

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 409	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/08/2019
NAME OF PROVIDER OR SUPPLIER FORGET ME NOT HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 5513 FLORA SPRAY ST, LAS VEGAS, NEVADA ,89130		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Initial Comments - Inspector Comments: This Statement of Deficiencies was generated as a result of a State Licensure annual survey conducted in your facility on 1/8/19 in accordance with Chapter 449, Residential Facility . The facility received an annual survey grade of B. The census at the time of survey was seven. Seven sample resident files were reviewed, and five employee files were reviewed. 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 discrepancies were identified:			
0250 SS= F	449.217(1) - Kitchens-Equipment works; Clean and Sanitary - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. 1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition. Inspector Comments: Based on observation and interview, the facility failed to ensure the food preparation area was clean to allow for sanitary preparation of food. Findings include: On 1/8/19 at 11:05 AM, multiple kitchen cabinets doors and door handles were sticky to the touch and covered in grease. Dust particles had accumulated above the stove. On 12/20/18 at 3:45 PM, A Caregiver indicated the kitchen was cleaned daily but was not dusted above the stove. The Caregiver confirmed the cabinets were sticky with grease and needed to be cleaned. Severity: 2 Scope: 3	0250	1) A schedule was established for the timely cleaning of the food prep areas. Caregivers have been retrained. 2) Owner and or Administrator will inspect the areas before and after each meal. 3)Owner and Administrator 4)Administrator 5)1/8/19	01/08/2019

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 Name: DENNIS O'SHEA Title: Administrator Date: 02/04/2019
REPRESENTATIVE'S SIGNATURE

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 409	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/08/2019
NAME OF PROVIDER OR SUPPLIER FORGET ME NOT HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 5513 FLORA SPRAY ST, LAS VEGAS, NEVADA ,89130		
(X4) ID PREFIX TAG 0859 SS= D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 449.274(5) - Periodic Physical examination of a resident - NAC 449.274 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician. Inspector Comments: Based on record review and interview, an annual physical exam was not completed for 1 of 7 residents (Resident #6). Findings include: Resident #6 (R6) was admitted on 5/9/12 with diagnoses including hypertension and history of cerebrovascular accident. The Resident's record revealed an annual physical exam dated 7/16/17. The file lacked documented evidence a 2018 annual physical was completed. On 1/8/19 at 3:55 PM, a Caregiver confirmed there was no physical exam on file for R6 dated after 7/16/17. Severity: 2 Scope: 1	ID PREFIX TAG 0859	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 1) The facility has obtained the document from the POA 2) Administrator to check regularly that physicals are up to date 3) Lead caregiver and Administrator will monitor each file to assure all required documents and present. 4)Administrator 5)1/9/19 6)see attached	(X5) COMPLETION DATE 01/09/2019
0871 SS= D	NAC 449.2742(1)(d)(1-8)(1)(e) - Medication Plan - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregivers and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: d) Develop and maintain a plan for managing the administration of medications at the residential facility, including, without limitation: (1) Preventing the use of outdated, damaged or contaminated medications; (2) Managing the medications for each resident in a manner which ensures that any prescription medications, over-the-counter medications and nutritional supplements are ordered, filled and refilled in a timely manner to avoid missed dosages; (3) Verifying that orders for medications have been accurately transcribed in the record of the medication administered to each resident in accordance with NAC 449.2744; (4)	0871	MAR was corrected to address the deficiency. 2) MAR will be reviewed weekly, or sooner if a new medication comes into the facility, to assure all nomenclature is present on the MAR. This will eliminate any confusion. 3) The lead caregiver and Administrator will monitor the procedure of properly filing out the MAR 4)Administrator 5) 1/8/19 6) see attached.	01/08/2019

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 409	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/08/2019
NAME OF PROVIDER OR SUPPLIER FORGET ME NOT HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 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
	Monitoring the administration of medications and the effective use of the records of the medication administered to each resident; (5) Ensuring that each caregiver who administers a medication is in compliance with the requirements of subsection 6 of NRS 449.037 and NAC 449.196; (6) Ensuring that each caregiver who administers a medication is adequately supervised; (7) Communicating routinely with the prescribing physician or other physician of the resident concerning issues or observations relating to the administration of the medication; and (8) Maintaining reference materials relating to medications at the residential facility, including, without limitation, a current drug guide or medication handbook, which must not be more than 2 years old or providing access to websites on the Internet which provide reliable information concerning medications. (e) Develop and maintain a training program for caregivers of the residential facility who administer medication to residents, including, without limitation, an initial orientation on the plan for managing medications at the facility for each new caregiver and an annual training update on the plan. The administrator shall maintain documentation concerning the provision of the training program and the attendance of caregivers. Inspector Comments: Based on record review and interview, the facility failed to ensure the Medication Administration Record (MAR) was complete for 1 of 7 residents receiving as needed (PRN) medications (Resident #7). Findings included: The Resident's MAR documented, Ondansetron HCL 4 MG tab, take 1 tab by mouth every four hours PRN. The MAR did not indicate when the medication should be given or contain documentation the medication was administered. A physicians order dated 9/12/18 indicated Ondansetron was to be administered PRN for nausea and diarrhea. On 1/8/19 at 4:00 PM, Caregiver #1 (C1) and Caregiver #2 (C2) confirmed the medication Ondansetron HCL was a PRN medication but did not know what the medication was for and it was never given. C1 and C2 confirmed the MAR			

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 409	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/08/2019
NAME OF PROVIDER OR SUPPLIER FORGET ME NOT HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 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
	was missing the purpose of the medication and confirmed the information was never transcribed to the MAR from the physician's order. Severity: 2 Scope: 1			
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 inaccessible to 7 of 7 residents. Findings included: On 12/21/18 at 9:05 AM, a bottle of floor cleaning solution was located in an unlocked cabinet in bathroom #1. On 12/21/18 at 9:10 AM, multiple cans of air freshener and packages of sanitizing wipes were located in an unlocked closet. A Caregiver indicated the closet did not lock and residents do not go in there. On 12/21/18 at 3:57, a Caregiver confirmed there was a bottle of cleaning solution in bathroom #1 and it was removed. This is a repeat deficiency from the 01/12/18 survey. Severity: 2 Scope: 3	0999	1) a, a new lock was installed on the cabinet. b, caregivers were retained as to the seriousness of leaving tonic or any other liquids, creams, etc. unlocked. 2) Inspection by the lead caregiver, owner, administrator to assure this will not happen again. 3) Constant inspection of the facility by management 4) Administrator 5) 1/8/19 1/9/19 new lock installed	01/09/201 9