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 _____	09/24/2024

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 conducted at your facility on 09/24/24, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for 16 Residential Facility for Group beds for elderly and disabled persons, which provides assisted living services, Category II residents. The census at the time of survey was 11. Ten resident files and eight employee files were reviewed. The facility received a grade of B. 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		

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0065 SS= D	Qualifications of Caregivers-Age-Eng-Training - NAC 449.196 and LCB File No. R043-22 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 sections 2 to 16 inclusive of this regulation 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) Not later than 60 days after commencing employment with the residential facility, receive not less than 4 hours of a combination of tier 1 and tier 2 training related to care for the residents of the facility; and (g) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. Such training must include, without limitation, at least 2 hours of tier 2 training. Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 8 sampled employees had completed eight hours of annual Caregiver training. (Employee #5 and #8). Findings include: Employee #5 (E5) E5 was hired on 04/26/23 as a Caregiver. E5's employee record lacked documented evidence of eight hours of annual Caregiver training. Employee #8 (E8) E8 was hired on 12/20/21 as a Caregiver. E8's employee record lacked documented evidence of eight hours of annual Caregiver training. On 09/24/24 in the afternoon, the Administrator acknowledged E5's and E8's employee record lacked documented evidence of eight hours of annual Caregiver training. Severity: 2 Scope: 1	0065	Employee #E8 has completed 8 hours of annual caregiver training, and employee #E5 will have 8 hours completed by 10/11/24. The house manager will audit training records for all other current caregivers, and all will have the required 8 hours of annual training by 10/18/24. The house manager will verify each caregiver is current in training hours as part of each caregiver's annual performance evaluation.	10/18/2024

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0255 SS= D	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 09/24/24, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Equipment and Maintenance Violations: a. The flexible drain line from the dish machine extended into the basin of the floor sink which created the potential for back siphonage. Severity: 2 Scope: 1	0255	The drain line for the dishwasher has been trimmed and secured so that there is an air gap between the drain line and the floor sink. The kitchen manager will ensure the drain line is properly positioned or repaired as needed.	10/04/2024
0878 SS= E	Medication/OTCS, Supplements, Change Order - NAC 449.2742 and R043-22 - 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 , physician assistant or advanced practice registered nurse has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician, physician assistant or advanced practice registered nurse. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician, physician assistant or advanced practice registered nurse. 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, physician assistant or advanced practice registered nurse must be administered as prescribed by the physician, physician assistant or advanced practice registered nurse. If a physician, physician assistant or advanced practice registered nurse orders a change in the amount or times medication	0878	The medications for residents #1, #7, and #9 have been obtained and are in the facility. The house manager has audited all resident's medication orders and verified that all medications are on hand in the facility. The house manager will audit the medication cart once weekly to ensure that all ordered medications are available in the facility.	10/01/2024

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	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 (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, physician assistant or advanced practice registered nurse 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, physician assistant or advanced practice registered nurse, a 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 record review, the facility failed to ensure medications were administrated in accordance with physician's orders for 1 of 10 residents (Resident #1) and medications were onsite and available for 3 of 10 residents (Resident #1, #7 and #9). Findings include: Resident #1 (R1) R1 was admitted on 10/26/23 with diagnosis of hypertension and sensitive skin. A physician's order dated 04/23/24 documented Nystantin, 100,000 units, apply one thin layer to affected area at 10:00 AM and 4:00 PM. Nystantin was not onsite and available for R1 because it had not been delivered to the facility. Medication Administration Record for September 2024, documented the medication was not onsite and R1 had not received the medication since 09/03/24. On 09/24/24 in the morning, a Medication Technician confirmed there was no Nystantin onsite and available for R1 and confirmed R1 had not received the medication per the physician's order since 09/03/24 because it had not been delivered to the facility. Resident #7 (R7) R7 was admitted on 05/31/22 with diagnosis			

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	including hypertension and gastroesophageal reflux disease. A physician's order dated 09/11/24 documented, Acetaminophen, 500 milligram tablet, give two tabs every four hours as needed for pain. A physician's order dated 09/14/24 documented Miralax, give one capful daily and needed for constipation. A physician's order dated 11/02/22 documented Refresh Tears, give one drop in both eyes daily, as needed for dry eyes. There was no Acetaminophen, Miralax or Refresh Tears onsite and available for R7 because they had not been delivered to the facility. On 09/24/24 in the morning, a Medication Technician confirmed there was no Acetaminophen, Miralax or Refresh Tears onsite and available to administer to R7 if requested because they had not been delivered to the facility. Resident #9 (R9) R9 was admitted on 07/21/23 with diagnosis including Alzheimer's disease and hypertension. A physician's order dated 09/15/24 documented EQL Ibuprofen oral tablets, take two tabs daily as needed for pain. There was no Ibuprofen onsite and available for R9 because it had not been delivered to the facility. On 09/24/24 in the morning, a Medication Technician confirmed there was no Ibuprofen onsite and available to administer to R9 if requested because it had not been delivered to the facility. Severity: 2 Scope: 2			

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0883 SS= D	Medication - Resident Refusal - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 7. If a resident refuses, or otherwise misses, an administration of medication, a physician, physician assistant or advanced practice registered nurse must be notified within 12 hours after the dose is refused or missed. Inspector Comments: Based on interview and record review, the facility failed to ensure the physician was notified of missed medication for 1 of 10 residents (Resident #1). Findings include: Resident #1 (R1) was admitted on 10/26/23 with diagnosis of hypertension and sensitve skin. A physician's order dated 04/23/24 documented Nystantin, 100,000 units, apply one thin layer to affected area at 10:00 AM and 4:00 PM. A Medication Administration Record for September 2024, documented the medication was not onsite and R1 had not been administered the medication since 09/03/24. There was no documentation the physician was notified R1 had not received Nystantin since 09/03/24. On 09/24/24 in the morning, a Medication Technician confirmed R1 had not been administered Nystantin since 09/03/24, and the physician had not been notified of the missed doses. Severity: 2 Scope: 1	0883	Resident #1's physician was notified of the missing medication on 9/24/24 and the medication was re-ordered and obtained. All caregiver staff were in serviced on the facility's policy for notifying physicians when a medication is missing or when a resident refuses a medication, and the form to use for this notification was reviewed with the staff in the Inservice. The house manager will audit the medication cart weekly to verify all ordered medications are on hand, and notify the physician of any missing medications.	09/26/2024
1600 SS= C	Preferred Name/Pronoun P& P - Preferred Name/Pronoun P& P R016-20 Sec. 19 1. A facility shall: (a) Develop policies to ensure that a patient or resident is addressed by his or her preferred name and pronoun and in accordance with his or her gender identity or expression; and (b) Adapt electronic records and any paper records the facility has to reflect the gender identities or expressions of patients or residents with diverse gender identities or expressions, including, without limitation: (2) If the facility is a facility for the dependent or other residential facility, adapting electronic records and any paper records the facility has to include the preferred name and pronoun and gender identity or expression of a resident. R016-20 Sec. 19 2. If a patient or resident chooses to provide the	1600	The residents' preferred pronoun has been added to the admission record for all current residents in the facility. Residents' preferred pronoun has also been added to the admission agreement for all new residents who will be admitted to the facility. The administrator will ensure that the resident's preferred pronouns are noted in the admission record for each new resident admitted to the facility.	10/01/2024

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	following information, the health records adapted pursuant to subparagraph (1) of paragraph (b) of subsection 1 must include, without limitation: (a) The preferred name and pronoun of the patient or resident; (b) The gender identity or expression of the patient or resident; (c) The gender identity or expression of the patient or resident that was assigned at the birth of the patient or resident; (d) The sexual orientation of the patient or resident; and (e) If the gender identity or expression of the patient or resident is different than the gender identity or expression of the patient or resident that was assigned at the birth of the patient or resident: (1) A history of the gender transition and current anatomy of the patient or resident; and (2) An organ inventory for the patient or resident which includes, without limitation, the organs: (I) Present or expected to be present at the birth of the patient or resident; (II) Hormonally enhanced or developed in the patient or resident; and (III) Surgically removed, enhanced, altered or constructed in the patient or resident. R016-20 Sec. 20 1. Except as otherwise provided in subsection 2, the statements, notices and information required by sections 2 to 22, inclusive, of this regulation and NRS 449.101 to 449.104, inclusive, must be in English and, as appropriate for a facility, in any other language the Department determines is appropriate based on the demographic characteristics of this State. In addition to the notices and information provided in English and any other language the Department determines is appropriate based on the demographic characteristics of this State, a facility may provide the statements, notices and information in any other language the facility may desire. R016 -20 Sec. 20 2. A facility must make reasonable accommodations in providing the statements, notices and information described in subsection 1 for patients or residents who: (a) Are unable to read; (b) Are blind or visually impaired; (c) Have communication impairments; or (d) Do not read or speak English or any other language in which the statements, notices and information are written pursuant to subsection 1.			

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	Inspector Comments: Based on interview and record review, the facility failed to ensure 10 of 10 residents files included documentation of preferred pronoun, gender expression and sexual orientation. Findings include: Review of 10 of 10 resident files revealed the facility did not document the residents' preferred pronoun, gender expression and sexual orientation. On 09/24/24 in the morning, the Administrator confirmed they did not have a system to document 10 of 10 residents preferred pronoun, gender expression and sexual orientation and had not added this information to their admission documents. Severity: 1 Scope: 3			