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
	4406	A. BUILDING _____ B. WING _____	05/15/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
V N SENIOR CARE OF THE VINEYARDS	1931 W VINEYARD DRIVE SOUTH, PAHRUMP, NEVADA ,89048

(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 05/15/19, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or Alzheimer's disease, Category II residents. The census at the time of the survey was nine. Nine resident files were reviewed and six employee files were reviewed. The facility received a grade of A. 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		
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 record review and interview, the facility failed to ensure an employee's tuberculosis (TB) test was documented accurately for 1 of 6 employees (Employee #3). Findings include: Employee #3 was hired on 1/12/18. On 05/15/19 at 4:00 PM, the employee file lacked documented evidence of a 2019 TB test. The last documented TB test was administered and read on the same date 2/20/18. On 05/15/19 at 4:00 PM, the Caregiver acknowledged the administration date and the read date for Employee #3's TB test were documented as the same day. The caregiver indicated the nurse must have recorded the read date incorrectly. Severity: 2 Scope: 1	0102	Employee #3 TB test was corrected on 5/16/19. Skin Test came out positive, so an X -ray was done with a Clear Result of lungs dated 5/27/2019. A TB symptom check was signed by Nurse attached to the report. * see attached file* The owner and Administrator will double check TB test annually to make sure that this will not reoccur. Owner will be checking TB test when hiring new caregivers. Administrator will inspect requirements before new hires can start to make sure that all comply the necessary paperworks.	05/16/2019

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 REPRESENTATIVE'S SIGNATURE	Name: WINNIE ROSE HARRIS	Title: Owner	Date: 05/29/2019

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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 document review, record review and interview, the facility failed to ensure the Medication Administration Record (MAR) was accurate for 1 of 9 residents (Resident #1). Findings include: Resident #1 (R1) R1 was admitted to the facility on 10/01/17, with diagnoses including dementia. A physician's order dated 04/02/19, prescribed the following: Temazepam capsules 15 milligrams (mg), take one capsule by mouth every night at bedtime as needed for insomnia, Atropine 1% oral solution, place 2 drops under the tongue every two hours as needed for increased secretions, Morphine Sulfate Liquid 20 mg/milliliters (ml), 0.5 ml by mouth every 2 hours as needed for pain and shortness of breath. Ativan 0.5 mg by mouth every four hours as needed for anxiety/agitation. The May 2019, Medication Administration Record (MAR) lacked documental evidence of the medications. On 05/15/19 at 4:00 PM, the Manager confirmed the medications had not been documented on R1's MAR, and should have been. The Manager was unsure why the medications had not been documented on the MAR. Severity: 2 Scope: 1	0895	Resident 1 lack of Records of the mentioned medications had been corrected on May 16, 2019. All four medications were noted and recorded on MAR, * see attached copies of MAR* The Administrator will do a random check on their MAR every time I visit the group home to avoid re-occurrence. Owner will remind the caregivers about MAR records to make sure that all medications are correctly recorded as per doctor's order.	05/16/2019
0905 SS= D	Administration of Medication Restrictions - NAC 449.2746 Administration of medication: Restrictions concerning medication taken as needed by resident; written records. (NRS 449.0302) 1. A	0905	Resident #3's corrections regarding her two medications has been sent to the group home on the 23rd of May. *see Attached RX. The Administrator of the group home will	05/23/2019

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	caregiver employed by a residential facility shall not assist a resident in the administration of a medication that is taken as needed unless: (a) The resident is able to determine his or her need for the medication; (b) The determination of the resident ' s need for the medication is made by a medical professional qualified to make that determination; or (c) The caregiver has received written instructions indicating the specific symptoms for which the medication is to be given, the exact amount of medication that may be given and the frequency with which the medication may be given. Inspector Comments: Based on record review and interview, the facility failed to ensure an order was clarified for an as needed medication for 2 of 9 residents (Resident #2 and #3). Findings include: Resident #2 (R2) R2 was admitted on 08/30/18, with diagnoses including Alzheimer's disease. A physician's order dated 02/21/19, documented Tylenol 650 milligrams (mg). Take two tablets by mouth every six hours as needed for pain/fever. The physician's order did not specify the temperature to give Tylenol for fever. On 05/15/19 at 03:30 PM, the Caregiver was aware R2's Tylenol should have documented a specific temperature to give the Tylenol. The caregiver indicated the physician's order should have been clarified. Resident #3 (R3) R3 was admitted on 03/16/17, with diagnoses including dementia and hypertension. A physician's order dated 01/14/19, documented Ibuprofen 200 mg. Take one tablet by mouth every six hours as needed for pain/fever. A physician's order dated 01/14/19, documented Acetaminophen 325 mg. Take two tablets by mouth every six hours as needed for pain/fever. The physician's orders did not specify the temperature to give Ibuprofen or Tylenol for fever. On 05/15/19 at 03:30 PM, the Caregiver was aware R3's Ibuprofen and Tylenol should have documented a specific temperature to give the medications. The caregiver indicated the physician's order should have been clarified. The Caregiver did not know why two as needed		make sure that the specification of medications prescribed must be very clear to understand when written. Owner will check the medications on regular basis to avoid recurrence about this issue. I will remind the caregivers to call the doctor if they seem unsure about the written instructions given.	

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	medications had been prescribed for the same symptoms. Severity: 2 Scope: 1			