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
	409	A. BUILDING _____ B. WING _____	01/12/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FORGET ME NOT HOME CARE	**5513 FLORA SPRAY ST, LAS VEGAS, NEVADA ,89130**

(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 survey conducted in your facility on 01/12/2018. This State Licensure survey was conducted by the authority of NRS 449.0307, Powers of the Division of Public and Behavioral Health. The facility is licensed for seven Residential Facility for Group beds for elderly and disabled persons and/or persons with chronic illnesses and Alzheimer's disease, two Category I residents and five Category II residents. The census at the time of the survey was seven. Seven resident files were reviewed 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 investigations, 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		

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: DENNIS O'SHEA Title: Administrator Date: 02/03/2018

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0920 SS= F	449.2748(1-2) - Medication Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. 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. Medication 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 without supervision may keep his medication in his 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 secure. Findings include: On 01/12/18 at 12:30 PM, all seven resident's PRN (as needed) medications were found in an unlocked cabinet in the kitchen. On 01/12/18 at 12:35 PM, a bottle of Aspirin 81 mg, 120 count was found in an unlocked kitchen drawer. On 01/12/18 at 12:35 PM, the Caregiver acknowledged the unsecured medications. Severity: 2 Scope 3	0920	1) Corrective action took place with additional training in the area of medication storage policies. All cabinets containing medication will be locked at all times with the exception of administering medication. Medications will be stored only in medication cabinets. The entire staff attended a meeting to address this and other deficiencies and will serve as a matrix moving forward. 2) Additional training along with monitoring. 3) Monitoring will be accomplished by checking all medication storage cabinets after each dispersal of medications. 4) The owner, administrator, and caregiver in charge have implicmented and will monitor . 5) 1/12/18	01/12/2018

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0991 SS= F	449.2756(1)(b) - Alzheimer's Fac door alarm - NAC 449.2756 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 alarms on two doors leading to the outside were functional. Findings include: On 01/12/18 at 1:00 PM, the alarm attached to the door leading from the laundry room to the garage was not in working order. The laundry room door was not locked. On 01/12/18 at 3:00 PM, the alarm attached to the front door leading to the outside was not in working order. On 01/12/18 at 3:30 PM, the caregiver confirmed the deficiencies and was unaware the alarms were not in working order. Severity: 2 Scope: 3	0991	1) The security system in the home was totally functional. The chimes relating to the front door and laundry room door were in the off position. The climes have been set to the on position. The laundry room door was locked. 2) The staff was advised to adhere to the directives listed in #1. 3) Chimes for all egress points will be checked daily to assure proper functioning. 4) Caregiver in charge will be responsible for implementing this policy. 5)1/12/18	01/12/2018
0994 SS= F	449.2756(1)(e) - Alzheimer's facility - Dangerous items - NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. Inspector Comments: Based on observation and interview, the facility failed to ensure knives and scissors were locked up. Findings include: On 01/12/18 in the afternoon, scissors were observed in an unlocked kitchen drawer and on a desk in the unlocked garage. The scissors were accessible to all residents with the potential to harm themselves or another person. On 01/12/18 at 3:00 PM, the caregiver acknowledged the unsecured sharp items. Severity: 2 Scope: 3	0994	1)Scissors or other items deemed to be a danger to residents will be in locked drawers. In addition to the laundry door, the door from the laundry room to the garage/office will remain locked. 2) Upon conclusion of a meeting all staff members are aware of this policy. 3) Management will confirm that all dangerous items are in locked cabinets/drawers. Checks will be performed after each meal. 4) Caregiver in charge and administrator will monitor this function. 5)1/12/18	01/12/2018

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0999 SS= F	449.2756(1)(g) - Alzheimer's Facility-Toxic substances - NAC 449.2756 Residential facility which provides care to persons with Alzheimer's disease: Standards for safety; personnel required; training for employees. 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure toxic substances were not accessible to residents. Findings include: On 01/12/18 at 1:00 PM, fabric softener and detergent were observed in an unlocked cabinet in the laundry room. The laundry door was not locked and did not have a locking mechanism to prevent residents from accessing the toxic substances. On 01/12/18 at 3:00 PM, the caregiver indicated they were not aware the laundry room toxic substances needed to be locked up. Severity: 2 Scope: 3	0999	1) All toxic substances will be in locked cabinets. Locks were installed in the laundry room cabinet storing these items. In addition the laundry room door will remain locked. 2) Caregivers agreed to adhere to this policy. 3) Daily inspection. 4) Caregiver in charge and administrator will monitor this policy. 5) Laundry door locked policy 1/12/18. Cabinet locks 1/15/18	01/15/2018