POC accepted on 12/18/08. GW

PRINTED: 11/14/2008
FORM APPROVED

Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	NVN3659AGC		10/27/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KRYSTONS HOME CARE II	7990 ZINFANDEL DRIVE RENO, NV 89506

(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) COMPLETE DATE
Y 000	Initial Comments This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 10/27/08. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was five. Five resident files were reviewed and three employee files were reviewed. Two discharged resident files were reviewed. The findings and conclusions of any investigation by the Health Division 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.	Y 000		
Y 175 SS=C	449.209(4)(b) Health and Sanitation-Hazards NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility. This Regulation is not met as evidenced by: Based on observation on 10/27/08, the facility was not free of hazards and accumulations of refuse. Findings include: A tour of the facility's exterior premises revealed	Y 175	RECEIVED DEC 02 2008 BUREAU OF LICENSURE AND CERTIFICATION CARSON CITY, NEVADA	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Thelma Frias	OWNER / MGR.	11/30/08

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Y 175	Continued From page 1 there were obstacles which could impede the free movement of residents, including a broken chair, four long pipes, and two wooden planks. Severity: 1 Scope: 3	Y 175	Y175 Broken chair, wooden planks, four long pipes were removed from outside facility. The Administrator will monitor for compliance.	11/30/08 ok GW
Y 272 SS=C	449.2175(3) Menus NAC 449.2175 3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days. This Regulation is not met as evidenced by: Based on observation, record review and interview on 10/27/08, menus were not dated or kept on file for 90 days and substitutions were not noted on the written menus. Findings include: During the facility tour it was observed that the posted menu was not dated and that substitutions had not been noted on the menu. Employee #1 stated he wrote daily meals on the white board on the refrigerator. He also stated the facility did not keep menus on file. Severity: 1 Scope: 3	Y 272	Y175 (see improvement) Attachment #1,#2,#3 Tag Y175 Y 272 Posted menu was not dated but they were changed monthly and any substitutions were being wrote on the board but did not keep the old menus on file. Menus at this time are dated and will keep them for at least 90 days. The administrator will monitor for compliance.	12/15/08 11/30/08 ok GW
Y 436 SS=D	449.229(5) Protection from Fire; Portable Heaters NAC 449.229 5. A portable heater or space heater must not be used in a residential facility unless the heater:	Y 436	Y272 Attachment #4,#5,#6,#7, #8,#9 Tag Y272 No substitutions for the month of November through	12/15/200

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Y 436	Continued From page 2 (a) Is located 2 feet or more from any combustible material.	Y 436	Y272 cont. December 7, 2008	12/15/200
	This Regulation is not met as evidenced by: Based on observation and interview on 10/27/08, the facility did not ensure a portable heater was maintained in safe manner. Findings include: A tour of the facility revealed there was a portable heater in the back bathroom which was tilted to its side because of a broken stand, increasing the potential for it to tip over onto combustible material. Employee #2 stated he used the heater every morning to heat the bathroom for the residents. Severity: 2 Scope: 1		Y 436 Portable heater in the bath-room facility is only used while residents are on the shower to keep them warm and away at least 3 feet while in use and turn off after each use. It shall be fix or removed from the facility because of the broken stand to avoid tip-ping over. The Administra-will monitor for compliance Y436 Portable heater has been removed and not in used at this time and can not be fix.	11/30/08 12/15/08 ok ✓ GW
Y 444 SS=E	449.229(9) Smoke Detectors NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility. This Regulation is not met as evidenced by: Based on observation and interview on 10/27/08,	Y 444		

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Y 444	Continued From page 3	Y 444		
	the facility did not ensure 2 of 5 smoke detectors were in proper operating condition. Findings include: During a tour of the facility at 9:30 AM, it was observed that two of five smoke detectors did not have batteries installed. Employee #2 stated he did not notice that batteries were missing in the two smoke detectors in the hallway and back bedroom. Severity: 2 Scope: 2		Y 444 Smoke detectors batteries in two smoke detectors were being installed at the time of survey and should be checked at all times not to remove the batteries to operate in a proper condition. The Administrator will monitor for complaince.	11/30/08 OK GW
Y 533 SS=C	449.260(1)(g)(2) Activities for Residents	Y 533		
	NAC 449.260 1. The caregivers employed by a residential facility shall: (g) Post, in a common area of the facility, a calendar of activities for each month that notifies residents of the major activities that will occur in the facility. The calendar must be: (2) Kept on file at the facility for not less than 6 months after it expires.			
	This Regulation is not met as evidenced by: Based on record review and interview on 10/27/08, the administrator did not post a dated calendar of activities or keep the monthly calendars on file for six months. Findings include: A tour of the facility revealed there was a		Y 533 Activities for residents is now dated while posting monthly and should be keep on file for six months. The Administrator will monitor for compliance. Y533 Attachment #11,#12 Tag Y533	11/30/08 ok GW 12/15/08

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Y 533	Continued From page 4 calendar of activities posted in the dining area, but that it had not been dated. There were no previous activity calendars on file. Employee #1 stated she did not know activity calendars were to be dated each month and kept on file for six months. Severity: 1 Scope: 3	Y 533		
Y 645 SS=A	449.2704(1) Rate Agreement NAC 449.2704 The administrator of a residential facility shall, upon request, make the following information available in writing: 1. The basic rate for the services provided by the facility. This Regulation is not met as evidenced by: Based on record review and interview on 10/21/08, the facility failed to provide a rate agreement for 1 of 5 residents (Resident #1). Resident #1 - Date of admission unknown but reported by Employee #2 to be three weeks ago. The resident's file contained an admission rate agreement for another facility dated 8/30/05 but not a current agreement for this facility. The employee admitted that he had not asked the resident or the resident's representative to sign a new rate agreement. Severity: 1 Scope: 1	Y 645	Y 645 Resident #1 was only in the facility temporarily for not feeling good and the Caregiver #2 wants to take good care of her but not knowing that since it's the same owner where she came from the owner #1 thinks it's okey to transfer her temporarily so there wasn't any discharged nor admission to the facility. Also the owner of facility didn't think about informing the social worker about this matter.	11/30/08 ok ✓ GW

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Y 662	Continued From page 5	Y 662	Y 645 con't.	11/30/08
Y 662 SS=A	449.2706(2) Transfer of Resident NAC 449.2706(2) A resident, his next of kin and the responsible agency, if any, must be consulted and adequate arrangements must be made to meet the resident's needs through other means before he permanently leaves the facility.	Y 662	Resident at this moment is back to her permanent address. The Administrator will monitor for compliance. Y 645 Attachment #13 Tag Y645	12/15/08
	This Regulation is not met as evidenced by: Based on interview on 10/27/08, the facility did not notify or consult with the resident, family, or responsible agency of a resident before discharge 1 of 7 residents. Findings include: Resident #7 - Employee #2 reported that he moved the resident to another facility "about 3 weeks ago." The employee reported he did not notify the resident's responsible party prior to the transfer. Severity: 1 Scope: 1		Y 662 Any resident that's being removed or transfer from one facility to another shall consult a family member or a concern party prior to leaving the facility as it was explained to Y645. The Administrator will monitor for compliance.	11/30/08 OK GW PC
Y 875 SS=D	449.2742(3) medication administration / side effects NAC 449.2742 3. Before assisting a resident in the administration of any medication, including, without limitation, any over-the-counter medication or dietary supplement, a caregiver must obtain written information describing the	Y 875		

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Y 875	Continued From page 6 side effects, possible adverse reactions, contraindications and toxicity of the medication. This Regulation is not met as evidenced by: Based on record review and staff interview on 10/27/08, the facility caregivers did not obtain written information describing the side effects, possible adverse reactions, drug interactions, contraindications and signs of toxicity for medications being administered to 1 of 5 residents. Findings include: Resident #4 - Review of the resident's medication administration record revealed she was prescribed Cal Mag D three capsules by mouth once daily, Ola Loa Energy Drink one packet per day, Melatonin 5mg one tablet at bedtime, Diltiazem HCL 240mg one capsule daily, Arnica 30C one tablet three times a day, Crotaegus Herbal Supplement 30 drops in water three times a day, Trace Minerals Relax 2 droppers-ful twice daily, Isocorts three tablets daily, Furosemide 40mg one tablet once daily, Grain Nature-Thyroid 1 1/2 tablets daily, and Digoxin 125mcg one tablet daily. Employee #2 reported that he had no written information on any of the medications in the facility and could not state any knowledge of any of the medications, side effects, interactions, or signs of adverse reactions. Severity: 2 Scope: 1	Y 875	Y 875 Before assisting any over the counter medications or dietary supplement a caregiver must obtain a written information before administering the medications. Requested from the pharmacy with all the medications that's been taken by Resident #4 for the possible adverse reactions, contraindications and toxicity of the medication. The Administrator will monitor for compliance. OK PC GW	11/30/08
Y 876 SS=A	449.2742(4) NRS 449.037 NAC 449.2742	Y 876		

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Y 876	Continued From page 7 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met. This Regulation is not met as evidenced by: Based on record review on 10/27/08, the facility failed to ensure that an ultimate user agreement was obtained for 1 of 5 residents. Findings include: Resident #1 - Date of admission unknown but reported by Employee #2 to be about 3 weeks ago. Review of the record revealed an ultimate user agreement for another facility dated 8/30/05. He admitted that he had not asked the resident's responsible party to sign a new ultimate user agreement for the current facility. Resident # 5- Review of the October 2008 MAR revealed that the resident was administering her own Advair 250/50 inhaler and Spiriva Handihaler. Review of the physician's orders revealed no order, and no physician's statement that she was to administer her own medications. Review of the Ultimate user agreement completed 1/21/06 revealed the facility was to assist the resident with all medications. Severity: 1 Scope: 1	Y 876	Y 876 Resident #1 doesn't have a new admission record nor an ultimate user agreement due to her temporary stay in the other facility. See explanation on Y662 and Y645. The Administrator will monitor for compliance. Y876 Attachment #14 Tag Y876 Resident #5 is administering her own Advair 250/50 inhaler and Spiriva Handihaler without her Doctor's order and Ultimate user agreement. Requested from her physician toissue the residents authorization that she can take her Handihaler of her own. The Administrator will monitor for compliance.	11/30/08 12/15/08 ok ✓ GW
Y 878 SS=E	449.2742(6)(a)(1) Medication / Change order	Y 878		

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Y 878	Continued From page 8 NAC 449.2742 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. This Regulation is not met as evidenced by: Based on record review and interview on 10/27/08, the facility did not ensure that medications were administered to 2 of 5 residents as prescribed (Resident #1 and #4). Findings include: Resident #1 - The October 2008 medication administration record (MAR) indicated the resident received Calcium 500mg daily. Review of the medications available revealed a bottle of Calcium 500mg with Vitamin D 125 international units (iu). Review of the physician's order revealed that the Vitamin D was supposed to be 400iu. Employee #2 reported that he had not checked to be sure that the family had brought the correct dosage. Based on review of the medication administration record (MAR) on 10/27/08, the facility did not ensure the MAR was accurate for 1 of 5 residents. Resident #4 - Review of the October 2008 MAR	Y 878	Y876 Resident #5 Advair inhaler and Spiriva Handihaler is not self administering anymore and were given back to the authorized or to possess and administer her medications. No Physician's order that she can administer her own medications at this time. The Administrator will monitor for compliance. Attachment #15 Tag Y876 Y 878 Resident #1 has been taking Calcium 500 mg daily instead 400 iu. The Caregiver #2 thinks upon buying are both the same miligram since they are the same vitamin. The caregiver must watch or ensure that all medications administering to residents will comply with the order. Vitamin D Physician's order has been change to 400iu. The Administrator will monitor for compliance.	12/15/08 ok GW 11/30/08 OK PC

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Y 878	Continued From page 9 indicated the resident was receiving Hydrocodone APAP 10/325mg tab, one at 7:30 AM and 7:00 PM every day for pain. The pharmacy label and the physician's order revealed the medication was to be administered every 4-6 hours as needed for pain. Employee #1 stated that she gave the medication with the AM and PM medications because she did not want to give the resident too much medication. She stated that the resident acknowledged she had pain at those times when asked. Severity: 2 Scope: 2	Y 878	Y 878 Resident #4 as needed for pain(Hydrocodone APAP 10/325 mg tab) has been taking by resident #4 only while she's in pain and most of time it happens between morn- and nightime instead of 4-6 hours. She was just being ask if she needed it since it was prescribed prn only. The Administrator will monitor for compliance.	11/30/08 OK ✓ GW
Y 922 SS=F	449.2748(3)(a) Medication Labeling NAC 449.2748 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. This Regulation is not met as evidenced by: Based on observation on 10/27/08, the facility failed to ensure medications were plainly labeled for 3 of 5 residents (Resident #1, #3, and #4). Resident #1 - Review of the medications available revealed a bottle of Ascorbic Acid 500mg was not labeled with the physician's name. A bottle of Calcium 500mg was not labeled with the physician's name.	Y 922	Y 878 October MAR and nothing's taken during the month of November. Attachment#16,#17,#18,#19 Tag Y878	12/15/08

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Y 922	Continued From page 10 Resident #3 - Review of the medications available revealed an Advair diskus inhaler was not labeled with the resident's name or the physician's name. Resident #4 - Review of the medications available revealed the following items were not labeled with the resident's name or the physician's name: A bottle of Crataegus Herbal Liquid, a bottle of Trace minerals, a bottle of Arnica, and a bottle of Nature Thyroid. Severity: 2 Scope: 3	Y 922	Y922 Residents #1, #3 and #4 all over the counter medications not labeled has been labeled with the residents name, and physician's name. The Administrator will monitor for compliance.	11/30/08 OK RC GW
Y 936 SS=D	449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he 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. This Regulation is not met as evidenced by: Based on record review on 10/27/08, the facility did not ensure that 1 of 5 residents had received the required tuberculosis (TB) skin testing upon admission to the facility. Findings include: Resident #1 - Date of admission reported by	Y 936		

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Y 936	Continued From page 11 Employee #2 was about 3 weeks ago. The resident's file contained documentation the resident completed a TB skin test on 11/9/07. The file did not contain proof the resident received an the required admission one-step TB skin test to comply with NAC 441A. The additional skin test would be combined with the 11/9/07 skin test and qualify as a two-step TB skin test. Severity: 2 Scope: 1	Y 936	Y 936 Resident #1 did not require a second TB skin test for she was temporarily staying in the other facility for not feeling good until she felt okey as according to explanations Y662 and Y645. The Administrator will monitor for compliance. Y 936 Attachment #20 Tag Y936	11/30/08 ok GW 12/15/08
Y 944 SS=A	449.2749(2) Resident File / Discharge NAC 449.2749 2. The document required pursuant to paragraph (j) of subsection 1 must indicate the location to which the resident was transferred or the person in whose care the resident was discharged. If the resident dies while a resident of the facility, the document must include the time and date of the death and the dates on which the person responsible for the resident was contacted to inform him of the death. This Regulation is not met as evidenced by: Based on record review on 10/27/08, the facility did not provide proper documentation regarding 1 of 1 residents who had been discharged. Findings include: Resident #6 - Date of discharge - 6/27/08. The resident's file did not contain required	Y 944		

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	NVN3659AGC		10/27/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KRYSTONS HOME CARE II	7990 ZINFANDEL DRIVE RENO, NV 89506

(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) COMPLETE DATE
Y 944	Continued From page 12 documentation pertaining to the location to which the resident was transferred or the person in whose care the resident was discharged. Severity: 1 Scope: 1	Y 944	Y944 (Discharged Patient) Resident #6 has been transfered to out of state brought by her daughter when they were asked, they said they don't have permanent address yet until they will checked with some group homes so we were not being furnished one.Before discharging resident, file must contain all the information the address, and a person in whose care the resident was discharged. The Administrator will monitor for compliance.	11/30/08
YA566 SS=D	449.267(2)(a-c) Money & Property of Residents NAC 449.267 2. An accurate record must be kept of all money deposited with the facility for use by the resident, including withdrawals. The record must include: (a) A separate accounting of the money held by the facility on behalf of the resident; (b) Receipts for expenditures made by the facility on behalf of the resident; and (c) A written acknowledgement by the resident for each withdrawal of his money.	YA566	Y944 Attachment #21 Tag Y944	12/15/08
	This Regulation is not met as evidenced by: Based on record review and interview on 10/27/08, the facility did not ensure that for 1 of 5 residents an accurate record was kept of all money deposited with the facility for the resident to use; that there were receipts for all expenditures made by the facility on behalf of the resident; and that there were written acknowledgement by the resident for each withdrawal of her money. Findings include: Resident #1 - Review of a complaint received on		YA566 Resident #1 Financial Log has been keep in the facility since the resident live there. Her first social worker informed the owner to keep all the receipts and log all the transactions for future review and it's been done that way. Resident #1 new social worker asked the owner for this log a few times and was informed him that it's in the faci-	11/30/08

okW
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YA566	Continued From page 13 10/8/08 revealed allegations that the facility did not maintain an accounting of monies spent from Resident #1's personal allowance for expenditures on her behalf. The owner was asked to produce the financial records and receipts for accounting of Resident #1's personal allowance funds. The owner stated that she had no documentation of expenses for this resident. Severity: 2 Scope: 1	YA566	YA566 Con't. lity just ask the caregiver! He even told me that the caregiver doesn't show him any of Financial Log but after talking to my caregiver, i was informed also that the Social Worker never ask the Financial Log for Resident #1. It must be a misunderstanding between the caregiver and Social Worker regarding this matter. The Administrator will monitor for compliance.	11/30/08 ok✓ GW
YA908 SS=A	449.2746(2)(a-f)PRN Medication Record NAC 449.2746 2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the medication: (a) The reason for the administration; (b) The date and time of the administration; (c) The dose administered; (d) The results of the administration of the medication; (e) The initials of the caregiver; and (f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician. This Regulation is not met as evidenced by: Based on review of the medication administration record (MAR) on 10/27/08, the facility did not	YA908	YA 566 Attachment #22,#23,#24,#25,#26,#27,#28 Tag YA566	12/15/08 ok✓ GW

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YA908	Continued From page 14 ensure documentation for as needed (PRN) medications was complete for 1 of 5 residents. Findings include: Resident #4 - Review of the October 2008 MAR indicated the resident was receiving Hydrocodone APAP 10/325mg tab one at 7:30 AM, and 7:00 PM every day for pain. The pharmacy label revealed the medication was to be administered every 4-6 hours as needed for pain. The MAR did not contain documentation regarding the reason for the administration, the time of the administration, and the results of the administration. Severity: 1 Scope: 1	YA908	YA908 Resident #4 October 2008 MAR is taking Hydrocodone APAP 10/325mg as needed for pain but the MAR did not contain the documentation regarding the reason for this administration and the time including the results of taking this medication. Resident most of the time asked this medication in the morning and evening for her pain since it's PRN, she wasn't given every 4-6 hours.The caregiver must document all the time and result for administering PRN medications. The Administrator will monitor for compliance. YA 908 Attachment #29, #30 Tag YA908	11/30/08 12/15/08

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