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
	9685	A. BUILDING _____ B. WING _____	02/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VN SENIOR CARE FACILITY INC	**2621 HOMESTEAD RD, PAHRUMP, NEVADA ,89048**

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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 02/29/2024, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for 10 Residential Facility for Group beds for elderly and disabled persons and/or Alzheimer's disease, Category II residents. The census at the time of the survey was ten. Ten resident files and four 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		

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: PRUDENCE LANDICHO	Title: Administrator	Date: 04/23/2024

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0104 SS= E	Personnel Files - Background Checks - NAC 449.200 Personnel files. (NRS 449.0302) 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. Inspector Comments: Based on interview and record review, the facility failed to ensure 2 of 4 employees (Employee #1 and Employee #3) completed a background check through the Nevada Automated Background Check System (NABS) for the current facility per Nevada Revised Statute (NRS) 449.124. Findings include: Employee #1 (E1) E1 was hired on 01/01/2018 as a Caregiver/Manager. E1's file documented a NABS Clearance letter dated 12/28/2022 which was documented for a different facility. The file lacked documented evidence E1 had completed a current background check or had been fingerprinted through NABS for the current facility. Employee #3 (E3) E3 was hired on 02/01/2022 as the Administrator. E3's file documented a NABS Clearance letter dated 03/12/2021 which was documented for a different facility. The file lacked documented evidence E3 had completed a current background check through NABS for this facility. On 02/29/2024 in the afternoon, E1 acknowledged E1 and E3 did not have a current completed background check through NABS for this facility. Severity: 2 Scope: 2	0104	Employees 1 and 3 have their fingerprints taken. Administrator have a meeting with the owner and staffs to make sure all paperwork at each facility are current. All paperwork will be inspected by Administrator monthly to ensure compliance. exhibit. 1 Fingerprint form Employee 1, completed 03/01/2024 Employee 3, completed 03/01/2024	04/23/2024

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0830 SS= D	Exemption Requests - NAC 449.2736 Procedure to exempt certain residents from restrictions. (NRS 449.0302) 1. The administrator of a residential facility may submit to the Division a written request for permission to admit or retain a resident who is prohibited from being admitted to a residential facility or remaining as a resident of the facility pursuant to NAC 449.271 to 449.2734, inclusive. Inspector Comments: Based on record review and interview, the facility failed to ensure a medical exemption request was submitted to the Bureau to retain 1 of 10 residents with an unstageable wound prior to admittance (Resident #8). Findings include: Resident #8 (R8) R8 was admitted on 12/27/23 with diagnoses including Rhabdomyolysis and altered mental status. On 02/29/24 in the afternoon, R8's wound care Nurse Practitioner (NP) confirmed R8 currently had a Stage 3 wound which was unstageable when R8 was admitted to the facility. The NP stated initially they came 3 to 4 times a week to care for the wound, however the frequency of visits to provide wound care had decreased to 1 to 2 times a week. R8's file lacked documented evidence of an application for submission and/or an approved medical exemption for a resident who had a wound. The file lacked documented evidence R8 was able to care for the wound independently. On 02/29/24 in the afternoon, the Caregiver acknowledged the facility had not applied for a medical exemption for an unstageable wound for R8 prior to admittance. Severity: 2 Scope: 1	0830	Resident # 8 had been admitted to the facility with a wound. Wound nurse visits her 3 to 4 times a week. The facility had applied for an exemption for her to stay and had been approved. Administrator have a meeting with the owner and staffs to make sure that an exemption should be obtained before a resident is admitted to the facility. Administrator will inspect the home and paperwork monthly to ensure all documents are current. Administrator and owner are in charged for compliance. Exhibit two: Exemption letter completed 03/19/2024	04/23/2024

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0895 SS= D	Administration of Medication Maintenance - NAC 449.2744 and R043-22 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; (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician, physician assistant or advanced practice registered nurse, including, without limitation, whether the medication is to be administered according to a routine schedule or as needed; (5) Any change in an order or prescription of a resident ' s physician, physician assistant or advanced practice registered nurse,including, without limitation, the discontinuation of the medication; (6) Any time when the resident is out of the facility; and (7) Any mistakes made in the administration of medication. Inspector Comments: Based on record review and interview, the facility failed to ensure the Medication Administration Record (MAR) was accurate for 1 of 10 residents (Resident #6). Findings include: Resident #6 (R6) R6 was admitted to the facility on 12/28/23 with diagnoses including encephalopathy, Dementia, and urinary tract infection. On 02/29/24 in the afternoon, Albuterol Sulfate (2.5 milligrams/ 3 milliliters), 0.083% nebulizer was in R6's medication bin. A physician's order for Albuterol 0.083%, dated 02/20/24, documented Inhale one vial via nebulizer every four hours as needed for shortness of breath. R6's February MAR lacked documentation of Albuterol Sulfate. On 02/29/24 in the afternoon, the Caregiver acknowledged R6's February MAR lacked documentation of Albuterol Sulfate. Severity: 2 Scope: 1	0895	Resident # 6 needs her Albuterol Sulfate only when necessary. Administrator have instructed the caregiver to monitor the resident, and give her medication as needed per Dr's. instruction. Administrator have a meeting with the owner and caregivers to make sure all medications are logged in the MAR properly per Drs. order and being administered per Dr's. order. Administrator will check all medications monthly to ensure compliance. Exh. Prn Log Form resident, Joann Buzbee(note; never given to patient as she doesnt need one) Corrected 03/01/2024	04/23/2024

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1700 SS= E	Annual Assessment of History of Each Resident - NRS 449.1845 Administrator of residential facility for groups to conduct annual assessment of history of each resident and cause provider of health care to conduct certain examinations and assessments; placement based on assessment. 1. The administrator of a residential facility for groups shall: (a) Annually cause a qualified provider of health care to conduct a physical examination of each resident of the facility; (b) Annually conduct an assessment of the history of each resident of the facility, which must include, without limitation, an assessment of the condition and daily activities of the resident during the immediately preceding year; and (c) Cause a qualified provider of health care to conduct an assessment of the condition and needs of a resident of the facility to determine whether the resident meets the criteria prescribed in paragraph (a) of subsection 2: (1) Upon admission of the resident to the facility; and (2) If a physical examination, assessment of the history of the resident or the observations of the administrator or staff of the facility, the family of the resident or another person who has a relationship with the resident indicate that: (I) The resident may meet those criteria; or (II) The condition of the resident has significantly changed. 2. If, as a result of an assessment conducted pursuant to paragraph (c) of subsection 1, the provider of health care determines that the resident: (a) Suffers from dementia to an extent that the resident may be a danger to himself or herself or others if the resident is not placed in a secure unit or a facility that assigns not less than one staff member for every six residents, any residential facility for groups in which the resident is placed must meet the requirements prescribed by the Board pursuant to subsection 2 of NRS 449.0302 for the licensing and operation of residential facilities for groups which provide care to persons with Alzheimer's disease or other severe dementia. (b) Does not suffer from dementia as described in paragraph (a), the resident may be placed in any residential facility for groups. 3. As used in this section, "provider of health care" has the meaning	1700	An annual assessment of residents #1, #2, #4, #7 and #9 had been obtained from their respective Dr.'s. Administrator have a meeting with the owner and staff to make sure all the paperwork of residents should be completed once admitted to the facility. Administrator will inspect all paperwork if everything is complete and current monthly. The administrator and owner will monitor for compliance. All documents are attached. Attached are copies of the residents asssessments for number 1, 2, 4, 7 and 9. Attached are copies of residents assessments for residents numbers, 1, 2, 4,7 and 9. Attached are residents copies of assesssment for residents #1, #2, #4, #7nd #9 Attached are the copies of Physician Assessment for residents #1, #2,#4, #7 and # 9. Attached residents assesments papers for the following residents, #1, #2, #4, #7 and #9 Exh. Assessment papers	04/23/2024

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	ascribed to it in NRS 629.031. (Added to NRS by 2019, 2594) Inspector Comments: Based on interview and record review, the facility failed to ensure an annual placement assessment and/or initial placement assessment was obtained for 5 of 10 residents (Resident #1, #2, #4, #7 and #9). Findings include: Resident #7 (R7) R7 was admitted to the facility on 02/21/23 with diagnoses including advanced age, altered mental status, hypertension, and benign right extra axial hygroma- no neurological intervention. R7's file lacked a current placement assessment by R7's physician. Resident #9 (R9) R9 was admitted to the facility on 07/20/19 with diagnoses including debility and Dementia. R9's file lacked a current placement assessment by R9's physician. Resident #1 (R1) R1 was admitted on 06/04/2022 with diagnoses including dementia, lymphocytopenia, diabetes and hypertension. R1's record lacked a completed placement assessment. Resident #2 (R2) R2 was admitted to the facility on 02/01/2022 with diagnoses including paranoid schizophrenia. R2's file lacked documented evidence of a completed placement assessment upon admission. Resident #4 (R4) R4 was admitted on 12/01/2021 with diagnoses including hypertension and hypothyroid. A placement assessment for R4 was last completed 11/23/2021. On 02/29/2024 in the afternoon, the Caregiver/Manager acknowledged an annual placement assessment and/or initial placement assessment was not obtained for Resident #1, #2, #4, #7 and #9. Severity: 2 Scope: 2		Exhibit three: Copies of assessment.	
1830 SS= E	Infection Control Required Training - Infection Control Required Training LCB File No. R048-22 Sec. 5 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services,	1830	Infection Control will be taken by Administrator, owner, manager and all employees 15 days or less from today. It will be taken at the CDC site given by licensing. As soon as we get our certificates, it will be forwarded to licensing. Administrator will have a meeting with the owner, and employees monthly to ensure all regulations are being followed. Administrator and owner will monitor for compliance.	04/23/2024

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	the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training. Inspector Comments: Based on record review and interview, the facility failed to ensure the primary and secondary infection control designees obtained the required 15 hours of training by a nationally recognized organization concerning the control of infectious diseases 2 of 4 employees (Employee #1 and Employee #3) Findings include: Employee #1 (E1) E1 was hired on 01/01/2018 as a Caregiver/Manager. E1's file had documented evidence of 15 hours of training concerning the control and prevention of infections from an organization that was not approved by a nationally recognized organization. Employee #3 (E3) E3 was hired on 02/01/2022 as the Administrator. E3's file had documented evidence of 15 hours of training concerning the control and prevention of infections from an organization that was not approved by a nationally recognized organization. On 02/29/2024 in the afternoon, E1 acknowledged that E1 and E3 had not received the required 15 hours of training concerning the control and prevention of infections from a nationally recognized organization. Severity: 2 Scope: 2		Exh. Employee no. 1 , finished her CDC on 4/19/2024 Employee no. 3, finished her CDC on 4/22/2024	

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1840 SS= E	UNL Caregiver Training - R063-21 Sec. 4 1. An unlicensed caregiver who provides care to residents, patients or clients at a facility described in section 3 of this regulation shall annually complete evidence-based training provided by a nationally recognized organization concerning the control of infectious diseases. The training must include, without limitation, instruction concerning: (a) Hand hygiene; (b) The use of personal protective equipment, including, without limitation, masks, respirators, eye protection, gowns and gloves; (c) Environmental cleaning and disinfection; (d) The goals of infection control; (e) A review of how pathogens, including, without limitation, viruses, spread; and (f) The use of source control to prevent pathogens from spreading. 2. Each unlicensed caregiver who completes the training required by subsection 1 must provide proof of completion of that training to the administrator or other person in charge of the facility in which the unlicensed caregiver provides care. Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 4 employees (Employees #2 and #4) obtained the required infection control training. Findings include: Employee #2 (E2) E2 was hired on 11/08/22 as a Caregiver. E2's employee file lacked documented evidence of training concerning the control and prevention of infections from the approved nationally recognized organizations. Employee #4 (E4) E4 was hired on 02/10/22 as a Caregiver. E4's employee file lacked documented evidence of training concerning the control and prevention of infections from the approved nationally recognized organizations. Severity: 2 Scope: 2	1840	For Infection control certificates, it will be taken at CDC train site. As soon as they will have their certificate's it will be forwarded to Licensing. Administrator will have a meeting with owner and staffs monthly to ensure all regulations are being followed. Administrator and owner will monitor for compliance. Exh. Employee no. 2, finished her CDC on 4/20/2024 Employee no. 4, finished her CDC on 4/19/2024	04/23/2024