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 _____	**04/03/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT VIEW HOMECARE	**7036 PLEASANT VIEW AVE, LAS VEGAS, NEVADA ,89147**

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a complaint investigation completed in your facility on 04/04/2023, in accordance with Nevada Administrative Code (NAC), Chapter 449, Residential Facilities for Groups. The census at the time of the survey was 5. The sample size was 6. The facility received a grade of A. There was one complaint investigated. Substantiated: Complaint #NV00067986 was substantiated. (See TAG 0878 & TAG 0895) The investigation of the Complaint included: Observation of grooming and physical appearance for residents, and a tour of the facility. Interviews were conducted with residents, caregivers, and the Administrator Record Review of six records, which included the resident of concern. 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		
0878 SS= F	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	0878	1) As the new Administrator's start date and this Complaint Investigation & Survey were on the same day, the specific findings were corrected over the next 10 days. This was done by having the Medical Providers responsible for the Resident's listed in this deficiency, send the current Medication Lists for each Resident then match with both the Medication Administrative Record (MAR) and the on-property Medication's that are the Resident's BIN. This was accomplished over the first 10 days of the Administrator's tenure. All Medications at the facility now match the Doctor's Med List/Orders and the MAR. (**see attached Documents #1-#4**) We did find the Complainant's Fentanyl 75mcg Patch (listed on SOD as R6), was	04/15/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | Name: CHRISTOPHER LANE RFA | Title: Provider Designee | Date: 05/15/2023

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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	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 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 observations, interviews, and record review the facility failed to ensure medications were on site and available for 4 of 6 sampled residents (Resident #1, #2, #3, and #4) and a medication was administered as prescribed for 1 of 6 sampled residents (Resident #6). Findings include: Resident #1 (R1) R1 was admitted on 05/08/20 with diagnoses including heart failure and forgetfulness. On 04/03/23 R1's medication bin did not contain Santyl ointment. R1's Medication Administration Record (MAR) for March 2023 documented: Santyl 250 unit/gram (gm) ointment, apply a dime size amount topically with each dressing change on left heel and right posterior thigh; the start date was 03/03/23. The medication was not listed on the April 2023 MAR, and there was no discontinue (DC) order on site		discontinued on 1/31/23 but was not found earlier as it was filed incorrectly. (**see attached Document #5**) 2) The following systematic changes have been put in place so these deficient practices will not recur; they are: • All new Resident's will have a complete Med Profile including the signed list/orders supplied by their Provider, upon admit. • All current Resident's will have their Medications checked during every visit by the Nurse or other Provider Designee, to verify those meds needing to be re-ordered, also to verify all changes and discontinuations done by voice since the last Nurse visit or new orders that may have been received by the facility, have now current written orders in the file. • Every 180 days along with the signed Medication Review, a new print-out of Resident's current Med List will be received by the facility, so verification that no new or changed med information slipped through the cracks. 3) The corrective actions noted above will be monitored by initially meeting with all visiting Nurses or other responsible Provider contacts for the Residents, so they are aware of the Medication Policy and the Provider becomes a key element in making sure all Medications for Resident's will be at the facility and administered as flawlessly as possible. 4) The Administrator will be responsible for ensuring the corrections are implemented and continually followed. 5) 4/15/2023	

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	for the medication. Resident #2 (R2) R2 was admitted on 12/14/22 with a diagnosis of senile degradation of the brain. On 04/03/03 in the morning, the medications listed below were not on site for R2. R2's MAR for March 2023 and April 2023 documented the following: -Hydrocodone-Acetaminophen 5-325 milligram (mg) tab. Take two tabs by mouth every 6 hours around the clock. -Oxycodone 10 mg tab. Take one tablet twice daily at 8 AM and 2 PM. -Mirtazapine 45 m tab. Take 1 tablet by mouth every night at bedtime. (GENERIC FOR REMERON) Resident #3 (R3) R3 was admitted to the facility on 01/30/2020 with a diagnosis of Parkinson's disease. On 04/03/23 in the morning, the medications listed below were not onsite for R3. R3's March 2023 MAR documented the following: -Tramadol 50mg tab take 1 by mouth every 6 hours as needed for pain start 04/07/2022. -Triamcinolone 0.025% acetamide cream, apply small amount twice daily to affected area as needed for irritated skin start 01/18/2022. -Lorazepam 0.5mg tab take one by mouth every 8 hours as needed for anxiety start 05/26/2022. -Sennosides 8.6 take two tablets by mouth twice daily start 01/18/2022.esid Resident #4 (R4) R4 was admitted to the facility on 06/01/2020 with a cerebral infraction. On 04/03/23 in the morning, the medications listed below were not on site for R4. R4's March 2023 MAR documented the following: -Lorazepam 2mg/ml take 0.5ml under the tongue every 4 hours for anxiety/agitation start 04/12/2022. -Morphine IR 20mg/ml under the tongue every 4 hours as needed pain/shortness of breath start 04/12/2022. Resident #6 (R6) R6 was admitted to the facility on 01/10/2023 with a diagnosis of chronic pain syndrome. A physician's order dated 01/27/2023 documented Fentanyl 75 milligram (mg) patch for pain every 72 hours. R6's February 2023 MAR revealed the fentanyl patch was not administered to R6 after 02/08/2023, and R6's resident file			

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	lacked documented evidence the order was discontinued. On 04/03/2023 in the afternoon, the Administrator indicated R6 was discharged from the facility on 02/22/2023, due to needing continuous pain medications and verified the February 2023 MAR lacked documented evidence the fentanyl patch was administered to R6 from 02/08/2023 to 02/22/2023. On 04/03/2023 in the morning, a Caregiver indicated if a resident had a medication that was not available the Administrator would have been informed and the Administrator would have contacted the pharmacy or physician to refill the medication. The Caregiver revealed the Administrator was informed of the medications listed above for R1, R2, R3, and R4 but they were not refilled. On 04/03/2023 in the afternoon, the Administrator indicated the Caregivers were responsible to inform the Administrator if medications had to be refilled. The Administrator revealed the resident files for R1, R2, R3, and R4 lacked physician's orders for the missing medications, and it was unknown if the medications were discontinued. The Administrator acknowledged the medications on the MARs were not available to the residents and the prior Administrator had failed to refill the missing medications. Severity: 2 Scope: 3			
0895 SS= E	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 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	0895	1) The specific findings have been corrected through the re-training of the following basic Medication protocol; Medications must be initialed when given. If a medication is not administered for any reason (Med not available or Resident refuses, etc.), circle initials and on back of MAR page list the reason and other information as to why it was not administered to the Resident. Also, a Missed Medication Report would then need to be completed and sent to appropriate individuals within the prescribed timeframe (**see attached Document #6**). 2) The following systematic change has	04/10/2023

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	that reflect each current order or prescription of the resident ' s physician. Inspector Comments: Based on observations, interview, and record review the facility failed to ensure the Medications Administration Record (MAR) was accurately completed for 3 of 6 sampled residents (Resident #1, #2, and #3). Findings include: Resident #1 (R1) R1 was admitted on 05/08/20 with diagnoses including heart failure and forgetfulness. R1's medication bin contained: -Linezolid 600 milligram (mg) tablet, take one tablet by mouth twice daily for 10 days. Linezolid was not documented on R1's March or April 2023 MARS. -Spironolactone 25 mg tab, take one tab by mouth once daily, dispensed 03/21/23. Spironolactone was not documented on R1's March 2023 MAR. -Metropolol Tartrate 25 mg tablet, take ½ tab (=12.5 mg) by mouth twice daily, dispensed 03/21/23. Metoprolol was not documented on R1's March 2023 MAR. R1's March 2023 and April 2023 MARs documented: Potassium Chloride (KCl) ER 10 milliequivalent (meq) tablet, generic for KLOR-CON. Take one tablet by mouth once daily. R1's medication bin contained two bottles of KCl pills. One bottle contained 10 meq KCl pills, physician order date 03/29/23, and the other bottle contained 20 meq KCl pills, physician order date 03/21/23, per the bottle labels. The 20 meq KCl pills did not appear on either March 2023 or the April 2023 MAR. There was no DC order on site for the 20 meq KCl pills. R1's March 2023 MAR lacked documented evidence R1 was administered all medications on 03/30/23 and 03/31/23. R1's April 2023 MAR lacked documented evidence R1 was administered medications on 04/01/23 through 04/03/23, the survey date. Resident #2 (R2) R2 was admitted on 12/14/22 with a diagnosis of senile degradation of the brain. R2's March 2023 MAR lacked documented evidence R2 was administered all medications on 03/31/23.		been put in place so these deficient practices will not recur; they are: • Every Med Tech will verify that the preceding shift has initialed all Meds that were required to be administered, and if not done, then the current shift will inquire as to why initials were not entered so corrections can be made. 3) The corrective action will be monitored by the Med Techs, the Manager and the Administrator each shift of every day or at every visit to the facility until this important documenting requirement becomes routine for all. 4) The Administrator will have ultimate responsibility for ensuring the corrections are implemented and continually followed. 5) 4/20/2023	

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	R2's April 2023 MAR lacked documented evidence R2 was administered all medications from 04/01/23 through 04/03/23, the survey date. R2's medication bin contained: -Senna S tab 8.6-50 milligram (mg), take two tablets by mouth once daily as needed for constipation. Dispensed 12/14/22 and 03/06/23. -Calcium Carbonate 500 mg, Chew one tablet by mouth every six hours as needed for dyspepsia/heartburn. -Meclizine tab 25 mg, take one tablet by mouth every 12 hours as needed for nausea and vomiting. -Dronabinol 2.5 mg oral capsule, generic for Marinol, take one capsule by mouth once daily, dated 12/14/22. -Promethazine 6.25 mg/5 milliliter (ml) syrup, take 10 ml by mouth three times a day as needed for cough with the start date of 12/30/22. (This medication, labeled by R2, was found in the refrigerator.) The medications listed above were not documented on R2's April 2023 MAR. R2's March 2023 MAR lacked documented evidence R2 was administered all medications on 03/31/2023. R2's April 2023 MAR lacked documented evidence R2 was administered all medications from 04/01/2023 through 04/03/2023, the survey date. Resident #3 (R3) R3 was admitted to the facility on 01/30/2020, with a diagnosis of Parkinson's disease. R3's medication bin contained Psyllium dissolve two teaspoons in water and drink by mouth twice a day for constipation. The March 2023 MAR and April 2023 MAR lacked evidence the Psyllium was documented on the MAR and was being administered. On 04/03/2023 in the afternoon the Administrator acknowledged the medications were not documented appropriately on the MARs. Severity: 2 Scope: 2			