

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 9505	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/30/2023
NAME OF PROVIDER OR SUPPLIER PLEASANT VIEW HOMECARE		STREET ADDRESS, CITY, STATE, ZIP CODE 7036 PLEASANT VIEW AVE, LAS VEGAS, NEVADA ,89147		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a mandatory grading resurvey conducted at your facility on 08/30/23, 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 seven. Four resident files were reviewed. The facility received a grade of A. 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:	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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.	0178	Compliance on grading resurvey.	08/30/202 3

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 BAUTISTA	Title: Manager	Date: 09/13/2023
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(X4) ID PREFIX TAG 0220 SS= F	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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.	ID PREFIX TAG 0220	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Compliance on grading resurvey.	(X5) COMPLETION DATE 08/30/2023
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	0878	1. In order to correct this deficiency, a new medication review was requested and signed by the physician. MAR was corrected and updated based on the written order. 2. In order to prevent reoccurrence of medication error. Medication review will be updated every six months or whenever there are changes of medication order for patient. Continues process of checking the MAR monthly; paying attention to all detail based on the written prescription and change orders. 3. To monitor and ensure that this deficiency will not reoccur. Complete and accurate documentation of Medication Review signed by patients Primary Care provider will be required , will be on file and updated accordingly reflecting recent medication changes and order. Manager / Owner and Administrator as part of monthly routine will be check MAR for updates and accuracy. 4. Lead Caregiver, Owner and Administrator will work together in implementing process. 5. 9/01/2023 6. please see attached copy of corrected	09/08/2023

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	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, and medications were on site for 1 of 7 residents (Resident #2). Findings include: Resident #2 (R2) R2 was admitted on 08/28/23, with diagnoses including Alzheimer's disease and hypertension. Physician's order dated 06/03/23 documented Amlodipine 5 Milligram (mg) tablet, take 1 tablet by mouth once a day. R2's medication container contained a bottle of medication labeled Amlodipine 5 mg tablet, take 1 tablet by mouth once a day. R2's August 2023 MAR documented Amlodipine 50 mg tablet, take 1 tablet by mouth once a day. Physician's order dated 06/03/23 documented Trazodone 100 mg tablet, take 1 tablet by mouth at bedtime. R2's medication container contained a bottle of medication labeled Trazodone 100 mg tablet, take 1 tablet by mouth at bedtime. R2's August 2023 MAR did not document Trazodone 100 mg tablet, take 1 tablet by mouth at bedtime for administration. Physician's order dated 06/03/23 documented Colace 100 mg capsule, take 1 capsule 1 time a day. R2's medication container did not contain the medication Colace. R2's August 2023 MAR did not document Colace 100 mg capsule, take 1 capsule 1 time a day for administration. On 08/30/23 in the morning,		MAR and updated med list.	

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	Employee #3 acknowledged R2's medication was not on site and R2's August 2023 MAR was incorrect. On 08/30/23 in the afternoon, the Administrator acknowledged R2's August 2023 MAR was incorrect and R2 did not have a physician prescribed medication on site. Severity: 2 Scope: 1			
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.	0883	Compliance on grading resurvey.	08/30/2023

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(X4) ID PREFIX TAG 0920 SS= F	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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 08/30/23 in the morning, the medication cabinet was unlocked with resident medications located inside. On 08/30/23 in the morning, Employee #2 acknowledged the medication cabinet door was unlocked and verbalized they answered the door after giving a resident medication and forgot to lock the medication cabinet when done. On 08/30/23 in the afternoon, the Administrator acknowledged the importance of keeping medications securely stored from the residents. Severity: 2 Scope: 3	ID PREFIX TAG 0920	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 1. Caregivers were informed to make sure that the medication cabinet is locked at all times. 2. In order for those deficiency till not reoccur, Caregiver must immediately lock the medication cabinet every after administering medication to patients. 3. Ensure that the efficiency will not reoccur, the caregiver insured that the cabinet is going to be locked at all times. In addition, a reminder is posted on the medication cabinet. Owner and ADMINISTRATOR will randomly check the medication cabinet every visit. 4. The Lead Caregiver is responsible for ensuring that the plan of correction is implemented. And owner and administrator will check the cabinet every visit to make sure it is being observed and implemented. 5. August 30, 2023 6. Please see attached copy of the memo	(X5) COMPLETION DATE 08/30/202 3

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(X4) ID PREFIX TAG 0936 SS= E	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0936	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE 08/30/2023
	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.		Compliance on grading resurvey.	