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
	9735	A. BUILDING _____ B. WING _____	11/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MESA VALLEY ESTATES	1328 BERTHA HOWE LANE, MESQUITE, NEVADA ,89027

(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 and infection control survey completed at your facility on 11/16/21. This State Licensure Survey was conducted in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 78 total Residential Facility for Group beds for elderly and disabled persons, with 54 beds providing Assisted Living services and 24 beds to care for persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 60. Fifteen resident files and eight 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 antidiscrimination 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 of relief that may be available to any part under applicable federal, state, or local law. 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: KAITLIN PEITZ Title: Administrator Date: 01/03/2022

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0859 SS= D	Medical Care of Resident After Illness - NAC 449.274 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. (NRS 449.0302) 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his or her physician. The resident must be cared for pursuant to any instructions provided by the resident ' s physician. Inspector Comments: Based on interview and record review, the facility failed to provide a physician examination annually for 1 of 15 sampled residents (Resident #12). Findings include: Resident #12 (R12) R12 was admitted to the facility on 08/01/20 with diagnoses including osteoporosis and chronic kidney disease stage 3. There was no documentation of an annual physical examination for R12. The Wellness Director acknowledged there was no annual physical examination for R12. Severity: 2 Scope: 1	0859	The wellness director and administrator will keep a tickler system of upcoming due dates for resident history and physicals. The tickler will be reviewed monthly, and any upcoming history physicals that are due, an appointment will be made with the resident's primary physician. The wellness director will communicate with the family and/or resident and the history and physical will be sent with the resident to the doctor appointment for completion. Depending on doctor availability, the resident will be sent at least one week prior to the history and physical due date. The tickler will be updated once documentation is reviewed and received. The tickler system will be put in place by 12/31/21. Attached is the annual history and physical for Resident #14.	12/31/2021

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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 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 interview and record review, the facility failed to ensure as-needed medications had specific symptoms ordered by the physician for 2 of 15 sampled residents (Resident #13 and #15). Findings include: Resident #13 (R13) R13 was admitted to the facility on 05/11/21 with diagnoses including hypertension and hyperlipidemia. The medication box for R13 contained Benzonate, 100 milligrams (mg), 1 capsule every 8 hours as needed. There was no documentation of the specific symptom for the Benzonate to be administered. The Medication Technician acknowledged there were no specific written physician's instructions with the symptoms for the Benzonate. Resident #15 (R15) R15 was admitted to the facility on 08/14/21 with diagnoses including thyroid disorder and constipation. The medication box for R15 contained Hyoscyamine, 0.125 mg sublingually, dissolve 1 tablet 1 time daily as needed. There was no documentation of the specific symptoms for which the Hyoscyamine was to be administered. The Medication Technician acknowledged there were no written physician's instructions with the symptoms for the Hyoscyamine. Severity: 2 Scope: 1	0905	The wellness director will review each residents PRN medications for specific symptoms upon move-in and monthly thereafter. Any resident orders requiring clarification will receive a fax from the wellness director or assigned med-tech. The fax documentation will be kept in the resident’s medical chart. The monthly review will begin on 12/15/21. Attached are the updated PRN medications for Resident #13 and Resident #15.	12/15/2021

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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 interview and record review, the facility failed to ensure annual tuberculin (TB) testing was completed for 1 of 15 sampled residents (Resident #12). Findings include: Resident #12 (R12) R12 was admitted to the facility on 08/01/20 with diagnoses including osteoporosis and chronic kidney disease stage 3. There was no documentation of annual tuberculin testing. The Wellness Director and the Executive Director acknowledged annual TB testing was not completed for R12. Severity: 2 Scope: 1	0936	The wellness director and administrator will keep a tickler system of upcoming due dates for resident TB tests. The tickler will be reviewed monthly, and all TB tests will be scheduled by the wellness director and appropriate communication will take place with the resident and/or family. The tickler will be updated once the new TB test documentation is received. The tickler system will be put in place by 12/31/21. The TB test for Resident #12 was completed on 12/27/21 and attached are the results.	12/24/2021