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
	9927	A. BUILDING _____ B. WING _____	10/12/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEE HIVE HOMES OF HENDERSON MEMORY CARE	**1000 GREENWAY RD BLDG 1, HENDERSON, NEVADA ,89002**

(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 and infection control survey conducted at your facility on 10/12/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for 20 Residential Facility for Group beds for elderly and disabled persons and/or persons with chronic illness and/or persons with Alzheimer's disease with assisted living services, Category II residents. The census at the time of the survey was 13. Ten resident files were reviewed and nine employee files 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 non-discrimination 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		

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0895 SS= D	Administration of Medication Maintenance - NAC 449.2744 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; and (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident ' s physician. 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 (Residents #1). Findings include: Resident #1 (R1) R1 was admitted on 10/10/19, with diagnoses including Alzheimer's disease. R1 was prescribed Nystatin topical power 100000 unit/gram. Apply a thin layer three times a day to affected area as needed. The medication was not listed on the MAR and there was no discontinued order. R1 was prescribed Loperimide 2 milligrams (mg). Take two tablets by mouth twice a day as needed for agitation. The medication was not listed on the MAR and there was no discontinued order. On 10/12/21 in the afternoon, the Caregiver acknowledged the medications were not listed on the MAR and indicated the resident no longer used the medications. On 10/12/21 in the afternoon, The Wellness Nurse indicated the medications were not listed on the MAR and there was no documented evidence of a discontinued order. Severity: 2 Scope: 1	0895	A discontinue order was obtained for the two medications and the medications were removed from the medication cart the same day. The house manager will perform a medication cart audit monthly to ensure this does not recur, and the administrator and house nurse will do periodic spot checks of the medication cart as well.	10/12/2021

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1021 SS= D	Care for Persons with Chronic Illnesses - NAC 449.2766 Residential facility which offers or provides care for persons with chronic illnesses and debilitating diseases: Application for endorsement; training for employees. (NRS 449.0302) 2. Within 60 days after being employed by a residential facility for persons with chronic illnesses, an employee of the facility shall obtain at least 4 hours of in-service training relating to the care provided to such persons and in the actions necessary to control infections. 3. Evidence of training received pursuant to subsection 2 must be included in the employee ' s personnel file. Inspector Comments: Based on record review and interview, the facility failed to ensure four hours of chronic illness training was completed for 1 of 9 employees (Employee #2 - hired 07/10/21). The Administrator acknowledged the training was missing and was unable to provide documented evidence the training was completed. Severity: 2 Scope: 1	1021	The house manager will ensure that this training is completed for Employee #2 by 10/31/21. The administrator has revised the new hire training checklist to include this four hour training within an employee's first 60 days. The training checklist will be reviewed by the administrator monthly to ensure compliance.	10/31/2021
1036 SS= F	Care to Persons with Dementia - NAC 449.2768 Residential facility which provides care to persons with dementia: Training for employees. (NRS 449.0302, 449.094) 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that: (a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer ' s disease, successfully completes: (2) In addition to the training requirements set forth in subparagraph (1), within 3 months after such an employee is initially employed at the facility, at least 8 hours of training in providing care to a resident with any form of dementia, including, without limitation, Alzheimer ' s disease. Inspector Comments: Based on record review and interview, the facility failed to ensure initial Alzheimer's training requirements were met for 8 of 9 employees (Employee #1, #2, #3, #5, #6, #7, #8, and	1036	The house manager will ensure that this training is completed for employees #1, #2, #3, #5, #6, #7, #8, and #9 by 11/15/21. The administrator has revised the new hire training checklist to include this additional 8 hours of Alzheimer's training within an employee's first 90 days. The training checklist will be reviewed by the administrator monthly to ensure compliance.	11/15/2021

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	#9) Findings include: Employee #1 (E1) E1 was hired on 08/01/20. E1's file lacked documented evidence five hours of initial Alzheimer's training. Employee #2 (E2) E2 was hired on 07/10/21. E2's file lacked documented evidence ten hours of initial Alzheimer's training. Employee #3 (E3) E3 was hired on 10/26/20. E3's file lacked documented evidence six hours of initial Alzheimer's training. Employee #5 (E5) E5 was hired on 04/09/21. E5's file lacked documented evidence seven hours of initial Alzheimer's training. Employee #6 (E6) E6 was hired on 08/24/20. E6's file lacked documented evidence eight hours of initial Alzheimer's training. Employee #7 (E7) E7 was hired on 10/14/20. E7's file lacked documented evidence six hours of initial Alzheimer's training. Employee #8 (E8) E8 was hired on 09/29/21. E8's file lacked documented evidence two hours of initial Alzheimer's training. Employee #9 (E9) E9 was hired on 08/16/21. E9's file lacked documented evidence one hour of initial Alzheimer's training. On 10/12/21 in the afternoon, the Administrator acknowledged there was no documented evidence the employees completed initial training according to the initial Alzheimer's training requirement. Severity: 2 Scope: 3			
1037 SS= F	Care to Persons with Dementia - NAC 449.2768 Residential facility which provides care to persons with dementia: Training for employees. (NRS 449.0302, 449.094) 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that: (a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer ' s disease, successfully completes: (3) If such an employee is licensed or certified by an occupational licensing board, at least 3 hours of continuing education in providing care to a resident with dementia, which must be completed on or before the anniversary date of the first date the employee was initially employed at the facility. The requirements set forth in this subparagraph	1037	The house manager will ensure that this additional 3 hours of training is completed for employees #1 and #6 by 11/30/21. The administrator has revised the new hire training checklist to include this additional 3 hours of Alzheimer's training within an employee's first year. The training checklist will be reviewed by the administrator monthly to ensure compliance. See transcripts above.	11/30/2021

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	are in addition to those set forth in subparagraphs (1) and (2), may be used to satisfy any continuing education requirements of an occupational licensing board, and do not constitute additional hours or units of continuing education required by the occupational licensing board. (4) If such an employee is a caregiver, other than a caregiver described in subparagraph (3), at least 3 hours of training in providing care to a resident with dementia, which must be completed on or before the anniversary date of the first date the employee was initially employed at the facility. The requirements set forth in this subparagraph are in addition to those set forth in subparagraphs (1) and (2). Inspector Comments: Based on record review and interview, the facility failed to ensure annual Alzheimer's training was completed the anniversary date for 2 of 9 employees (Employee #1 and #6). Findings include: Employee #1 (E1) E1 was hired on 08/01/20. E1's file lacked documented evidence annual training was completed. Employee #6 (E6) E6 was hired on 08/24/20. E6's file lacked documented evidence annual training was completed. On 10/12/21 in the afternoon, the Administrator acknowledged there was no documented evidence annual Alzheimer's training was completed for E1 and E6. Severity: 2 Scope: 1			