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 _____	10/28/2021

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 a State Licensure annual survey and infection control survey conducted at your facility on 10/28/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for seven beds for elderly and disabled and/or persons with chronic illness and/or persons with Alzheimer Disease, two Category I, five Category II residents. The census at the time of survey was seven. Seven resident files and three employee files were reviewed. The facility received a grade of A . The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of antidiscrimination policy; posting of nondiscrimination statement and certain other information, NRS 449.102 - Duties of licensed facility to protect privacy of patient or resident, and LCB File No. R016-20 - Cultural competency training; complaint policy; development of gender identity/expression policy; designated person responsible for compliance with these regulations. Failure to comply with NRS 449.101, NRS 449.102 and LCB File No. R016-20 may result in future deficiencies. 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		

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: LAWRENCE D O'SHEA	Title: Administrator	Date: 11/09/2021

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0620 SS= D	Written Policy on Admissions - NAC 449.2702 Written policy on admissions; eligibility for residency. (NRS 449.0302) 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast; (b) Requires restraint; (c) Requires confinement in locked quarters; or (d) Requires skilled nursing or other medical supervision on a 24-hour basis. Inspector Comments: Based on observation, interview and record review, the facility failed to ensure a resident who was bedfast was not admitted and retained (Resident #2). Findings include: Resident #2 (R2) R2 was admitted to the facility on 08/07/18 with diagnoses including Alzheimer's Disease. The resident was under the care of a Hospice agency. R2 was observed lying in the bed. Caregiver #1 (C1) was observed attempting to reposition R2. C1 reported R2 was not able to reposition self in bed without the assistance of staff. Caregiver #2 (C2) acknowledged an exemption waiver to admit and retain a bedfast resident was not in R2's file. Severity: 2 Scope: 1	0620	1) apply for bedfast waiver 2) Monthly ADL's, daily observation of residents 3) Monitored by observation and interaction with residents 4) Administrator 5) Application for waiver has been sent. Waiting for approval	11/08/2021

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0870 SS= E	Medication Administration-Accuracy & Report - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility. (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). Inspector Comments: Based on record review and interview, the facility failed to ensure a medication review was completed at least once every six months for 4 of 7 sampled residents (Resident #2, #3, #4 and #5). Findings include: Review of medical records for Resident #2, #3, #4 and #5 lacked documented evidence of a six-month medication review. On 10/28/21 at 10:20 AM, the Caregiver acknowledged there was no documented evidence the six-month medication reviews were completed for Resident #2, #3, #4 and #5. Severity: 2 Scope: 2	0870	1) Coordinate review dates with monthly MAR review 2) Date reminders in resident files. 3) Monitored by supervisor and administrator 4) Administrator 5) 10/29/2021	10/29/2021

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0895 SS= D	Administration of Medication Maintenance - NAC 449.2744 Administration of medication: Maintenance and contents of logs and records. (NRS 449.0302) 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident ' s physician. Inspector Comments: Based on record review and interview, the facility failed to ensure the Medication Administration Record (MAR) was accurate for 1 of 7 sampled residents (Residents #4). Findings include: Resident #4 (R4) R4 was admitted on 10/24/20, with diagnoses including respiratory failure and chronic obstructive pulmonary disease (COPD). On 10/28/21, a review of R4's MAR revealed all medications were signed as administered on future date, 10/29/21. The Caregiver acknowledged R4's MAR was inaccurate, and the MAR was pre-filled for the following day. The Caregiver indicated it was an error. Severity: 2 Scope: 1	0895	1) Additional training for caregivers. Supervision of MAR entries 2) Training and better supervision 3) Monitored by supervisor and administrator 4) Administrator 5) 10/29/2021	10/29/2021
0938 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: (g) An evaluation of the resident ' s ability to perform the activities of daily living and a brief description of any	0938	1) Monthly staff meetings to discuss status of residents 2) More direct interaction with residents 3) Monitored by supervisor and administrator 4)Administrator 5) 10/29/2021	10/29/2021

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	assistance he or she needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his or her ability to perform the activities of daily living; and (3) In any event, not less than once each year. Inspector Comments: Based on interview and record review, the facility failed to ensure 5 of 7 residents had an initial and/or annual Activities of Daily Living (ADL) assessment (Residents #1, #2, #3, #4, #5, #6) Findings include: Resident #1 (R1) R1 was admitted on 09/29/21, with diagnoses including hypertension and chronic pain. R1's record lacked documented evidence an initial ADL assessment was completed. Resident #2 (R2) R2 was admitted on 08/07/18, with diagnoses including Alzheimer's Disease and anxiety. R2's record lacked documented evidence a current ADL assessment was completed. Resident #3 (R3) R3 was admitted on 08/17/21, with diagnoses including cerebrovascular accident (CVA). R3's record lacked documented evidence a current ADL assessment was completed. Resident #4 (R4) R4 was admitted on 10/24/20, with diagnoses including respiratory failure and heart failure. R4's record lacked documented evidence a current ADL assessment was completed. Resident #5 (R5) R5 was admitted on 05/09/13, with diagnoses including hypertension and weakness. R5's record lacked documented evidence a current ADL assessment was completed. Resident #6 (R6) R6 was admitted on 05/24/19, with diagnoses including disorientation. R6's record lacked documented evidence a current ADL assessment was completed. The Caregiver acknowledged the ADL assessments were not completed as required for R1, R2, R3, R4, R5 and R6. Severity: 2 Scope: 2			