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
	9830	A. BUILDING _____ B. WING _____	05/10/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE SPRINGS ASSISTED LIVING & MEMORY CARE	**8720 W FLAMINGO RD, LAS VEGAS, NEVADA ,89147**

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0000	Initial Comments Inspector Comments: Initial Comments This Statement of Deficiencies was generated as a result of an annual grading and infection control survey conducted at your facility on 05/10/22, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facilities for Groups. The facility is licensed for 127 Residential Facility for Group beds for elderly and disabled persons, and/or persons with Alzheimer's Disease, and/or persons with Chronic Illness, Category II residents. The census at the time of survey was 49. 15 resident files and 10 employee files were reviewed. The facility received a grade of B. The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of nondiscrimination 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 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: MONICA DE LA TORRE	Title: Executive Director	Date: 05/28/2022

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0053 SS= D	Administrator's Responsibilities-Complete Rec - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 4. Ensure that the records of the facility are complete and accurate. Inspector Comments: Based on observation, interview and record review, the Administrator failed to ensure a resident file contained accurate information regarding food allergies for 1 of 15 sampled residents (Resident #2). Findings include: Resident #2 (R2) R2 was admitted on 10/01/21 with diagnoses including dementia, chronic obstructive pulmonary disease, hypertension, and heart disease. R2's file contained a Consent for Emergency Medical Treatment Form dated 10/25/16. The form was signed by R2 and documented R2 had food allergies including nightshade family: tomatoes, eggplant, potatoes, corn, and peppers. A Physician's Report listed R2's food allergies as corn, peppers, and eggplant. On 05/10/22 at 11:15 PM, R2 was interviewed. R2 appeared confused when asked about food allergies. R2 indicated R2 did not have any food allergies. On 05/10/22 at 12:15 PM, the Dietary Manager revealed R2 was allergic to corn, peppers, and eggplant and the kitchen accommodated R2 with a substitute when those food items were being served. On 05/10/22 at 12:30 PM, R2 was observed eating a baked potato, with no visible adverse reactions to the food. R2 was asked a second time about any known food allergies. R2 responded R2 did not have any food allergies. On 05/10/22 at 1:15 PM, the Executive Director and Wellness Director acknowledged there were inconsistencies in R2's file regarding food allergies and the inconsistencies should have been clarified. On 05/11/22 via phone interview, R2's medical power of attorney (POA) indicated being unaware of R2 having any known food allergies. R2's medical POA spoke with R2's next of kin, who also indicated R2 did not have any known food allergies. Severity: 2 Scope: 1	0053	On 05.10.2022 - Immediately corrected and A request for clarification of food allergies was sent to the doctor and also discussed with POA. An order from resident's PCP was received on May 11, 2022 at 2:45pm with instructions to remove the food allergies of tomatoes, eggplant, potatoes, corn and peppers from resident's allergy list. PCP indicated that due to no observable adverse effects from the resident's consumption of nightshade class of foods the allergy list could be updated. Executive Director conducted all staff meeting on 05.23.2022and in-serviced wellness associates and kitchen staff as to location of residents food allergies that are posted in the kitchen and all known allergies including food allergies in residents records. Wellness Director, Executive Director and Dining Service Director will conduct an audit of all resident files of all known food allergies by 06/08/2022. Dining Service Director will post this information on the diet board in the kitchen which will include resident name and any known food allergies. This audit and any new changes will be reviewed at our Weekly Management Meeting with the management team and communicated to our associates. New changes will be communicated immediately to wellness staff and kitchen staff by the manager of their department. Upon move in of new residents Wellness Director will report Food Allergies to Dietary Manager for Cooks and Servers as well as notify associates. Food Allergies will also be posted in the Wellness Center of Assisted Living and Memory Care.	05/10/2022

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0273 SS= D	Nutrition and Service of Food - Special Diet - NAC 449.2175 4. A resident who has been placed on a special diet by a physician or licensed dietitian must be provided a meal that complies with the diet. The administrator of the facility shall ensure that records of any modifications to the menu to accommodate for special diets prescribed by a physician or licensed dietitian are kept on file for at least 90 days. Inspector Comments: Based on observation and interview, the facility failed to ensure a resident placed on a special mechanical soft diet was accommodated for 1 of 15 sampled residents (Resident #5). Findings include: Resident #5 (R5) R5 was admitted to the facility on 12/29/21 with diagnoses including dementia and hypertension. The Physical Examination dated 01/07/22 documented R5 required a mechanical dental soft diet. On 05/10/22 at 12:00 PM during the lunch meal, R5 was observed eating pieces of whole chicken breast with a fork. The Dietary Manager indicated if a resident required a special diet, it was the Wellness Director's responsibility to inform the Dietary Manager of the special diet, who then wrote it on the Special Diet Board in the kitchen for the cooks. The Dietary Manager, the Medication Technician, and a Caregiver indicated R5 regularly ate whole pieces of food items and acknowledged not being aware R5 required a mechanical soft diet. Severity: 2 Scope: 1	0273	On 05.10.2022, Immediately corrected and a request for clarification of diet was sent to resident's primary care provider and also discussed with resident's POA. On 05/10/2022 a new order was received from Nicole Phillips, NP of CareMore to discontinue mechanical soft and change to a regular diet. Executive Director conducted all staff meeting on 05.23.2022and in-serviced associates on location of record of accurate diet type and texture of food so associates are aware. Wellness Director, Executive Director and Dining Service Director will conduct an audit of all resident files of all known special diets and textures by 06.08.2022. This audit and any new changes will be reviewed at our Weekly Managers Meeting with the management team and communicated to our associates by the manager of their department. New changes will be communicated immediately to kitchen staff and wellness associates by the manager of their department. Upon move in of new residents Wellness Director will report Special Diets to Dietary Manager for Cooks and Servers aswell as notify associates of special diet accommodations. Dining Service Director will post on the diet board. Special Diets will also be posted in the Wellness Department of Memory Care and Assisted Living.	05/10/2022

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0920 SS= F	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 stored securely and made inaccessible to residents. Findings include: Resident #10 (R10) R10 was admitted on 07/08/21, with diagnoses including osteoarthritis. R10's Ultimate User agreement dated 08/05/21, documented R10 was able to manage R10's medication without assistance from staff. On 05/10/22 at 11:35 AM, R10's room door was unlocked and unsecured. The following medications were observed on R10's bathroom sink counter: -A bottle of Eliquis. -A bottle of Lisinopril. -A bottle of Memantine. -A tube of Ketoconazole 2% cream. A Caregiver acknowledged the unsecured medications found in R10's room. The Caregiver indicated all medications should have been secured in R10's room and inaccessible to other residents. Severity: 2 Scope: 3	0920	1) W 05/10/2022 Immediately Corrected - Wellness Director met with (R10) and reviewed policy for securing medications. (R10) Resident verbalized understanding. Wellness Director will re-evaluate (R10) resident's self medication management Ultimate user to ensure he is following our policy for securing medications upon observable change in condition and/or every 6 months. Executive Director conducted all staff meeting on 05.23.2022 and in-serviced associates on ensuring they are monitoring residents who self- medicate for continued compliance of securing medications properly and report any residents out of compliance to Wellness Director and/or Executive Director immediately. WD will re-assess resident (R10) to determine if resident is still able to safely administer his own medications including keeping them in a secured location.	05/10/2022

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0991 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure an audible alarm system was activated on 2 of 3 doors exiting the facility. Finding include: On 05/10/22, at 10:00 AM, during a tour of the facility, the audible alarms on two exit doors leading out of the memory care unit and into the assisted living area of the facility failed to activate when opened. On 05/10/22 at 1:15 PM, the Executive Director and Wellness Director acknowledged the alarm for the two doors leading from the memory care unit to the assisted living area did not activate when opened. Severity: 2 Scope: 3	0991	All doors currently have audible alarms that activate immediately when a resident attempts to open the doors without a pin and when the doors are opened without the use of the bypass pin. The audible alarm also goes off approx.. 25 seconds after a bypass pin has been entered by a designated associate when the door remains open. On 05.13.2022 – Plant Operations Director installed 2ndset of Audible alarms to Memory Care Exit doors that alarm immediately upon opening with or without the bypass pin. Plant Operations will test alarms to all secured doors in MC unit for immediate sounding of alarms) weekly and document in Tels system. If not not working properly Plant Operations Director will immediately report to Administrator. (Request for ADR/Administrative Review attached)	05/13/2022