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
	10488	A. BUILDING _____ B. WING _____	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NOVA ALL STAR CARE HOMES	5525 ROSE THICKET ST, LAS VEGAS, NEVADA ,89130

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 05/15/24, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for nine Residential Facility for Group beds for elderly and disabled persons, two Category I residents and seven Category II residents. The census at the time of the survey was nine. Nine resident files and five employee files were reviewed. The facility received a grade of B. 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 deficiencies were identified:	0000		

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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 secured. Findings include: On 05/15/24 at 9:15 AM, the following medications were observed in the facility, unsecured: -Three medication bins belonging to Resident #6, #7 and #8 were in an unlocked kitchen cabinet. -Two small closed brown bags from a pharmacy were located on the kitchen counter. On 05/15/24 in the morning, the Owner acknowledged the observations of the unsecured medications. Severity: 2 Scope: 3	0920	1.) Citation will be corrected by educating staff on the need to ensure the medication cabinets are locked after every use, and that not doing so will result in a citation. Staff will also be educated on the need to lock away newly delivered medications until they are officially logged in. 2.) Signage will be created and placed where the medication cabinets are, denoting the potential citation that can occur if medications are not properly secured away. 3.) Owner and Administrator will check the medication cabinets, to ensure they are securely locked, immediately upon entering the facility. Staff will be trained until it becomes habit. New medications will be placed in the upper medication cabinet until officially logged. 4.) Administrator will monitor for compliance. 5.) Corrective action taken 5/15/24.	05/15/2024

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0930 SS= F	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (a) The full name, address, date of birth and social security number of the resident. (b) The address and telephone number of the resident ' s physician and the next of kin or guardian of the resident or any other person responsible for the resident. (c) A statement of the resident ' s allergies, if any, and any special diet or medication he or she requires. Inspector Comments: Based on observation and interview, the facility failed to ensure resident records were secure. Findings include: On 05/15/24 at 9:25 AM, Hospice and Home Health folders for seven residents was observed on top of a file cabinet in the corner of the living room. On 05/15/24 in the morning, the Owner acknowledged the observation and verbalized the understanding the files should have been locked up. Severity: 2 Scope: 3	0930	1.) Citation will be corrected by placing the hospice and home health resident folders in the upper medication cabinet, and securely locked. 2.) Ownership, Administrator, and staff will be educated on the need to immediately put away all sensitive resident documentation in the appropriate locked cabinet. 3.) Ownership and Administrator will scan for sensitive documentation left out in the open upon each visit, and securely lock away any resident hospice or home health folders that happen to be out. 4.) Administrator will monitor for compliance. 5.) Corrective action taken 5/15/2024.	05/15/2024

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0936 SS= E	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on record review and interview, the facility failed to ensure initial and annual tuberculin (TB) tests had read dates for 2 of 9 sampled residents (Resident #4 and #6). Findings Include: Resident #4 (R4) R4 was admitted on 06/21/23. R4's record documented a one-step TB test with a 05/24/23 inject date with a negative result and a second step TB test with a 05/30/23 inject date with a negative result. R4's record lacked documented evidence of read dates for the first step and second step TB tests. Resident #6 (R6) R6 was admitted on 01/17/22. R6's record documented a one-step TB test with a 12/20/23 inject date with a negative result and a second step TB test with a 12/27/23 inject date with a negative result. R6's record lacked documented evidence of read dates for the first step and second step TB tests. On 05/15/24 in the afternoon, the Owner confirmed the missing read dates for R4 and R6's TB tests. Severity: 2 Scope: 2	0936	1.) Citation will be corrected by requesting new 2 Step TB tests for Residents #4 and #6 that comply with State regulations. All future resident TB tests will be ensured to have read dates by Ownership and Administrator. 2.) Future incoming residents will be required to have 2 Step TB tests or Quantiferon tests that have read dates for injection and results, before admission. Current residents will have all future TB tests requiring the same thing. 3.) Ownership and Administrator will evaluate resident TB test documentation regularly to ensure they all contain proper read dates. 4.) Administrator will monitor for compliance. 5.) Corrective action taken 5/16/24.	05/16/2024

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1830 SS= F	Infection Control Required Training - Infection Control Required Training LCB File No. R048-22 Sec. 5 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training. Inspector Comments: Based on record review and interview, the facility failed to ensure the primary and secondary infection control designees acquired the required initial 15 hour infection control training. (Employee #1 and #2) Findings include: On 05/15/24 in the morning, the records for E1 and E2, the primary and secondary infection control designees respectively, lacked documented evidence of the initial 15 hours of training concerning the control and prevention of infections from the approved nationally recognized organizations. On 05/15/24 in the afternoon, the Administrator confirmed the required infection control and prevention training from a nationally recognized organization had not been completed for E1 and E2. Severity: 2 Scope: 3	1830	1.) Citation will be corrected by having Owner and Administrator obtain the required 15 Hour Infection Control training. 2.) Ownership and Administrator will educate staff on the need for the required Infection Control training. The two main Designees for the facility will monitor the due date for the next time the Infection Control training is due. 3.) Ownership and Administrator will evaluate all staff files, including their own, to ensure that Infection Control training is done as required by the State. 4.) Administrator will monitor for compliance. 5.) Corrective action taken 5/16/24.	05/16/2024