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 _____	12/11/2019

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

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of the Annual Grading State Licensure Survey conducted at your facility on 12/11/19, in accordance with Nevada Administrative Code, Chapter 449, Residential Facilities for Groups. The facility is licensed for seven Residential Facility for Group beds (2 Category II and 5 Category I) with endorsements to provide care for persons with mental illnesses, persons with chronic illnesses, and persons with Alzheimer's disease or related dementia. The census at the time of the survey was six. Six resident files and four employee files were reviewed. The facility received a grade of C. 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 regulatory deficiencies were identified:	0000		

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0065 SS= D	Qualifications of Caregivers-Age-Eng-Training - NAC 449.196 Qualifications and training of caregivers. (NRS 449.0302) 1. A caregiver of a residential facility must: (a) Be at least 18 years of age; (b) Be responsible and mature and have the personal qualities which will enable him or her to understand the problems of elderly persons and persons with disabilities; (c) Understand the provisions of NAC 449.156 to 449.27706, inclusive, and sign a statement that he or she has read those provisions; (d) Demonstrate the ability to read, write, speak and understand the English language; (e) Possess the appropriate knowledge, skills and abilities to meet the needs of the residents of the facility; and (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. Inspector Comments: Based on employee record review and interview, the facility failed to ensure 1 of 3 employees had at least eight hours of annual training (Employee #1) , who was hired in 2013, lacked documentation of training within the past twelve months. Severity: 2 Scope: 1	0065	1) Place certificate of training into e1 file. 2) Check all files on a periodic basis to assure they are up to date. 3) Check files on a periodic basis 4) Administrator 5) 12/12/19	12/12/2019
0102 SS= D	Personnel File - TB Screening - NAC 449.200 Personnel files. 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee; Inspector Comments: Based on employee record review and interview, the facility failed to ensure 1 of 4 employees had tuberculosis (TB) testing (Employee #4 lacked initial 2-step TB testing results). Severity: 2 Scope: 1	0102	1) Updated TB test 2) Review files on a periodic basis to assure all necessary documentation and requirements are met. 3) Periodic review 4) Administrator 5) 12/18/19	12/18/2019
0878 SS= E	Medication/OTCS, Supplements, Change Order - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the	0878	1) Contacted hospice and physician to clarify these findings. 2) Audit all physician orders in regard to the MAR. This will be an ongoing activity. 3) All employees involved with medication management will receive additional training in medication management. 4) caregiver manager, Administrator will	12/11/2019

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	medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (Previously Y 0879) (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, the physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. Inspector Comments: Based on interview and record review, the facility failed to ensure medications were administered per physician's instructions for 3 of 6 residents (Resident #4, #5, and #6). Findings include: Resident #4 (R4) R4 was admitted to the facility on 05/24/19 with diagnoses including dementia with history of aggressive behavior and psychosis. The medication box for R4 contained Risperdal, 0.5 milligrams (mg), 1 tablet by mouth twice daily, filled 11/11/19. However, the Medication Administration Record (MAR) for December 2019 listed the dosage as 0.5 mg, 1 tablet per day at 4:00 PM. Resident		monitor all medication documentation on a regular basis. 5) 12/11/19	

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	#5 (R5) R5 was admitted to the facility on 08/03/17 with diagnoses including heart failure and dementia. The medication box for R5 contained Ipratropium / Albuterol Sulfate, dispensed 11/22/19, with the instructions, 1 vial via nebulizer every 6 hours as needed for cough / shortness of breath. However, the MAR listed the dosage, "up to 3 times per day as needed for cough shortness of breath". The medication box for R5 contained Dells Suspension, 30 mg / 5 milliliters (ml), 2 teaspoons by mouth twice daily as needed for cough. However, the Hospice Physician's Order was documented as 2 teaspoons (10 ml) twice daily routine. Resident #6 (R6) R6 was admitted to the facility on 08/18/17 with diagnoses including expressive aphasia and depression, with right sided paralysis. The medication box for R6 contained Magnesium Citrate, dispensed 11/18/19, with the instructions, Take 1/2 bottle by mouth if no bowel movement in four hours. Then repeat the 1/2 of bottle as needed. The Manager / Caregiver indicated the physician's order should have been take 1/2 bottle if no bowel movement in 3 days, but was unable to provide a written physician's order. The facility did not clarify the physician's instructions. The medication box for R6 contained Hydrocodone, filled on 12/9/19, 5/325 mg, 1 tablet every 4 hours as needed for pain. However, the PRN (as needed) MAR listed the dosage as 1 tablet every 6 hours as needed for pain. The Manager / Caregiver was unable to explain the discrepancies in regard to the physician's orders and the MAR's instructions for Resident #4, #5, and #6. Severity: 2 Scope: 2			

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0923 SS= D	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician; and (b) Kept in its original container until it is administered. Inspector Comments: Based on observation and interview, the facility failed to ensure medications were clearly labeled with the name of the resident and the name of the physician for 1 of 6 residents. (Resident #2: Nystatin Topical Powder, Calmoseptine Ointment, and Vitamin C.) Severity: 2 Scope: 1	0923	1) Assure that all medications are properly labeled. 2) Upon receipt of medications labels will be inspected. If there is a lack of proper identification on the label we will be corrected. 3) All medications received will be inspected to assure proper labeling. 4) Head caregiver/ Administrator. 5) 12/11/19	12/11/2019
0994 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 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 tools and dangerous items were securely stored and were inaccessible to residents. Findings include: The shed in the back yard, which was not locked, contained multiple sharp garden tools. Severity: 2 Scope: 3	0994	1) Place lock on shed. 2) Shed will be inspected after each landscape maintenance to assure it is locked. 3) Visual check. 4) Head caregiver. 5) 12/11/19	12/11/2019

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0999 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 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 in a locked area and were not accessible to residents. Findings include: On 12/11/19 in the afternoon, the following toxic substances were observed in unlocked areas at the facility: Kitchen: 3 spray bottles of cleaning supplies. Garage: 3 gallon bottles of bleach. Backyard: The shed had multiple containers of chemicals. Severity: 2 Scope: 3	0999	1) Replaced broken lock on kitchen cabinet. 2) Periodic inspection of all locks in the home. 3) Periodic inspection. 4) Head caregiver/Administrator. 5) 12/12/19	12/12/2019

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1037 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: (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 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 employee record review and interview, the facility failed to ensure 1 of 4 employees obtained annual training related to providing care for persons with Alzheimer's disease (Employee #1), who was employed in 2013, lacked documentation of Alzheimer's training completed within the past twelve months. Severity: 2 Scope: 1	1037	1) The training certificate was in the file in the proper place at the time of inspection. 2) Monitor all files on a periodic basis to assure they are up to date. 3) Regular checks of files. 4) Administrator. 5) 12/11/19	12/11/2019