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
	5742	A. BUILDING _____ B. WING _____	04/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MONARCH GROUP HOME LLC	6112 FISHER AVE, 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 an annual State Licensure survey conducted at your facility on 04/20/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons, five Category I and five Category II residents. The census at the time of the survey was five. Five resident files and five 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 investigation, 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: HEATHER MARIE JACALNE	Title: Administrator	Date: 05/18/2023

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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, record review, and interview, the facility failed to submit a bedfast waiver for 1 of 5 residents (Resident #1). Findings include: Resident #1 (R1) R1 was admitted on 02/11/23 with diagnoses including fracture of shaft/tibia, broken ankle, left leg gangrene, and dementia. On 04/20/23 in the morning, R1 was lying in bed with the half-bedrails up. On 04/20/23 in the morning, R1 verbalized they could not get out of bed unassisted and used the bedrails to turn while care was being provided. On 04/20/23 in the morning, the Caregiver confirmed staff would move or transfer R5 with a Hoyer lift, but R5 resisted because it was painful. The Manager/Caregiver explained R1 held onto the bedrails to turn while staff cleaned. The Manager/Caregiver said R5 could not sit up on the side of the bed without assistance. On 4/20/23 in the afternoon, the Administrator acknowledged the facility had not submitted a bedfast waiver for R1. Severity: 2 Scope: 1	0620	1) A bedfast exemption was submitted and approved for resident #1.(Attached) 2) The care staff, administrator and manager will work closely with residents and medical team to determine any change of condition that may require bedfast (or other exemptions) and apply as needed. 3) The care staff, administrator and manager will monitor residents for any change in condition. 4) Administrator and Manager. 5) 5/1/2023 6) Please see attached. 7) Please refer to answers 2 and 3.	
0878 SS= D	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	0878	1) Resident #5's provider was contacted regarding the medication and found that	

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	approved the administration of the 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 record review and interview, the facility failed to ensure physician's orders were followed for 1 of 5 residents (Resident #5). Findings include: Resident #5 (R5): R5 was admitted to the facility on 03/25/23 with diagnoses including Hyperparathyroidism, major depressive disorder, and Stage 3 kidney disease. A physician order dated 10/04/22 documented Amlodipine besylate 10 milligrams (mg) Oral Tablet administer one tablet when systolic was above 160 requested. R5's April 2023 Medication Administration Record (MAR) documented		the resident no longer needed to be on it. The medication was discontinued. 2) For medications that require blood pressure to be taken, staff will be trained to accurately take blood pressure with an automatic monitor. 3) The Medication Technicians, Manager, and Administrator will check medication orders to ensure that any medications that require blood pressure monitoring will be taken accordingly. 4) Administrator and Manager. 5) 5/18/2023 6) Please see attached.	

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	administration of amlodipine besylate by Employee #2 (E2) on 04/14/23. On 04/20/23 in the afternoon, Employe #1 (E1) and E2 confirmed E2 administered amlodipine besylate because R5 was experiencing anxiety. E2 did not measure R5's blood pressure prior to administering amlodipine besylate, as prescribed by the physician. Severity: 2 Scope: 1			