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 _____	08/23/2022

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 08/23/22, 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 Alzheimer's disease with assisted living services, Category II residents. The census at the time of the survey was 15. Ten resident files were reviewed and ten 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:	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: CYNTHIA BAILEY Title: Administrator Date: 09/07/2022

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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 interview and document review, the facility failed to ensure COVID-19 protocols were followed in response to a COVID-19 outbreak. Findings include: On 08/23/22 in the morning, observed there was no signage posted on the entrance indicating the facility had COVID-19 positive residents. During a facility tour, the surveyor observed a sign on a resident's door indicating the resident was in quarantine. There were no dedicated staff observed to provide care for the COVID-19 positive resident. A review of the facility's policy titled Infection Prevention and Control Plan for COVID-19 dated 7/01/21, documented signs at the entrance will remind visitors and personnel not to enter the building if they have fever or symptoms of COVID-19. A dedicated staff member will be assigned to care only for confirmed or suspected COVID-19 positive residents. On 08/23/22 in the morning, the House Manager reported 1 of 15 residents were COVID-19 positive. The House Manager acknowledged there was no signage present to indicate the facility had COVID-19 positive residents, and there was no dedicated staff to care for the resident who tested positive. Severity: 2 Scope: 3	0050	House Managers have been reminded Date: 08/29/22 what signage needs to be posted in the event of a Covid outbreak. Signage was posted at the facility entrance during the inspection 8/23. The facility's COVID-19 infection prevention and control plan has been updated per current CDC guidance. The plan will be consulted and followed in the event of any future outbreaks of COVID-19.	09/02/2022

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0255 SS= E	Permits-Comply with NAC 446 on Food Service - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 6. A residential facility with more than 10 residents shall: (a) Comply with the standards prescribed in chapter 446 of NAC; and (b) Obtain the necessary permits from the Division. Inspector Comments: Based on observation on 08/23/2022, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Critical Violations: a. The low temperature dish machine was dispensing a minimal level of chlorine sanitizer. The sanitizer was tested at approximately 10-20 parts per million (ppm) chlorine. Severity: 2 Scope: 2	0255	Dietary Manager has instituted a daily sanitizer check Date: 08/28/22 to ensure that the sanitizer is at optimal levels. This will be monitored daily by Dietary Manager and House Manager (on DM days off). Dietary manager will only use 1/2 of a bottle of sanitizing solution at a time, as it loses its efficacy and will leave the remaining 1/2 capped until ready to use.	09/02/2022
1036 SS= D	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 3 of 10 employees (Employee #2, #3, and #4) Findings include: Employee #2 (E2) E2 was hired on 02/18/22 as the House Manager. E2's file contained documented training of three and a half hours of Alzheimer's/Dementia training. E2's file	1036	Employee #2 is leaving, and her last day is 9/9/22 Date: 09/09/22 Her replacement has already begun completing her Alzheimer/ Dementia training and will have her 10 hours completed by 9/9/22. Employee #3 has completed a total 6.5 hours and will have Date: 09/09/22 the remaining 3.5 hours completed by 9/5/22. Employee #4 has completed his 10 hours. House Managers will do monthly employee checks to ensure that training is completed.	09/02/2022

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	lacked documented evidence of a total of eight hours of initial Alzheimer's training within three months from their date of hire. Employee #3 (E3) E3 was hired on 03/28/22 as a Medication Technician/Caregiver. E3's file contained documented training of four and a half hours of Alzheimer's/Dementia training. E3's file lacked documented evidence of a total of eight hours of initial Alzheimer's training within three months from their date of hire. Employee #4 (E4) E4 was hired on 03/25/22 as a Medication Technician/Caregiver. E4's file contained documented training of five and a half hours of Alzheimer's/Dementia training. E4's file lacked documented evidence of a total of eight hours of initial Alzheimer's training within three months from their date of hire. On 08/23/22 in the afternoon, the House Manager acknowledged E2, E3, and E4 had not received the required eight hours of Alzheimer's training within three months of their date of hire. Severity: 2 Scope: 1			