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
	9560	A. BUILDING _____ B. WING _____	01/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN LIVING LLC	**7481 ROME BLVD, LAS VEGAS, NEVADA ,89131**

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a State Licensure annual and infection control survey conducted at your facility on 01/25/22, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is 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 survey was six. Six resident files and four 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 non-discrimination 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		

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0072 SS= D	Qualifications of Caregiver - Med Training - NAC 449.196 Qualifications and training of caregivers. (NRS 449.0302) 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Before assisting a resident in the administration of a medication, receive the training required pursuant to paragraph (e) of subsection 6 of NRS 449.0302, which must include at least 16 hours of training in the management of medication consisting of not less than 12 hours of classroom training and not less than 4 hours of practical training, and obtain a certificate acknowledging the completion of such training; (b) Receive annually at least 8 hours of training in the management of medication and provide the residential facility with satisfactory evidence of the content of the training and his or her attendance at the training; (c) Complete the training program developed by the administrator of the residential facility pursuant to paragraph (e) of subsection 1 of NAC 449.2742; and (d) Annually pass an examination relating to the management of medication approved by the Bureau. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 4 employees received the required initial 16 hours of medication management training (Employee #2 - hired 01/13/22).The Administrator was unable to provide the documented evidence of the initial 16 hour training for Employee #2. Severity: 2 Scope: 1	0072	1. Employee #2 was able to find her initial 16 hour Medication Management Training. 2. A checklist has been created and implemented to ensure all new employees have their initial 16 hour Medication Management Training and their annual 8 hour Medication Management Training is not expired before they administer medications to residents. 3. Administrator will monitor all Employee Folders are complete and compliant at least once a month. 4. Administrator and Owner will ensure initial 16 hour and annual 8 hour Medication Management Trainings are presented and placed in Employee Folder. 5. The initial 16 hour Medication Management Training Certificate was placed in Employee #2 Folder on 01/29/22. 6. Please see attached document.	02/06/2022

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0557 SS= D	Provision of Dental, Optical and Hearing Care - NAC 449.262 Provision of dental, optical and hearing care and social services; report of suspected abuse, neglect, isolation or exploitation; restrictions on use of restraints, confinement or sedatives. (NRS 449.0302) 3. The members of the staff of a residential facility shall not: (a) Use restraints on any resident; (b) Lock a resident in a room inside the facility; or Inspector Comments: Based on observation, interview, and record review, the facility failed to ensure 1 of 6 sampled residents were free from the use of restraints (Resident #1). Findings include: Resident #1 (R1) R1 was admitted on 01/01/19, with diagnoses including impaired gait and bedbound. On 01/25/22 at 8:35 AM, R1 was observed lying in bed with one upper half-length bedrail on the right side of the bed. The left side of the bed was against the wall. R1 was unable to demonstrate the ability to lower the bedrail. A Certified Nursing Assistant acknowledged R1 had one upper half-length bedrail, the bed was placed against the wall and R1 was unable to lower the bedrail independently. Caregiver #1 (C1) and Caregiver #2 (C2) acknowledged R1 had one upper half-length bedrail, the bed was placed against the wall and R1 was unable to lower the bedrail independently. Severity 2 Scope: 1	0557	1. Immediately after the survey, both half length bedrails were removed and fall mats were ordered. 2. Owner and Administrator will ensure that bedrails are permitted for resident on Plan of Care. And if Resident is bedfast or or bedbound a Exemption Request must have been applied for. 3. Owner and Administrator will monitor that bedrails are not on resident's bed if not specifically ordered on Plan of Care. 4. Administrator, Owner and Lead Caregiver will ensure that residents are not restrained with bed rails at anytime if not on Plan of Care. 5. On 01/28/22 Fall Mats arrived and placed on side of bed for Resident #1. 6. Please see attached document.	02/06/2022

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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 medical exemption was obtained for a resident who was bedfast. (Resident #1). An interview with the Hospice Certified Nursing Assistant revealed Resident #1 was unable to reposition self without assistance. Severity: 2 Scope: 1	0620	1. An updated Plan of Care was requested from Resident's Hospice company to be able to apply for Bedfast Waiver from DPBH. 2. Administrator will ensure that Bedfast / Bedbound Waivers are applied for resident's that are bedbound and/or bedfast. 3. Owner and Administrator will monitor that Exemption Requests have been applied for all Bedbound/ Bedfast residents. 4. Administrator, Owner and Lead Caregiver will ensure that all residents that are Bedfast / Bedbound have proper documentation of Exemption Requests on file. 5. On 01/28/22 Fall Mats arrived and placed on side of bed for Resident #1. On 02/06/22 Administrator applied for Bedfast-Exemption Request to DPBH with Qualtrics Survey Software. 6. Please see attached document.	02/06/2022

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0885 SS= D	Medication - Destruction - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Inspector Comments: Based on observation, record review, and interview, the facility failed to remove and destroy a discontinued medication. Findings include: On 01/25/22 in the morning, as needed (PRN) medications were stored in a locked container in the refrigerator and were expired. Expired medications included: Resident #1: Lorazepam - expiration date: 01/21/22 Morphine - expiration date: 01/21/22 OTC Acid Reducer - expiration date: 12/2021 Resident #4: Lorazepam - expiration date: 01/21/22 Morphine - expiration date: 01/21/22 Employee #2 acknowledged Resident #1 and Resident #4's medications were expired and should have been destroyed. Employee #2 indicated new medications should have been ordered. Severity: 2 Scope: 1	0885	1. On 01/31/22 all expired medications for Resident #1 and #4 were properly disposed and documented by a nurse and employee #2. 2. Lead Caregiver will check all medications are not expired on a daily basis while administering medications. 3. Lead Caregiver and Administrator will list all medications that will be expiring within 30 days and monitor that refills or replacements will be ordered prior to the medications expiring. 4. Lead Caregiver and Administrator will ensure that Expired Medications will be properly disposed of and documented. 5. Expired Medications for Resident #1 and #4 were properly disposed and documented on 01/31/22. 6. Please see attached documents.	02/06/2022

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0936 SS= D	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: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 6 residents met the requirements concerning tuberculosis (TB) testing in accordance with Nevada Administrative Code (NAC) 441A. (Resident #3) Findings include: Resident #3 (R3) R3 was admitted on 01/06/22 with a diagnosis of dementia and had not completed a two-step TB test. On 01/25/22, in the morning, Employee #2 acknowledged Resident #3 did not have documented evidence of a two-step TB test. Severity: 2 Scope: 1	0936	1. After the survey, a 2 step TB Test was ordered for Resident #3 on 1/26/22. 2. A "Resident Checklist" was created to ensure a 2-step TB test will be requested and performed for all new residents. 3. Administrator, Owner and Lead Caregiver will double check the resident's folder to ensure that a 2-Step TB Test was performed for all new residents. 4. Administrator, Owner and Lead Caregiver will ensure that a 2-Step TB Test has been started prior to admission of a new resident. 5. The 2nd Step was performed on 2/4/22 and read as negative on 2/6/22. 6. Please see Attached Document.	02/06/2022