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 _____	04/14/2021

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 and infection control survey conducted at your facility on 4/14/21, 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 persons with Alzheimer's disease, Category II residents. The census at the time of the survey was eight. Eight resident files and four 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 regulatory deficiencies were identified:	0000		

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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 obtain an approved bedfast exemption to retain one resident. (Resident #7) Findings include: Resident #7 (R7) R7 was admitted on 09/13/19, with diagnoses including chronic obstructive pulmonary disease and dementia. R7 was receiving hospice care. R7's file lacked documented evidence R7 had an approved bedfast exemption from the State. On 04/14/21 at 1:30 PM, R7 was observed lying in bed and appeared to be incapable of repositioning without assistance from a caregiver. R-7 verbalized and physically demonstrated the ability to move her arms and legs, but was unable to turn or reposition her body independently. On 04/14/21, the Facility Manager verbalized R7 was bedfast, receiving hospice services, and the facility was planning to submit a bedfast waiver. The Facility Manager acknowledged R7's medical record lacked documented evidence the facility had an approved bedfast exemption from the State. Severity: 2 Scope: 1	0620	A)This facility has received all the necessary paperwork to apply for the bedfast for Resident #7 and sent said papers to the appropriate authority as 4/26/2021 for approval. B): This facility was waiting on hospice to forward the necessary paperwork for the application of a bedfast. We will continue to improve in this matter by notifying businesses we work with the urgency of the matter. Meanwhile, we will perform the task of a bedfast patient until such said documents are released into our hands. The owner and Administrator will follow up on future documents to ensure immediate expedition of all applications as required. C) The owner and Administrator D) 4/26/2021	04/27/2021

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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 interview and record review, the facility failed to ensure the Medication Administration Record (MAR) was accurate for 1 of 8 residents (Resident #2). Findings Include: Resident #2 (R2) was prescribed Memantine 5 milligrams (MG), take one tablet by mouth twice a day. The April 2021 MAR documented the resident was only given the morning dose from 04/01/21 through 04/14/21. The caregiver did not initial the MAR for the second PM dose. R2 had a one month supply of Memantine at the facility and the medication count indicated the medications were given as prescribed. Employee #4 reported administering the PM doses of Memantine every night and acknowledged failing to document it on the MAR. Severity: 2 Scope: 1	0895	A)TAG 0895: The Administrator has directed an additional caregiver to perform an examination to ensure medications given and documentation applied at the end of each distribution. All caregivers are qualified for medication distribution and weekly the owner will check the MAR for proper Documentation and Distribution. B) Once a month the administrator will discuss with the staff the 6 Rights of the Med Techs responsibility: Right MEDICATION,DOSE,RESIDENT,ROUTE,TIME and DOCUMENTATION. With this reminder, I believe this will reduce dramatically the cause of such events as previously mentioned in the TAG. C) The Administrator D) 4/27/2021	04/27/2021