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
	9793	A. BUILDING _____ B. WING _____	08/31/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A BENEVOLENT HEART CARE HOME	**508 PEARBERRY AVENUE, LAS VEGAS, NEVADA ,89123**

(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 the annual State Licensure and infection control survey conducted at your facility on 08/31/21, in accordance with Nevada Administrative Code Chapter 449, Residential Facilities for Groups. The facility is licensed for nine Residential Facility for Group beds for elderly and disabled persons and/ or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was eight. Eight resident records and five employee records were reviewed. The facility received a grade of A. The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of antidiscrimination policy; posting of nondiscrimination statement and certain other information, NRS 449.102 - Duties of licensed facility to protect privacy of patient or resident, and LCB File No. R016-20 - Cultural competency training; complaint policy; development of gender identity/expression policy; designated person responsible for compliance with these regulations. Failure to comply with NRS 449.101, NRS 449.102 and LCB File No. R016-20 may result in future deficiencies. 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		

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: CHRISTOPHER LANE Title: Administrator Date: 09/24/2021

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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 ensure infection control measures were implemented for visitors wearing face masks and screening incoming visitors. Findings include: On 08/31/21 at 1:00 PM, the Caregiver answered the front door. The Caregiver did not screen the Inspector with a temperature check and a COVID-19 symptoms questionnaire. Two Home Health Nurses entered the facility and were not screened by the Caregiver before providing care to the residents. The Owner / Operator's family member arrived at the facility and walked into the facility without being screened. Two visitors were observed not wearing face masks. The Administrator verified the Caregivers should have screened all visitors with a temperature check and a COVID-19 symptoms questionnaire before allowing entry to the facility. The Administrator acknowledged visitors were required to wear face masks in the facility. The facility's Infection Control and Prevention Plan documented all visitors were screened for temperature and COVID-19 symptoms, and expected to wear a face mask before entering the facility. Severity: 2 Scope: 3	0050	1) We have corrected the deficiency by retraining the employee in question who was responsible for infection control that shift. The employee had been trained initially and was always known to correctly handle the door, however it was very busy that day and the employee was not handling the pressure very well. 2) Management and the Administrator will pay closer attention to the entry protocols that are being followed and have quarterly retraining of the 3 main entry requirements of all visitors; questions about signs/symptoms & possible exposure to Covid-19, temperature & mask check, and logging into the entry book. 3) Management and Administrator viewing the staff more closely when entries occur and viewing online CCTV by management when not at the facility, will be the main ways we will see the staffs control presentation on a day to day basis, and the way we verify our training is working. 4) The Administrator will be responsible for implementing the POC. 5) 9/21/21	09/21/2021
0905 SS= D	Administration of Medication Restrictions - NAC 449.2746 Administration of medication: Restrictions concerning medication taken as needed by resident; written records. (NRS 449.0302) 1. A caregiver employed by a residential facility shall not assist a resident in the administration of a medication that is taken as needed unless: (a) The resident is able to determine his or her need for the	0905	1) We will make corrections by questioning orders without specific symptoms written for "as needed" medication to be taken, and preemptively by making sure all of the current medical providers whose patients are in the facility, know we cannot accept these types of orders without the specific symptoms for which the medication is prescribed. 2) We will make the systematic change of	09/20/2021

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	medication; (b) The determination of the resident ' s need for the medication is made by a medical professional qualified to make that determination; or (c) The caregiver has received written instructions indicating the specific symptoms for which the medication is to be given, the exact amount of medication that may be given and the frequency with which the medication may be given. Inspector Comments: Based on interview and record review, the facility failed to ensure medication ordered on an as-needed basis had a specific dosage and specific symptoms for which the medication was to be given for 2 of 7 residents (Resident #1 and #3). Findings include: Resident #1 (R1) R1 was admitted to the facility on 03/10/20 with diagnoses including dementia and migraines. The Medication Administration Record (MAR) for R1 documented Acetaminophen, 325 milligrams (mg), take 1-2 tablets every six hours as needed. There was no documented evidence of a physician's order with specific dosage instructions and a reason for the administration of the Acetaminophen. The Administrator verified all medications ordered should have had a specific dosage and a physician's order indicating the reason for the medication. Resident #3 (R3) R3 was admitted to the facility on 02/18/19 with diagnoses including history of cerebral vascular accident, congestive heart failure, and hypertension. The medication box for R3 contained Phenazopyridine, 100 mg, take 2 tablets by mouth 3 times daily for 5 days, then as needed. The Phenazopyridine lacked documentation of the reason for the administration. The Administrator acknowledged there was no physician's order including the reason for the Phenazopyridine, and indicated all medications should have had a documented reason for administration. Severity: 2 Scope: 1		making these medication regulations know to all new resident's and their medical providers before, or soon after they are admitted to the facility. 3) The Administrator will make a change to his MAR bi-weekly checklist to include making sure that all written instructions on the MAR for as needed mediations have specific symptoms entered as mirrored from the actual order. 4) The Administrator will be responsible for the implementation of this POC. 5) 9/20/21 (ongoing)	