

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 9735	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/11/2024
NAME OF PROVIDER OR SUPPLIER MESA VALLEY ESTATES		STREET ADDRESS, CITY, STATE, ZIP CODE 1328 BERTHA HOWE AVE, MESQUITE, NEVADA ,89027		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure and infection control survey conducted at your facility on 01/11/24, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 103 Residential Facility for Group beds for elderly and disabled persons and/or Alzheimer's disease and/or Assisted Living Services, Category II residents. The census at the time of the survey was 81. Eighteen resident files and eight employee 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:			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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0050 SS= F	Administrator's Responsibilities - Oversight - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.27706, inclusive, and chapter 449 of NRS. Inspector Comments: Based on observation, interview, and document review, the facility failed to implement infection control interventions for the safety and protection of residents in response to COVID-19 within the facility. Findings include: On 01/11/24 at 9:15 AM, the Assistant Administor revealed the facility's Memory Care Unit had four residents who tested positive for COVID-19 and six residents who were showing signs and symptoms of COVID-19. On 01/11/24 at 12:15 PM, a tour of the memory care unit revealed: - no signage posted on the room doors of the residents who tested positive for COVID-19. - three Caregivers were wearing disposable face masks that were not rated as N95. - While serving lunch to residents, three Caregivers were observed not washing their hands or applying hand sanitizer in between serving residents their lunch and/or assisting residents on the unit. On 01/11/24 at 12:45 PM, the Wellness Director revealed none of the Caregivers working on the Memory Care Unit had been fit tested and medically cleared to wear an N95 face mask. On 01/11/24 in the afternoon, the Wellness Director verbalized the facility had not put infection control interventions in place and acknowledged the facility was not following all protocols to address residents who tested positive for COVID-19 within the facility. Severity: 2 Scope: 3	0050	1. a. On 1/11/24 signage indicating infection control area was posted on the Memory Care area doorways. PPE was also present in drawers at the doorways to the Memory Care area on 01/11/24. b. On 01/11/24, employees working in infection control areas wearing surgical disposable masks switched to KN95 masks pending fit testing supplies. c. On 1/18/24 an employee in-service training on the topics of handwashing and infection control was conducted. By 01/26/24, team members unable to attend the 01/18/24 trainings will receive same trainings. Please review attachment. d. Respirator fit testing kit is on site at community. New testing solution was ordered on 01/16/24 and expected to arrive 01/19/24. We will commence testing on team members upon receipt of fit testing kit. 2. Upon hire and annually, team members are required to train infection control protocols. 3. The Wellness Director and Assistant Wellness Director will have team members working in any infection control area fitted for a N95 mask within 14 days of receiving fit testing supplies. The Administrative Assistant will complete quarterly audits to ensure team members are current with trainings.	01/26/2024
0074 SS= D	Elder Abuse Training - NRS 449.093 Training to recognize and prevent abuse of older persons: Persons required to receive; frequency; topics; costs; actions for failure to complete. 1. An applicant for a license to operate a facility for intermediate care,	0074	1. 1. On 01/18/24 Employee #1 completed required Elder Abuse	01/18/2024

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	facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before a license to operate such a facility, agency or home is issued to the applicant. If an applicant has completed such training within the year preceding the date of the application for a license and the application includes evidence of the training, the applicant shall be deemed to have complied with the requirements of this subsection. 2. A licensee who holds a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must annually receive training to recognize and prevent the abuse of older persons before the license to operate such a facility, agency or home may be renewed. 3. If an applicant or licensee who is required by this section to obtain training is not a natural person, the person in charge of the facility, agency or home must receive the training required by this section. 4. An administrator or other person in charge of a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the facility, agency or home provides care to a person and annually thereafter. 5. An employee who will provide care to a person in a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the employee provides care to a person in the facility, agency or home and annually thereafter. 6. The topics of instruction that must be included in the training required by this section must		Training. Please review attachment. 2. 2. Upon hire and annually, all team members are required to complete Nevada specific elder abuse training. 3. 3. All team member files will be audited on a quarterly basis by the administrative assistant to ensure compliance.	

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	include, without limitation: (a) Recognizing the abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; (b) Responding to reports of the alleged abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; and (c) Instruction concerning the federal, state and local laws, and any changes to those laws, relating to: (1) The abuse of older persons; and (2) Facilities for intermediate care, facilities for skilled nursing, agencies to provide personal care services in the home, facilities for the care of adults during the day, residential facilities for groups or homes for individual residential care, as applicable for the person receiving the training. 7. The facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care is responsible for the costs related to the training required by this section. 8. The administrator of a facility for intermediate care, facility for skilled nursing or residential facility for groups who is licensed pursuant to chapter 654 of NRS shall ensure that each employee of the facility who provides care to residents has obtained the training required by this section. If an administrator or employee of a facility or home does not obtain the training required by this section, the Division shall notify the Board of Examiners for Long-Term Care Administrators that the administrator is in violation of this section. 9. The holder of a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care shall ensure that each person who is required to comply with the requirements for training pursuant to this section complies with such requirements. The Division may, for any violation of this section, take disciplinary action against a facility, agency or home pursuant to NRS 449.160 and 449.163. Inspector Comments: Based on interview			

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	and document review, the facility failed to ensure training in the identification and prevention of elder abuse was completed for 1 of 18 sampled employees (Employee #1). Findings include: Employee #1 (E1) E1 was hired on 10/05/20 as the Administrator. E1's employee file revealed a training certificate for Elder Abuse Training dated as completed on 12/29/22. There was no evidence in E1's file of current annual Elder Abuse Training. On 01/11/24 in the afternoon, the Assistant Administrator confirmed E1 did not have current Elder Abuse Training. Severity: 2 Scope: 1			
0876 SS= D	Medication Administration - NRS 449.0302 - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 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 NAC 449.1985 are met. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 18 sampled residents signed an ultimate user agreement (Resident #1). Findings include: Resident #1 (R1) R1 was admitted on 12/28/22 with a diagnosis of arthritis. R1's file lacked documented evidence of a signed ultimate user agreement. On 01/11/24 in the afternoon, the Wellness Director acknowledged R1 did not have a signed ultimate user agreement. Severity: 2 Scope: 1	0876	1. 1. On 01/11/24 Resident #1 completed ultimate user agreement. 2. 2. Upon move-in all team residents are required to complete ultimate user agreement. 3. 3. All resident charts will be audited on a quarterly basis by the Wellness Director and/or the Wellness Assistant to ensure compliance.	01/11/2024
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	0878	1. 1. On 01/13/24 the Haloperidol and Lorazepam were received in the community for Resident #17. On 01/15/24 the Furosemide for	01/15/2024

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	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 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, interview and record review, the facility failed to ensure medications were onsite and available for 2 of 18 residents (Resident #17 and #18). Findings include: Resident #17 Resident #17 (R17) was admitted on 12/19/23 with diagnosis of hypothyroidism and anxiety disorder. Physicians orders dated 12/26/23 documented Haloperidol concentrate, 2 milligrams (MG) per milliliter, take by mouth every two hours as needed for agitation and restlessness and Lorazepam, 0.5 MG tablets (tab), take one tab by mouth every for hours as needed for anxiety and		Resident #18 was discontinued. 2. 2. Upon receipt of a new medication order, the medication technicians will communicate with pharmacy on a daily basis until medications received and report to the Wellness Director and/or the Administrator if there are delays in delivery.	

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	restlessness. On 01/11/24 in the morning, the Haloperidol and Lorazepam were not onsite and available on the medication cart for R17. Resident #18 Resident #18 (R18) was admitted on 01/03/24 with diagnosis including Type 2 diabetes mellitus and atrial fibrillation. Physicians order dated 12/19/23 documented, Furosemide, 20 MG tab, take one tab every morning. On 01/11/24 in the morning, the Furosemide was not onsite and available on the medication cart for R18. On 01/11/24 in the morning, a Medication Technician confirmed Haloperidol and Lorazepam were not onsite and available for R17 and Furosemide was not onsite and available for R18. Severity: 2 Scope: 1			