

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 6087	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/14/2017
NAME OF PROVIDER OR SUPPLIER LIFE SHARE CARE HOME NEVADA, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 7925 W ROSADA WAY, LAS VEGAS, NEVADA ,89149		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Initial Comments - Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 9/11/17. This State Licensure survey was conducted by the authority of NRS 449.0307 Powers of the Division of Public and Behavioral Health. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness and/or chronic illness Category II residents. The census at the time of the survey was ten. Ten resident files were reviewed and six employee files were reviewed. The facility received a grade of B 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:			

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 Name: BELINDA DEVANO Title: Administrator Date: 09/28/2017
REPRESENTATIVE'S SIGNATURE

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(X4) ID PREFIX TAG 0176 SS= F	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 449.209(4)(c) - Health and Sanitation- Insects, Rodents - NAC 449.209 Health and sanitation. 4. To the extent practicable, the premises of the facility must be kept free from: (c) Insects and rodents. Inspector Comments: Based on observation, record review and interview, the facility failed to ensure the facility was free of spiders and scorpions. Findings include: On 9/11/17 in the morning, Resident #1 reported they had seen scorpions in the facility on multiple occasions. Resident #2 reported seeing a scorpion in their room approximately one month prior. All residents indicated they had not seen an exterminator in the building. On 9/11/17 in the morning, the following was observed: - Live spiders/spider webs in the windows of all resident bedrooms. - Live spiders behind the exit sign/emergency lights in the back hallway. - Live spiders and a spider web at a desk in the dining area. - Live spiders and a spider web behind a chair on the back porch area of the home. On 9/11/17 in the morning, Employee #2 acknowledged the observations and reported they did not know if the facility had a regular exterminator to treat the home for insects. Severity: 2 Scope: 3	ID PREFIX TAG 0176	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Administrator will ensure that the facility will be free from insects and rodents by routinely checking daily , all rooms, windows, interior and exterior premises of the facility. Ensuring the facility is clean and free from odors. Will schedule an exterminator bi - yearly, or more if needed. Please see attached document.	(X5) COMPLETION DATE

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(X4) ID PREFIX TAG 0530 SS= F	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 449.260(1)(e) - Activities for Residents - NAC 449.260 Activities for residents. (e) Provide for the residents at least 10 hours each week of scheduled activities that are suited to their interests and capacities. Inspector Comments: Based on observation, interviews and document review, the facility failed to provide at least 10 hours of scheduled activities planned a month in advance. Findings include: On 9/11/17 a facility activity calendar was observed posted in the kitchen hallway of the facility: The calendar was labeled September 2017, however was not dated, and included activities for a period of seven days. The facility calendar lists morning exercise/walking as the activity Monday through Sunday from 9:30 AM - 11:30 PM. On 9/11/17 at approximately 9:00 AM - 12:00 PM there were no activities observed being conducted by facility staff or any observations of staff encouraging residents to participate in activities. On 9/11/17 in the morning, Resident #2, #3, and #4 indicated they did not have any activities in the home but would like to participate in activities if offered. The residents explained they had participate in Bingo in the past however, the staff have not been offering to facilitate bingo activities recently. On 9/11/17 in the morning, Employee #2 indicated the residents usually have another resident call the bingo numbers. The employee explained the residents sometimes will not play bingo if someone is not willing to call out the numbers. The employee indicated the other employees are not usually available to call numbers for the residents as they do not have time. Severity: 2 Scope: 3	ID PREFIX TAG 0530	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Administrator will ensure that residents will have a consistent 10 hour of scheduled activities suited to their interest and capacities each week and will be planned a month in advance. Will monitor compliance by confirming with residents. Administrator will ensure that the activity calendar will be labeled, dated, and include for a period of 7 days.	(X5) COMPLETION DATE
0870 SS= C	449.2742(1)(a-c) 2 - Medication Administration - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregivers 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	0870	Administrator will ensure that all resident's medications are reviewed for accuracy and appropriateness at least once every 6 months. Administrator of the facility will make it sure that with -in 72 hours the reports were received , must be reviewed and initialed.	

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	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; and (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). 2. Within 72 hours after the administrator of the facility receives a report submitted pursuant to paragraph (a) of subsection 1, a member of the staff of the facility shall notify the resident ' s physician of any concerns noted by the person who submitted the report. The report must be reviewed and initialed by the administrator. Inspector Comments: Based on record review and interview, the facility failed to ensure a medication profile review was reviewed and initialed by the Administrator within 72 hours for 7 of 7 residents residing in the facility for longer than six months (Resident #1, #2, #3 #4, #5, #6 and #7). Findings include: On 9/11/17 in the morning, review of the resident files revealed the following: Resident #1 was admitted on 1/6/16. The resident file contained a medication profile review on 8/28/17 and 3/24/17. None of the medication profile reviews were initialed by the administrator to indicate they had reviewed the report within 72 hours of receipt. Resident #2 was admitted on 11/17/13. The resident file contained a medication profile review on 8/27/17 and 7/25/16. A medication profile review could not be located for 6 months prior to 8/27/17. None of the medication profile reviews were initialed by the administrator to indicate they had reviewed the report within 72 hours of receipt. Resident #3 was admitted on 12/29/11. The resident file contained a medication profile review on 8/28/17 and 3/24/17. None of the medication profile			

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	reviews were initialed by the administrator to indicate they had reviewed the report within 72 hours of receipt. Resident #4 was admitted on 10/23/15. The resident file contained a medication profile review on 6/15/17 and 1/8/17. None of the medication profile reviews were initialed by the administrator to indicate they had reviewed the report within 72 hours of receipt. Resident #5 was admitted on 8/24/12. The resident file contained a medication profile review on 8/28/17 and 3/24/17. None of the medication profile reviews were initialed by the administrator to indicate they had reviewed the report within 72 hours of receipt. Resident #6 was admitted on 8/20/12. The resident file contained a medication profile review on 8/22/17 and 3/24/17. None of the medication profile reviews were initialed by the administrator to indicate they had reviewed the report within 72 hours of receipt. Resident #7 was admitted on 11/15/16. The resident file contained a medication profile review on 5/3/17. The medication profile reviews were initialed by the administrator to indicate they had reviewed the report within 72 hours of receipt. On 9/11/17 in the morning, the administrator indicated they were not aware the medication profile review required the administrator's initials within 72 hours. Severity: 1 Scope: 3			

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(X4) ID PREFIX TAG 0923 SS= D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0923	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	449.2748(3)(a-b) - Medication Container - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. 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 medication was kept in it's original container until it was administered for 1 of 10 residents. Findings include: On 9/11/17 in the morning, during a tour of the facility the following was observed: -On a dresser in Resident #1's room, in a clear plastic cup which contained a white capsule, which was later identified as Gabapentin, and a pink pill, which was later identified as Simvastatin. On 9/11/17 in the morning, Resident #1 indicated the staff usually bring their medications pre-poured in a cup and hand the medications to the residents and tell them to take the medications. The resident indicated they must have forgotten to take the medications the night before when it was provided to them by the caregiver. On 9/11/17 in the morning, Employee #3 indicated they usually watch the residents take their medications. Employee #3 explained on the night of 9/10/17 resident #1 had asked the employee for a sandwich. The employee explained they must not have remembered to check if the resident had taken their medication when they went to make the resident a sandwich and the resident might have placed their medication on their dresser to eat their sandwich. Severity: 2 Scope: 1		Administrator will emphasize and re- train caregivers who administer resident's medications to adhere and follow 6 rights of MEDICATION ADMINISTRATION . Administrator will ensure that residents take their medications in front of them. Will monitor caretakers administering medications regularly.	