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
	9505	A. BUILDING _____ B. WING _____	06/21/2023

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 an annual State Licensure survey conducted at your facility on 06/21/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 8 Residential Facility for Group beds for elderly and disabled persons, chronic illness and/or Alzheimer's disease, Category II residents. The census at the time of the survey was six. Six resident files and four 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 deficiencies were identified:	0000		
0178 SS= F	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility failed to ensure the premises was kept clean and well-maintained as evidenced by: two commodes, a bedside table, a wheelchair, a small end table, a dirty wicker chair which held wheelchair parts, two empty file cabinets, an old ironing board, the backboard of a bed, and a random drawer were located in the back yard. On 06/21/23 in the afternoon, Employee #1 (E1) acknowledged the presence of the items in the back yard and the potential for harm caused by their accumulation. Severity: 2 Scope: 3 This is a repeat deficiency from the survey completed on 06/02/22.	0178	1. The debris were picked up and the yard was cleaned. 2. To ensure that the deficient will not be occur, yard cleanliness will be maintained by a yardman to make sure that yard will be kept cleaned. 3. The corrective action will be monitored by the Owner, Lead Caregiver and Administrator in order that the deficiency will not reoccur. 4. The owner, lead caregiver and Admiinistrator will ensure that the plan of correction is implemented. 5. The corrective action was completed on July 23, 2023. 6. Please see attached photos.	07/23/2023

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: DEORELLA Title: Bautista Date: 07/24/2023

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0220 SS= F	Laundry & Linen Services Provided - NAC 449.213 Laundry and linen services. (NRS 449.0302) 1. A residential facility shall: (a) Provide laundry and linen services on the premises of the facility; or (b) Contract with a commercial laundry for the provision of those services. 2. A residential facility that provides its own laundry and linen services shall have accommodations which are adequate for the proper and sanitary washing and finishing of linen and other washable goods. 3. The laundry room in a residential facility must be situated in an area which is separate from an area where food is stored, prepared or served. The laundry must be adequate in size for the needs of the facility and maintained in a sanitary manner. The laundry room must contain at least one washer and at least one dryer. All the equipment must be kept in good repair. All dryers must be ventilated to outside the building. If a washer or dryer is located outside the residential facility, the washer or dryer must be in a room or enclosure. Inspector Comments: Based on observation and interview, the facility failed to ensure the back of the dryer was free from lint. Findings include: On 06/21/23, the back of the dryer was covered with lint. Employee #2 (E2) pulled the dryer away from the wall and acknowledged the lint behind the dryer. Severity: 2 Scope: 3	0220	1. The dryer vent was repaired. 2. In order that this deficiency will not be occur, the caregivers must report to the owners immediately if the dryer vent needs to be repaired in order to maintain an adequate and working machine. 3. To monitor and ensure that this deficiency will not reoccur, the Lead Caregiver must report ASAP to the owners if any repairs needed immediate attention. 4. The Lead Caregiver, Owner and ADMINISTRATOR will ensure that the plan of correction is implemented. 5. The corrective action was completed on July 15, 2023. 6. Please see attached photos	07/15/2023
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. in order to correct a deficiency, a new medication review was requested and signed by the physician. 2. In order that this deficiency will not reoccur, medication review must be updated at least every six months or as soon as there are change of medication orders. 3. To monitor and ensure that this deficiency will not reoccur, doctors will be required to sign updated medication list at least every six months or when there are changes of medication orders. 4. Lead Caregiver, Owner and ADMINISTRATOR will work together in order to implement this correction. 5. 7/21/2023 6. Please see attached copies of updated	07/21/2023

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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 observation, record review, and interview, the facility failed to ensure the Medication Administration Record (MAR) was accurate, physician's orders were obtained, and/or medications were on site for 4 of 6 residents (Residents #1, #2, #5, and #6). Findings include: Resident #1 (R1) R1 was admitted on 01/30/20, with diagnoses including Parkinson's Disease, Vitamin D deficiency, and benign prostatic hyperplasia. MAR not accurate: R1's June 2023 MAR documented Aspirin 81 milligrams (mg) tablet, take one (1) tablet by mouth twice a week every Monday and Friday. The MAR documented Aspirin was administered every day for the month of June 2023. R1's medication bin contained a bottle of aspirin labeled Chew one tablet by mouth twice every week (on the same day) to help prevent heart attack and stroke. A change order label was on the bottle with the instructions, Mondays and Fridays only. Lack of physician orders: R1's June 2023 MAR documented Aspirin 81 milligrams (mg) tablet, take one (1) tablet		medication list.	

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	by mouth twice a week every Monday and Friday, Tamsulosin HCl 0.4 Capsule, Atorvastatin Calcium 10 mg tablet and Hydrocodone-Acetaminophen 10-325 mg tablets (PRN). The medications were marked on the June 2023 MAR as administered. R1's file lacked documented evidence of physician orders for Aspirin 81 milligrams, Tamsulosin HCl 0.4 Capsule, Atorvastatin Calcium 10 mg tablet and Hydrocodone-Acetaminophen 10-325 mg tablets (PRN). Resident #2 (R2) R2 was admitted on 06/01/20 with a diagnosis of hypertensive heart disease without heart failure. MAR not accurate: On 06/21/23 in the morning, R2's medication bin contained the following medications and R2's June 2023 MAR lacked documented evidence of these medications: Gabapentin 100 mg capsules, take one capsule by mouth every night at bedtime, Milk of Magnesia Suspension 1200/15, take 30 milliliters (ml) by mouth twice a day routinely for constipation, Hydro/APAP tablet 5-325 mg, take one tablet by mouth every six hours as needed for pain, Promethazine 25 mg tablets, take one tablet by mouth every six hours as needed for nausea and vomiting, Robafen liquid 200/10 ml, take 15 ml by mouth every four hours as needed for cough. No physician orders: R2's file lacked documented evidence of physician orders for Gabapentin, Hydroco/APAP, Robafen, or Promethazine. Resident #5 (R5) R5 was admitted on 05/28/20 with diagnoses including muscle weakness and periods of forgetfulness and confusion. MAR not accurate: On 06/23/23 in the afternoon, R5's medication bin contained one bottle of Furosemide: labeled 80 mg, take one tablet by mouth every morning for fluid retention, dated 06/16/23. A physician order dated 04/20/23 documented: Furosemide 80 mg tablet every AM, and 40 mg tablet every afternoon. R5's June 2023 MAR documented Furosemide 40 mg tablet, take one tablet by mouth every morning. R5's file documented physician PRN oral medication orders dated 04/20/23 included: Acetaminophen 500 mg tablet, take one tablet every six hours PRN Haloperidol Intensol 2 mg/ml, PRN as needed. Morphine sulfate (concentrate) 5 mg/0.25			

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	ml, PRN as needed. Senna S 8.6-50 mg tablets, PRN as needed. R5's June 2023 MAR lacked documented evidence of these medications. Resident #6 (R6) R6 was admitted on 01/21/23 with a diagnosis of Alzheimer's Disease and Frequent fall due to Alzheimer's Disease. MAR not accurate: A physician order dated 04/24/23 documented Norco 5-325, one tablet by mouth every six hours as needed for pain. R6's June 2023 MAR lacked documented evidence of the medication Norco 5-325. Lack of physician orders: R6's June 2023 MAR documented the following medications: Eliquis 5 mg tablet, take one tablet by mouth twice daily Levetiracetam 50 mg tablet, take one tablet by mouth twice daily Lovastatin 40 mg tablet, take one tablet by mouth every night at bedtime Levothyroxine 100 mg tablet, take one tablet by mouth every day Clotrim/Betz 1-0.5% crème, apply a thin layer to affected area twice daily Fenofibrate 160 mg tablet, take one tablet by mouth twice daily Glipizide 10 mg tablet, take one tablet by mouth twice daily Carvedilol 12.5 mg tablet, take one tablet by mouth every morning Colace 100 mg tablet, take one tablet by mouth once daily R6's file lacked documented evidence of physician orders for those medications. Medications not on site: R6's June 2023 MAR documented the following medication but were not in R6's medication bin: Norco 5-325, one tablet by mouth every six hours as needed for pain (had a physician order but not on MAR) Carvedilol 12.5 mg tablet, take one tablet by mouth twice daily Colace 100 mg tablet, take one tablet by mouth once daily Levetiracetam 50 mg tablet, take one tablet by mouth twice daily Donepezil HCl 10 mg tablet, take one tablet at bedtime On 06/21/23 at 12:20 PM, E1 explained the process E1 followed was to document the administration of medications on the MAR in the afternoon after all medications were administered. E1 admitted this was not a good practice since it caused multiple administration errors. E1 acknowledged multiple medications were not on site and could not produce discontinue orders or reasons as to why the medications were not on site. E1 verbalized some medications did			

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	not have physician orders and acknowledged all medications should have medication orders. Severity: 2 Scope: 3 This is a repeat deficiency from the complaint investigation completed on 04/03/22.			
0883 SS= D	Medication - Resident Refusal - NAC 449.2742 - 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 must be notified within 12 hours after the dose is refused or missed. Inspector Comments: Based on observation, interview and record review, the facility failed to notify the physician of missed medications for 1 of 6 residents (Resident #1). Resident #1 (R1): R1 was admitted on 01/30/20, with diagnoses including Parkinson's Disease, Vitamin D deficiency, and benign prostatic hyperplasia. A physician order dated 03/07/22, documented Finasteride 5 milligram (mg) take one tablet by mouth every day. On 06/21/23, R1's Medication Administration Record (MAR) for June 2023 documented Finasteride 5 mg tablet, take one (1) tablet by mouth once daily. The medication was not in R1's medication bin. On 06/21/23 at 1:20 PM, the Caregiver confirmed they did not inform the physician of R1's missed Finasteride and explained they had told R1 to call there provider themselves about the missed medications and medications not on site. The Caregiver acknowledged it was the facility's responsibility to call the physician about medications issues and doses. Severity: 2 Scope: 1	0883	1. The new medication list was updated and signed by the physician. 2. In order to ensure that this deficiency he will not reoccur, the group home must have a copy of any changes or updates of resident's medication with Physician's signature. 3. The administrator, owner and lead caregiver will monitor every two weeks to make sure that this corrective action is being observed. 4. The Lead Caregiver, owner and administrator will ensure that the plan of correction is implemented. 5. 7/19/2023 6. Please see attached photo of the updated medication review	07/19/2023

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0920 SS= F	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medications for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself or herself without supervision may keep the resident ' s medication in his or her room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room. Inspector Comments: Based on observation and interview, the facility failed to ensure medications were securely stored. Findings include: On 06/21/23 in the morning, the medication cabinet was unlocked with resident medications located inside. On 06/21/23 in the afternoon, the Caregiver acknowledged the broken lock on the medication cabinet door and the importance of keeping medications securely stored from the residents. Severity: 2 Scope: 3	0920	1. The medication lock was replaced and repaired. 2. In order that deficiency will not reoccur, the caregiver must report immediately to the owner if medication lock needs repair or replacement. 3. To ensure the deficiency will not reoccur, the Lead Caregiver, Owner and Administrator will work together to ensure that the medication cabinet is locked at all times. 4. Lead Caregiver is responsible for ensuring that the plan of correction is implemented. Owner and administrator will check the cabinet during visits. 5. Corrective action was done on July 1, 2023. 6. Please see attached photo	07/01/2023

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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 interview and record review, the facility failed to ensure an annual tuberculosis (TB) screening was completed for 2 of 6 residents (Residents #1 and #5). Resident #1 (R1) R1 was admitted on 01/30/20, with diagnoses including Parkinson's Disease, Vitamin D deficiency, and benign prostatic hyperplasia. R1's file documented an annual TB screening was completed on 06/03/22. The file lacked documented evidence of an annual TB screening for 2023. Resident #5 (R5) R5 was admitted on 05/08/20, with diagnoses including muscle weakness and periods of forgetfulness and confusion. R5's file documented an annual TB screening was completed on 05/23/22. The file lacked documented evidence of an annual TB screening for 2023. On 6/21/23 in the afternoon, the Caregiver acknowledged R1and R5 needed an annual TB screening for 2023. Severity: 2 Scope: 2 This is a repeat deficiency from the survey completed on 06/02/22.	0936	1. The TB test was requested from the hospice services. 2. In order that this deficiency will not reoccur, TB test will be requested two weeks before its due date. 3. To ensure that this deficiency will not reoccur, the Lead Caregiver, Owner and administrator will inform the doctor or nurse before TB Test is due. 4. The administrator, Owner and Lead Caregiver will work together to make sure that TB Test is done on time annually. 5. The Tb test was done 7/19/2023 for DS. Tb test for DK is requested at the rehab since he is at the rehab at the moment. 6. Please see attached photo.	07/19/2023