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 _____	10/12/2021

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 state licensure survey and infection control survey conducted at your facility on 10/12/21, 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 15. Fifteen resident files and five employee files were reviewed. The facility received a grade of B. The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of antidiscrimination policy; posting of nondiscrimination statement and certain other information, NRS 449.102 - Duties of licensed facility to protect privacy of patient or resident, and LCB File No. R016-20 - Cultural competency training; complaint policy; development of gender identity/expression policy; designated person responsible for compliance with these regulations. Failure to comply with NRS 449.101, NRS 449.102 and LCB File No. R016-20 may result in future deficiencies. 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		

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 _____	10/12/2021

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
0065 SS= F	Qualifications of Caregivers-Age-Eng-Training - NAC 449.196 Qualifications and training of caregivers. (NRS 449.0302) 1. A caregiver of a residential facility must: (a) Be at least 18 years of age; (b) Be responsible and mature and have the personal qualities which will enable him or her to understand the problems of elderly persons and persons with disabilities; (c) Understand the provisions of NAC 449.156 to 449.27706, inclusive, and sign a statement that he or she has read those provisions; (d) Demonstrate the ability to read, write, speak and understand the English language; (e) Possess the appropriate knowledge, skills and abilities to meet the needs of the residents of the facility; and (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. Inspector Comments: Based on record review and interview, the facility failed to ensure 5 of 5 employees received 8 hours of initial and/or annual caregiver training (Employee #1 - hired 10/05/20, Employee #2 - hired 01/23/17, Employee #3 - hired 10/28/20, Employee #4 hired - 03/17/21 and Employee #5 hired - 02/12/21). Employee #1 did not have documented evidence of initial or annual caregiver training. Employee # 2 did not have documented evidence of annual caregiver training. Employees #3, #4 and #5 did not have documented evidence of initial caregiver training. The Administrator was unable to provide documented evidence of initial and/or annual trainings for the employees. Severity: 2 Scope: 3	0065	Employee #2 is an Administrator and not required to complete caregiver training. Employee #4 is no longer employed. Employee #1, #3, and #5 will each complete 8 hours of training related to providing for the needs of residents of the facility, prior to their next anniversary date. The facility will develop a schedule to ensure that newly hired caregivers receive 4 hours of training on the care of the elderly within the first 60 days of employment, and ongoing annual training of all caregivers to include 8 hours of training related to providing for the needs of the residents. The house manager will be responsible for scheduling and documenting this training, and the Administrator will monitor employee files monthly to ensure that the training is taking placed and is documented in the employees' files.	11/30/2021

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 _____	10/12/2021

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
0072 SS= D	Qualifications of Caregiver - Med Training - NAC 449.196 Qualifications and training of caregivers. (NRS 449.0302) 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Before assisting a resident in the administration of a medication, receive the training required pursuant to paragraph (e) of subsection 6 of NRS 449.0302, which must include at least 16 hours of training in the management of medication consisting of not less than 12 hours of classroom training and not less than 4 hours of practical training, and obtain a certificate acknowledging the completion of such training; (b) Receive annually at least 8 hours of training in the management of medication and provide the residential facility with satisfactory evidence of the content of the training and his or her attendance at the training; (c) Complete the training program developed by the administrator of the residential facility pursuant to paragraph (e) of subsection 1 of NAC 449.2742; and (d) Annually pass an examination relating to the management of medication approved by the Bureau. Inspector Comments: Based on interview and record review, the facility failed to ensure 1 of 5 employees had annual medication management training (Employee #2 - hired on 01/23/17). The Manager was unable to provide documented evidence Employee #2 had completed annual medication management training. Severity: 2 Scope: 1	0072	Employee #2 had completed annual medication management training, but documentation was not in the employee file. That documentation has been provided and is now in the employee's file. All employees who assist residents in the administration of medications will complete medication management training annually. The Administrator will review employee files monthly to ensure that documentation is in the employee files.	10/25/2021
0074 SS= D	Elder Abuse Training - NRS 449.093 Training to recognize and prevent abuse of older persons: Persons required to receive; frequency; topics; costs; actions for failure to complete. 1. An applicant for a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before a license to operate	0074	Employee #2 had completed annual elder abuse training but documentation was not in the file at the facility. A copy of that documentation has been provided, and Employee #2 also completed the annual training again on 10/27/21. The Administrator and all direct care staff will be required to complete training annually on recognizing and preventing elder abuse. The house manager will ensure that employees complete the training, and the Administrator will review employee files monthly to ensure that documentation is in	10/25/2021

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 _____	10/12/2021

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
	such a facility, agency or home is issued to the applicant. If an applicant has completed such training within the year preceding the date of the application for a license and the application includes evidence of the training, the applicant shall be deemed to have complied with the requirements of this subsection. 2. A licensee who holds a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must annually receive training to recognize and prevent the abuse of older persons before the license to operate such a facility, agency or home may be renewed. 3. If an applicant or licensee who is required by this section to obtain training is not a natural person, the person in charge of the facility, agency or home must receive the training required by this section. 4. An administrator or other person in charge of a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the facility, agency or home provides care to a person and annually thereafter. 5. An employee who will provide care to a person in a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the employee provides care to a person in the facility, agency or home and annually thereafter. 6. The topics of instruction that must be included in the training required by this section must include, without limitation: (a) Recognizing the abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; (b) Responding to reports of the alleged abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995,		the employees' files.	

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 _____	10/12/2021

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
	inclusive; and (c) Instruction concerning the federal, state and local laws, and any changes to those laws, relating to: (1) The abuse of older persons; and (2) Facilities for intermediate care, facilities for skilled nursing, agencies to provide personal care services in the home, facilities for the care of adults during the day, residential facilities for groups or homes for individual residential care, as applicable for the person receiving the training. 7. The facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care is responsible for the costs related to the training required by this section. 8. The administrator of a facility for intermediate care, facility for skilled nursing or residential facility for groups who is licensed pursuant to chapter 654 of NRS shall ensure that each employee of the facility who provides care to residents has obtained the training required by this section. If an administrator or employee of a facility or home does not obtain the training required by this section, the Division shall notify the Board of Examiners for Long-Term Care Administrators that the administrator is in violation of this section. 9. The holder of a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care shall ensure that each person who is required to comply with the requirements for training pursuant to this section complies with such requirements. The Division may, for any violation of this section, take disciplinary action against a facility, agency or home pursuant to NRS 449.160 and 449.163. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 5 employees received annual elder abuse training (Employee #2 - hired 01/23/17). The Manager was unable to provide documented evidence Employee #2 had completed annual elder abuse training. Severity: 2 Scope: 1			

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 _____	10/12/2021

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
0255 SS= F	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 10/12/2021, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Critical Violations: a. In a small reach-in refrigerator, the following items were expired: chocolate pudding cups expired on 03/24/21, chocolate meal replacement drinks expired on 03/28/21, and applesauce cups expired on 06/28/21. In a large reach-in refrigerator, chocolate milk was expired on 10/07/21 and had an open date of 10/08/21. 2. Major Violations: a. Sloppy joe meat was stored in a former yogurt container. b. Multiple open items in the freezer were not labeled or dated. c. There was biofilm build-up on the internal water tube of the ice machine. 3. Equipment and Maintenance Violations: a. The following equipment was not commercial grade/rated for sanitation: a Crock-pot, a rice cooker and a Farberware hot plate. Severity: 2 Scope: 3	0255	The food items listed were discarded immediately, the ice machine has been cleaned, and non-commercial grade equipment has been taken out of service. All food items will be properly labelled and dated and not kept beyond their expiration dates. Only NSF- or commercial-rated containers will be used to store any leftover food items. Only NSF- or commercial rated equipment will be used in the kitchen. The administrator will monitor the kitchen, refrigerator, freezer, and storage areas monthly to ensure ongoing compliance.	10/13/2021

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 _____	10/12/2021

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
0936 SS= E	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 record review, the facility failed to complete tuberculosis (TB) testing as required for 4 of 10 residents (Residents #4, #5, #6 and #10). Resident #4 (R4) was admitted on 06/10/21. R4 received a first step TB test on 06/25/21, with no documented evidence the TB test was read. Resident #5 (R5) was admitted on 06/14/21. R5 received a first step TB test on 06/25/21, with no documented evidence the TB test was read. Resident #6 (R6) was admitted on 06/21/20. R6's file lacked documented evidence of an annual TB test. Resident #10 (R10) was admitted on 7/16/21. R10's file contained a first step TB test completed on 10/12/21. R10 had not completed a second step TB test. On 10/12/21, the Manager confirmed R4, R5, R6 and R10 had not received TB tests as required. Severity: 2 Scope: 2	0936	The documentation has been located or completed for Residents #4, #5, #6, and #10. The facility will obtain evidence for each resident upon admission, that the resident is free from infectious TB, and this will be repeated annually for each resident. The administrator will review the record of each new resident to ensure this is happening upon admission, and review the resident files annually to ensure the annual TB test is occurring and documented.	10/14/2021
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	0960	A placement determination letter was obtained from the attending physician for Residents R2 and R5, and is now in their files. The standard Physician Placement Determination form provided by the Division of Public and Behavioral Health will be used to document appropriate placement for any other residents admitted with a diagnosis of Alzheimer's disease or related dementia. The administrator will review the file of each new resident to determine if this placement form is needed and in the record.	10/13/2021

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 _____	10/12/2021

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
	based upon the grounds set forth in NAC 449.191 or 449.1915. Inspector Comments: Based on interview and record review, the facility failed to ensure an endorsement for Alzheimer's/dementia was obtained prior to admitting residents with a diagnosis of dementia and a Standard Placement Determination form was current for 2 of 10 residents. (Resident #2 and #5). Finding include: Resident #2 (R2) was admitted on 11/16/18 with a diagnosis of dementia and hyperlipidemia. Review of R2's medical record lacked documented evidence R2 had a current Standard Placement Determination form in their file. R2 appeared confused when asked questions from a mini cognitive test. R2 could not recall the current city R2 lived in, the year, current President or day of the week. Resident #5 (R5) was admitted on 11/16/18 with a diagnosis of dementia. Review of R5's medical records lacked documented evidence of a current Standard Placement Determination form. R5 appeared confused when asked questions from a mini cognitive test. R5 could not recall the current city R5 lived in, the year, current President or day of the week. On 10/12/21 at 11:00 AM, the Manager acknowledged the facility was not endorsed for persons with Alzheimer's disease and R2 and R5 did not have current Standard Placement Determination forms on file. The Manager acknowledged R2 and R5 should not have been placed at the facility without an endorsement for Alzheimer's/dementia and/or remained in the facility without current Standard Placement Determination forms. Severity: 2 Scope: 1			