PRINTED: 05/20/2009
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	NVS2769AGC		05/20/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEE HIVE HOMES OF NYE COUNTY.	1821 E AMBUSH ST PAHRUMP, NV 89041

(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 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. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 5/20/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility was licensed for ten Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was nine. Nine resident files were reviewed and ten employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of A. Complaint #00021627 was investigated and unsubstantiated. The following deficiencies were identified:	Y 000	Acceptable POC D Simpson 6/1/09	
Y 885 SS=D	449.2742(9) Medication / Destruction NAC 449.2742 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	Y 885	(a) The manager had set the medication up on a shelf in our locked closet to dispose of later when she had a witness, but she forgot it. This happened just as the new rules for disposing of medications went into effect. Right after that we were told to call the Nye County Sheriff to pick up medications but after the second call they stated they	

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Patricia Rogers TITLE: administrator (X6) DATE: 5/30/09

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NAME OF PROVIDER OR SUPPLIER BEE HIVE HOMES OF NYE COUNTY.	STREET ADDRESS, CITY, STATE, ZIP CODE 1821 E AMBUSH ST PAHRUMP, NV 89041		

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Y 885	Continued From Page 1 NAC 449.2744. Flushing contents of vials, bottles or other containers into a toilet shall be deemed to be an acceptable method of destruction of medication. This RULE: is not met as evidenced by: Based on observation and interview on 5/20/09, the facility failed to destroy medications after they were discontinued, had expired or after a resident had been transferred (Resident #7). Severity: 2 Scope: 1	Y 885	would come to pick them up every two weeks. This would still present a problem as we would have expired meds on hand. Therefore, we established a policy that the house manager or the administrator will deliver the expired meds to the SO the day they are discontinued or the resident is gone. This policy went into effect on May 26, 2009. (c) 5/26/09 (b) All meds will be handled by the House Mngr and disposal will be verified by the Administrator	
Y 936 SS=F	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 RULE: is not met as evidenced by: Based on record review on 5/20/09, the facility failed to ensure 1 of 9 residents complied with NAC 441A.380 regarding tuberculosis (Resident #4).	Y 936	The house manager maintains a tickler file for each resident to remind them to get their annual TB test. A copy of the test is kept in a sheet protector in each resident's file. Resident #4 was a new resident and when her physician's assessment was completed prior to move-in, the doctor checked that there was a current chest x-ray, however we were not given a copy. The administrator asked the family to bring obtain a copy but they did not and the administrator did not follow up. The house manager did not understand that even though the doctor verified he had seen it, we must have a copy.	

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Y 936	Continued From Page 2 Severity: 2 Scope: 3	Y 936	(a) She now understands as the rule was explained to her both by the surveyor and the administrator. In the future, the house manager will verify that each resident who has had a chest x-ray has a copy of the results in the file. The (b) administrator will check the files to make sure all residents have their TB tests and x-rays on file. A chest x-ray could not be obtained for this resident. She died 5/25/09. The physician does not keep them in the patients file after 90 days.	(c) 5/20/09

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