimod Cream 5%, apply small amount of cream to			

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	affected area as needed. The August 2019 Medication Administration Record (MAR) documented Tylenol ES 500 mg tablets, Ibuprofen 200 mg tablets and the Imiquimod Cream 5%. On 08/29/19 at 12:45 PM, the Tylenol ES 500 mg tablets, Ibuprofen 200 mg tablets and the Imiquimod Cream 5% could not be located. On 08/29/19 at 12:45 PM, the Manager confirmed the Tylenol ES 500 mg tablets, Ibuprofen 200 mg tablets and the Imiquimod Cream 5% was not on site. The Manager confirmed the medications should have been available and should have been re-filled before they ran out. Resident #7 (R7) R7 was admitted on 08/15/19, with diagnoses including thyroid disorder. A Physician's Order dated 08/22/19, documented Excedrin PM 500-38 mg take two tablets as needed (PRN) at bedtime for sleep. The August 2019 MAR documented Excedrin PM 500-38 mg tablets. On 08/29/19 at 12:15 PM, the Excedrin PM 5-38 mg tablets could not be located. On 08/29/19 at 12:15 PM, the Manager verbalized the medication had not been filled yet, but would be filled the next day. The Manager explained the medication had not been sent to the facility since R7 was admitted to the facility. The Manager acknowledged the facility was responsible for ensuring residents had all medications as ordered on site. Resident #8 (R8) R8 was admitted on 06/08/19, with diagnoses including cerebrovascular accident (CVA) and pain. A Physician's Order dated 06/08/19, documented Lidocaine External Patch 5%, apply one patch every 12 hours as needed for pain. The August 2019 MAR documented the Lidocaine External Patches 5%. On 08/29/19 at 12:00 PM, the Lidocaine External Patches 5% could not be located. On 08/29/19 at 12:00 PM, the Manager could not locate the patches. The Manager confirmed the patches had not been re-filled. The Manager acknowledged the patches should have been re-filled before R8 ran out of them. Resident #9 (R9) R9 was admitted on 12/07/18, with diagnoses including Alzheimer's disease. A Physician's Order dated 03/14/19, documented AZO Urinary Pain Relief 97.5 mg tablets, take one table by mouth three times a day PRN for urinary pain, burning,			

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	urgency and frequency. The August 2019 MAR documented AZO Urinary Pain Relief 97.5 mg tablets. On 08/29/19 at 12:20 PM, the AZO Urinary Pain Relief 97.5 mg tablets could not be located. On 08/29/19 at 12:20 PM, a Medication Technician (Med-Tech) verbalized the facility did not have anymore of the AZO Urinary Pain Relief 97.5 mg tablets. The Med Tech explained the medication had ran out, and was never re-filled. On 08/29/19 at 12:20 PM, the Manager explained medications should be re-filled before the medication ran out. The Manager confirmed R9's AZO Urinary Pain Relief 97.5 tablets was not on site. Resident #2 (R2) R2 was admitted on 11/16/18, with diagnoses including dementia and hyperlipidemia. A physician's order dated 03/06/19, and the Medication Administration record documented Tramadol 50 milligrams (mg). Take one tablet by mouth every 4 hours as needed for pain. The medication bottle documented every 6 hours. There was no change order sticker on the medication bottle. A physician's order dated 05/03/19, documented Vitamin D3 2,000 units. Chew two gummies by mouth every day. The medication had not been on-site since 8/28/19. On 08/29/19 in the afternoon, the Administrator indicated a change order sticker should have been placed on the medication bottle when the order for Tramadol was changed and medications should have been available at the facility at all times. Resident #3 (R3) R3 was admitted on 05/31/19, with diagnoses including hypertension, hyperlipidemia and arthritis. Physician's order dated 07/17/19, documented Nystatin Ointment. Apply to affected groin as needed for redness. The medication was not on-site. Physician's order dated 07/17/19, documented Tylenol 500 mg. Take one tablet every six hours as needed for pain. The medication was not on-site. On 08/29/19 in the afternoon, the Manager indicated the family was unwilling to pay for the Nystatin cream and a discontinued order had not been obtained. The Manager indicated the Tylenol had run out on 08/28/19, and the family was supposed to bring the refill in on 08/29/19. The Manager acknowledged the medications should have been available at			

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	the facility. Resident #5 (R5) R5 was admitted on 05/20/19, with diagnoses including chronic back pain and debility. A physician's order dated 06/08/19, documented Senna 8.6-50 mg. Take one tablet by mouth twice a day as needed for constipation. The medication was not on-site. A physician's order dated 06/08/19, documented Dulcolax 5 mg. Take one tablet by mouth every day as needed for constipation. The medication was not on-site. On 08/29/19 in the afternoon, the Manager indicated the medications had been re-ordered last week but had not been delivered by hospice. Severity: 2 Scope: 3			
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 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	0878	1) The MAR for Resident #1 has been corrected to show the medication is to be applied three times daily. 2) All new medication orders will be entered or checked by the house manager to ensure the MAR correctly reflects the physician's order. 3) The administrator will review new orders monthly to ensure the MAR reflects the physician's order and that the medications are given as prescribed. 4) Attachment: updated MAR showing 3x/daily application of medication.	09/06/2019

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	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 record review and interview, the facility failed to ensure 1 of 9 residents received medication as prescribed (Resident #1). Resident #1 (R1) R1 was admitted on 07/12/19, with diagnoses including Parkinson's disease and dysphagia. A Physician's Order dated 08/01/19, documented Lantiseptic 50%. Cleanse area with warm wash cloth, pat dry, apply barrier cream to buttocks/coccyx areas liberally three times daily. The August 2019 Medication Administration Record (MAR) documented Lantiseptic 50%. Cleanse area with warm wash cloth, pat dry, apply barrier cream to buttocks/coccyx areas liberally three times daily. On 08/29/19 at 12:40 PM, review of the August 2019 MAR revealed R1 only received the Lantiseptic 50% cream two times per day. On 08/29/19 at 12:40 PM, the Administrator confirmed the physician's order for Lantiseptic 50% cream was to be applied three times per day. The Administrator confirmed the MAR reported the Lantiseptic 50% cream was only applied twice daily and not three times day as ordered by the physician. The Administrator was unsure why the physician's order was being followed as prescribed. Severity: 2 Scope: 1			
0885 SS= D	Medication - Destruction - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC	0885	1) The two listed medications have been destroyed. 2) The house manager has been instructed on the facility's procedure for medication destruction. When a non-controlled medication is discontinued, the house manager will pull the medication from the cart and destroy it. When a controlled medication is discontinued, the house manager will be remove it from the medication cart and store it in a locked cabinet with the controlled count sheet until the house manager can destroy it with a licensed nurse as a witness.	09/05/2019

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	449.2744. Inspector Comments: Resident #4 (R4) R4 was admitted on 05/01/19, with diagnoses including hypertension and respiratory failure. A physician's order dated 07/25/19, documented Sertraline 25 milligrams (mg) was discontinued. On 08/29/19 in the afternoon, Sertraline 25 mg. was located on the medication cart with R4's current medications after the medication had been discontinued. On 08/29/19 in the afternoon, the Administrator indicated the medication should have been destroyed after it was discontinued. The Manager acknowledged the medication had been discontinued but was unaware of the facility's destruction process for discontinued medications. Severity: 2 Scope: 1 Based on record review and interview, the facility failed to ensure a medication was destroyed after it was discontinued for 2 of 9 residents (Resident #5 and #9). Findings include: Resident #9 (R9) R9 was admitted on 12/07/18, with diagnoses including Alzheimer's disease. A Physician's Order dated 01/03/19, documented Furosemide 20 milligram (mg) tablets. A Discontinue Order dated 03/16/19, documented Furosemide 20 mg tablets. On 08/29/19 at 12:00 PM, a bottle of Furosemide 20 mg tablets was found in R9's medication bin. On 08/29/19 at 12:00 PM, the Manager was unsure why the Furosemide 20 mg tablets were still in R9's medication bin. The Manager verbalized the medication had been discontinued a long time ago, and R9 had not received the medication in several months. The Manager verbalized the medication cart was reviewed weekly on Mondays by the Manager to ensure expired and discontinued medications were disposed of correctly. The Manager could not explain why the Furosemide 20 mg tablets had not been destroyed.		3) The administrator will review discontinued medications monthly for compliance with this procedure. 4) Attachments: medication destruction record for two medications.	
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	0895	1) Both of the listed medications have been discontinued on the MAR. 2) The house manager will discontinue all medications on the MAR as soon as a discontinue order is obtained from the physician. 3) The Administrator will review monthly to	09/05/2019

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	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 document review, record review and interview, the facility failed to ensure the Medication Administration Record (MAR) was accurate for of 9 residents (Resident # Findings include: Resident #9 (R9) R9 was admitted on 12/07/18, with diagnoses including Alzheimer's disease. A Physician's Order dated 03/13/19, documented Atropine 1%, take one drop under tongue every six hours as needed for secretions and Lyrica Oral Capsule 75 milligrams (mg), take one capsule by mouth twice daily. A Discontinue Order dated 08/01/19, documented the discontinue of Atropine 1%. A Discontinue Order datedd 08/09/19, documented the discontinue of Lyrica 75 mg capsules. On 08/22/19, the August 2019 MAR lacked documented evidence the Atropine 1% and the Lyrica 75 mg capsules had been discontinued. On 08/22/19 at 12:35 PM, a Medication Technician (Med Tech) confirmed the Atropine 1% and the Lyrica 75 mg capsules was documented on the August 2019 MAR and did not document the Atropine 1% had been discontinued. The Med Tech verbalized the MARshould document the medication was discontinued. On 08/22/19 at 12:40 PM, the Administrator confirmed the MAR documented Atropine 1%, and lacked documented evidence the Atropine 1% had been discontinued. The Administrator explained once the medication was discontinued, the MAR should document it.		ensure all discontinue orders are reflected on the MAR. 4) Attachments: MAR sheets showing two medications were discontinued.	

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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 interview, record review and document review, the facility failed to ensure a two-step tuberculosis (TB) test was completed for 1 of 9 residents (Resident #7). Findings include: Resident #7 (R7) R7 was admitted on 08/15/19, with diagnoses including thyroid disorder. On 08/29/19, R7's medical record lacked documented evidence of a two-step TB test. On 08/29/19 at 12:00 PM, the Manager verbalized R7 was new to the facility, and had not completed the two-step TB test yet. The Manager acknowledged the two-step TB test should have been completed before R7 was admitted, or within five days of being admitted to the facility. Severity: 2 Scope: 1	0936	1) The second step of the TB testing for this resident was completed on 09/08/19. 2) For each new resident admitted, the facility will obtain documentation of a two-step TB test or other approved screening prior to admission or two-step test completed within 5 days of admission. 3) The administrator will review each new admission record to verify this process is being followed upon admission or within 5 days. 4) Attachment: completed TB screening document.	09/08/2019
0960 SS= D	Alzheimer's Care Application for Endorsement - NAC 449.2754 Residential facility which provides care to persons with Alzheimer ' s disease: Application for endorsement; general requirements. (NRS 449.0302) 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 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.	0960	1) Standard placement forms signed by the attending physicians have been obtained for these two residents and are now in their records. 2) For each new resident admitted with a diagnosis of Alzheimer's or related dementia, the administrator will obtain a standard placement form signed by the attending physician. 3) The administrator will review each new potential admitted resident prior to admission to ensure that placement forms are signed by the physician and placed in the resident's record, if required. 4) Attachments: 2 standard placement forms for Residents R2 and R9.	09/05/2019

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9234	A. BUILDING _____ B. WING _____	08/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEE HIVE HOMES OF MESQUITE II	790 SECOND SOUTH ST, MESQUITE, NEVADA ,89027

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	Inspector Comments: Resident #2 (R2) R2 was admitted on 11/16/18, with diagnoses including dementia. R2's physical examination dated 11/15/18, documented the resident was alert and oriented to person only. The medical record lacked documented evidence of a standard placement form signed by the physician. On 08/29/19 in the morning, R2 was asked a series of five questions to determine cognitive function. R2's response to five out of five questions was R2 did not know. R2's medical record lacked documented the resident was alert and oriented to person only. The medical record lacked documented evidence of a standard placement form signed by the physician. On 08/29/19 in the morning, the Administrator acknowledged the resident was alert and oriented to person and was unable to provide a standard placement form. The Administrator indicated the resident did not wander but was confused at times. Severity: 2 Scope: 1 Based on observation, record review and interview, the facility failed to obtain an Alzheimer's/dementia endorsement to provide care to residents with Alzheimer's disease or related dementia for 2 of 9 residents (Resident #2 and #9). Findings include: Resident #9 (R9) R9 was admitted on 12/07/18, with diagnoses including Alzheimer's disease. A General Physical Exam dated 12/06/18, documented R9 had a diagnosis of Alzheimer's disease and confusion. On 08/29/19 in the morning, R9's medical record lacked documented evidence of a physician placement assessment. On 08/29/19 at 11:30 AM, R9 was alert and oriented to person, place and time. R9 was able to answer the questions on a mini-cognitive assessment. On 08/29/19 at 12:00 PM, a Medication Technician (Med Tech) verbalized R9 had Alzheimer's but was always alert and oriented. On 08/29/19 at 1:30 PM, the Administrator confirmed R9 had an Alzheimer's diagnosis and the facility did not have an endorsement to care for residents with Alzheimer's disease. The Administrator could not locate a physician placement assessment. The Administrator confirmed a physician placement assessment would be obtained for R9 to			

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	retain them at the facility.			