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
	9555	A. BUILDING _____ B. WING _____	01/13/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMIT GROUP HOME	**1620 BYRD DR, SPARKS, NEVADA ,89431**

(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 01/13/20. This State Licensure Survey was conducted 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, persons with mental illness, persons with chronic illness, and/or persons with intellectual disability, Category II residents. The census at the time of the survey was 3. 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 investigations, 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		
0174 SS= F	Health& Sanitation-odors-hazards-insects-dirt - NAC 449.209 Health and sanitation. (NRS 449.0302) 4. To the extent practicable, the premises of the facility must be kept free from: (a) Offensive odors; (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility; (c) Insects and rodents; and (d) Accumulations of dirt, garbage and other refuse. Inspector Comments: Based on observation and interview, the facility failed to ensure the premises were free from tripping hazards for three of three residents. Findings Include: On 01/13/20, the tubing attached to an Oxygen concentrator was stretched from a bedroom to the kitchen where the resident using the Oxygen was sitting at the bar. At 8:52 AM, Caregiver #1 acknowledged the stretched Oxygen tubing from bedroom to kitchen was a tripping hazard for the residents. Severity: 2 Scope: 3	0174	1)We have made necessary changes to make sure we don't have any tripping hazard in any public area. We will be using the independent oxygen cylinder whenever Resident travels in any area of the house. 2) Having Caregiver help the resident switch to oxygen cylinder before he leaves his room. 3)Double check the caregiver's work by second caregiver. 4)Owner 5)01/13/2020 6) I have attached the pictures of oxygen cylinder used on the daily basis. 7)Daily checklist.	01/13/2020
0870 SS= C	Medication Administration-Accuracy & Report - NAC 449.2742 Administration of medication: Responsibilities of	0870	1) I have already gotten the copy of 6 month Medication review from the Flying diamond pharmacy for the residents who are at	01/13/2020

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	administrator, caregiver and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility. (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). Inspector Comments: Based on document review, record review and interview, the Administrator failed to ensure a medication profile review was performed by a physician, pharmacist or registered nurse at least once every six months for 2 of 2 residents residing in the facility for longer than six months (Resident #Resident #2 and #3). Findings include: Resident #2 Resident #2 was admitted to the facility on 06/14/19 with diagnoses including acute respiratory failure with hypoxia, altered mental status, type 2 diabetes, and hypertensive heart disease. Resident #2's clinical record lacked documented evidence of a six-month medication review. On 01/13/20 at 10:45 AM, the Owner acknowledged the absence of the medication review. Resident #3 Resident #3 was admitted to the facility with diagnoses including seizure disorder, hypertension, and depression. Resident #3's clinical record lacked documented evidence of a six-month medication review. On 01/13/20 at 10:45 AM, the Owner acknowledged the absence of the medication review. The Owner had the pharmacy fax the medication reviews for Resident #2 and #3,		Summit Group home for more than 6 months 2) I have put 6 months reminder for every resident to make sure Residents medication get reviewed by Physician or pharmacy and signed by Administrator. 3) Monthly reminders. 4) Owner. 5) The above finding was corrected on 01/13/2020. 6) I have attached the proof of medication review for the Residents. 7) Daily checklist	

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	however they lacked the Administrator's initials and the date. The Owner verbalized the Owner did not know this was a requirement. Severity: 1 Scope: 3			
0876 SS= A	Medication Administration - NRS 449.0302 - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. (as amended by LCB File No. R109-18) 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of: (a) Controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.0302 are met. (b) Insulin using an auto-injection device only if the conditions prescribed in NRS 449.0304 and section 13 of this regulation are met. Inspector Comments: 0876 Based on record review and interview, the facility failed to ensure an Ultimate User Agreement was completed for 1 of 3 sampled residents (Resident #2). Findings Include: Resident #2 Resident #2 was admitted to the facility on 06/14/19 with diagnoses including acute respiratory failure with hypoxia, altered mental status, type 2 diabetes, and hypertensive heart disease. Resident #2's file contained an Ultimate User Agreement with a resident's signature and date, however there was no checkmark to indicate whether the resident or facility would responsible for administering the resident's medications. Resident #2's Medication Administration Record (MAR) indicated the facility had been administering the resident's medications. The resident confirmed the resident gave the facility authorization as ultimate user of the resident's medications. On 01/13/19 at 9:55 AM, the Owner confirmed Resident #3's Ultimate User Agreement was not completed to indicate if the facility or the resident was responsible for the resident's medications. Severity: 1 Scope: 1	0876	1) Signature of the resident was done on the day of inspection to correct the error. 2) Double check the paperwork by second person to make sure there is no errors at the time of on boarding. 3) On boarding checklist 4) Owner 5) 01/13/2020 6) Proof of signed medication authorization is attached. 7) Monthly checklist.	01/13/2020

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0923 SS= E	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician; and (b) Kept in its original container until it is administered. Inspector Comments: Based on observation, record review and interview, the facility failed to obtain a physician order for an over the counter (OTC) medication for 1 of 3 residents (Resident #1). Findings include: Resident #1 Resident #1 was admitted on 11/14/19, with diagnoses including rhabdomyolysis, acidosis, chronic kidney disease, and dementia. Resident #1's Medication Administration Record (MAR) documented over the counter Imodium AO 30 milliliter (mL). after first loose stool - not to exceed 60 mL in a 24-hour time frame. However, the resident's record lacked a physician's order. On 01/13/19 at 9:55 AM, the Owner confirmed Resident #1's clinical record lacked a physician's order for Imodium. Severity: 2 Scope: 2	0923	1) Label is being placed on the OTC medication with Resident's name, date of the prescription, person ordered, dose and date. 2) Before any medication go the Resident medication bin, detail review gets done by two employees 3) Double check caregiver's work daily. 4) Owner 5) 01/13/2020 6) Document attached 7) Medication checklist to double check the work.	01/13/2020