DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**11/21/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRANQUILLIUM-HALEH SENIOR CARE	**3460 W HALEH AVE, LAS VEGAS, NEVADA ,89141**

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State licensure survey and complaint investigation conducted in your facility on 11/21/24 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facilities for Groups. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with two Alzheimer's Disease, Category II residents and eight Category II residents. The census at the time of the survey was eight. Eight resident files and five employee files were reviewed. The facility received a grade of B. Two complaints were investigated. Unsubstantiated: 1. Complaint #NV00072650 could not be substantiated. 2. Complaint #NV00072727 could not be substantiated. The investigation into the complaints included: Observations, including a tour of the facility and smoking areas, and interactions between staff and residents. Interviews with residents, Caregivers and the Administrator. Record review of resident records, including the resident of concern. 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 investigation, 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		
0870 SS= E	Medication Administration-Accuracy & Report - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregiver 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	1. We will correct this specific finding by ensuring the document is in the correct location in the file. TAB 8 is the Med Review section in their binders and will hold this document. If the document goes missing or is miss placed the file will also be saved in the corporate file online for viewing. The Medication Reviews are completed in March and September for all residents and will continue to addressed in the years to	01/07/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: NICHOLE R SCHMAL Title: Executive Director Date: 02/05/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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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. (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). Inspector Comments: Based on record review and interview, the facility failed to ensure a six-month Medication Review was completed for 2 of 8 sampled residents. (Resident #5 and #8) Findings include: Resident #5 (R5) R5 was admitted on 04/03/24 with diagnoses including hypertension, hearing loss and alcohol abuse. R5's record lacked documented evidence of a six-month Medication Review. Resident #8 (R8) R8 was admitted on 09/27/20 with diagnoses including osteoarthritis, severe dementia and hypothyroidism. R8's record documented a six-month medication review on 01/08/24. R8's record lacked documented evidence of a current six-month medication review. On 11/21/24 in the afternoon, the Administrator confirmed the missing six-month Medication Reviews for R5 and R8. Severity: 2 Scope: 2		follow. 2. The systematic change of keeping a digital file and hard copy will ensure this document does not go missing. 3. This corrective action will be monitored monthly with the monthly audit. 4. The title of the person responsible for ensuring the plan of correction is implemented is the Administrator. The Administrator will report to the Manager for any missing documents and will have those documents sent to the Administrator for storage. 5. The date this corrective action was completed was 1/7/2025 6. I have attached the medication reviews for those two residents for October 2024 7. We will upload all important documents into the digital system so no documents are lost or missing.	

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0876 SS= E	Medication Administration - NRS 449.0302 - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 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: (a) Controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.0302 are met. (b) Insulin using an auto-injection device only if the conditions prescribed in NRS 449.0304 and NAC 449.1985 are met. Inspector Comments: Based on record review and interview, the facility failed to ensure an Ultimate User Agreement (UUA) was completed for 2 of 8 residents, prior to administering medications. (Resident #4 and #5) Findings include: Resident #4 (R4) R4 was admitted on 11/08/24 with diagnoses including acute pain secondary to trauma, left tibial plateau fracture, and fracture of left fibular head/neck. R4's record lacked documented evidence of an UUA. Review of R4's Medication Administration Record (MAR), documented R4 was receiving medications daily from the facility. Resident #5 (R5) R5 was admitted on 04/03/24 with diagnoses including hypertension, hearing loss and alcohol abuse. R5's record lacked documented evidence of an UUA. Review of R5's MAR, documented R5 was receiving medications daily from the facility. On 11/21/24 in the afternoon, the Administrator confirmed the missing UUAs for R4 and R5, and acknowledged the requirement for a completed UUA prior to administering medications. Severity: 2 Scope: 2	0876	1. We will correct this finding by showing the digital copy of this signed document to the surveyor if the surveyor is unable to find the medication agreement for passing of medications to the resident. This document is in the contract section of the individuals file TAB 14 along with a copy in the file under TAB 6. This document is signed on or before date of move in by the resident or POA. 2. The measure offered to the surveyor is a digital copy in the corporate system which all documents are saved for viewing. 3. This is monitored at the time of intake with the new resident. This contract will be scanned and emailed to corporate for saving. 4. The manager will have the resident sign the agreement at the time of move in or before move in. The Administrator will receive a copy of this document for digital filing. 5. The corrective action was completed on 1/7/25 6. Attached is a copy of the medication management agreement for the two residents that were requested. 7. All documents are scanned into the corporate digital system for state review so this potential risk for deficiency does not occur.	01/07/2025
0878 SS= F	Medication/OTCS, Supplements, Change Order - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver	0878	1. We will correct this specific finding by conducting a training for all current staff members. This training included missed medications and form to complete.	01/07/2025

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	and employees of facility. 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician , physician assistant or advanced practice registered nurse has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician, physician assistant or advanced practice registered nurse. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician, physician assistant or advanced practice registered nurse. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician, physician assistant or advanced practice registered nurse must be administered as prescribed by the physician, physician assistant or advanced practice registered nurse. If a physician, physician assistant or advanced practice registered nurse 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; (2) Indicate on the container of the medication that a change has occurred; and (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician, physician assistant or advanced practice registered nurse must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, physician assistant or advanced practice registered nurse, a physician, registered nurse or pharmacist		Labeling of medications which would include residents name see mar and Dr. name. All staff was present and signed. Last was training was refilling order and documenting the medication. Residents #3 #5 #6 were discharge and resident #2 and #7 medication was assessed and updated with the correct labels on medication along with a medication audit for all current medication. 2. The measure was training staff on how to complete the form for the missed medication and how to notify the physician of this medication error. 3. This corrective action will be monitored daily for missed medications or medication errors by staff and sent over any occurrences to the Administrator. 4. The staff will send the document over to the Administrator for review to be sent to the physician. 5. The training was completed on 1/7/2025 with all staff. 6. Attached is the missed medication form that was used during training. Attached is the current MAR for Resident #2 and #7 showing no missing medications. 7. All medication errors can be documented on this form and sent to the physician for review. This will correct any and all other issues for medication missing or errors.	

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	must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. Inspector Comments: Based on observation, document review, record review and interview, the facility failed to ensure: 1) There were physician orders for 1 of 8 residents; (Resident #3), 2) Medications were on site to administer and/or documented as administered for 5 of 8 residents; (Resident #2, #3, #5, #6 and #7) and 3) Over the counter medications did not have labels attached that included the resident name and physician name for 1 of 8 residents. (Resident #6). Findings include: Resident #2 (R2) R2 was admitted on 12/05/23 with diagnoses including major depressive disorder, hypertension, mild dementia and chronic obstructive pulmonary disease (COPD). A physician order dated 09/26/24 documented Famotidine 20 milligrams (mg) take 1 tablet twice daily. The Famotidine was documented on the December 2024 Medication Administration Record (MAR) as "missed or out of medication" for the 8:00 AM doses on 11/04/24, 11/17/24 and 11/19/24 and the 8:00 PM doses on 11/02/24, 11/04/24, 11/06/24 through 11/12/24, 11/14/24, 11/16/24 and 11/18/24 through 11/20/24. A physician order dated 11/02/24 documented Melatonin 5 mg take 1 tablet at bedtime. The Melatonin was documented on the December 2024 MAR as "missed or out of medication" on 11/20/24. A physician order dated 06/10/24 documented Montelukast 10 mg take 1 tablet daily. The Montelukast was documented on the December 2024 MAR as "missed or out of medication" on 11/04/24. Resident #3 (R3) R3 was admitted on 11/09/24 with diagnoses including chronic anemia and stage 4 cervical cancer. A physician order dated 11/10/24 documented Methadone 10 mg			

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	take 1 tablet daily. The Methadone was documented on the December 2024 MAR as "missed or out of medication" on 11/19/24. Bisacodyl Suppositories 10 mg insert 1 suppository once daily as needed (PRN) if no bowel movement in three days was observed in R3's medication bin. The medication was dispensed on 11/18/24. There were no physician orders for the medication and the medication was not listed on R3's December 2024 MAR. Lactulose Solution 10 grams/15 milliliters (ml) 15 ml daily for constipation was observed in R3's medication bin. The medication was dispensed on 11/19/24. There were no physician orders for the medication and the medication was not listed on R3's December 2024 MAR. Resident #5 (R5) R5 was admitted on 04/03/24 with diagnoses including hypertension, hearing loss and alcohol abuse. A physician order dated 09/05/24 documented Trazodone 50 mg take 1/2 tablet after lunch and the other 1/2 tablet at bedtime. The medication was documented on the December 2024 MAR as "missed or out of medication" between 11/16/24 and 11/19/24. Resident #6 (R6) R6 was admitted on 03/31/24 with diagnoses including quadriplegic spinal cord injury, type 2 diabetes, COPD, depression and hypertension. A bottle of Vitamin B12 2000 micrograms (mcg) was in R6's medication bin and on R6's December 2024 MAR. The Vitamin B12 bottle did not have the resident name or the physician name on it. A bottle of Vitamin D3 50 mcg was in R6's medication bin and on R6's MAR. The Vitamin D3 bottle did not have the resident name or the physician name on it. A physician order dated 09/25/23 documented Trazadone 100 mg take 1 tablet at bedtime. The Trazadone was documented on the December 2024 MAR as "missed or out of medication" between 11/01/24 and 11/04/24 and 11/06/24, 11/07/24, 11/19/24 and 11/20/24. On 11/21/24 in the afternoon, the Caregiver confirmed the Trazadone was not			

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	documented as administered for multiple days and the Vitamin B12 and Vitamin D3 bottles did not have proper labeling. Resident #7 (R7) R7 was admitted on 06/04/21 with diagnoses including dementia, chronic kidney disease stage 3 and hypertension. R7's MAR listed Loperamide 2 mg take 2 capsules at first sign of diarrhea, may take 1 capsule with each additional bowel movement PRN for diarrhea. A 03/28/24 physician order documented the same as the December 2024 MAR. The Loperamide was not on site to administer. On 11/21/24 at 11:45 AM, the Caregiver confirmed the Loperamide was not on site. A physician order dated 03/28/24 documented Trazodone 50 mg take 2 tablets at bedtime. The Trazodone was documented on the December 2024 MAR as "missed or out of medication" on 11/12/24. A physician order dated 03/28/24 documented Levothyroxine 88 mcg take 1 tablet daily. The Levothyroxine was documented on the December 2024 MAR as "missed or out of medication" on 11/18/24. The facility's Over-the-Counter (OTC) Medications policy (undated), documented a physician order was required for all OTC medications. The designated staff person contacts the physician for prescriptions for OTC preparations prior to their use. The facility's Medication Refills policy (undated), documented the designated staff person contacts the dispensing pharmacy to obtain a refill at least seven days prior to running out of a medication. If necessary, the prescribing physician was contacted for a new order. Medications were never allowed to run out unless directed to by the physician. The facility's Facility Policy (Exhibit C) (undated), documented the physician must approve all over-the-counter medication approved in writing... no exceptions. On 11/21/24 in the afternoon, the Caregiver and Administrator confirmed all of the observations of the medications not on site and/or not documented as administered, medications			

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	with no physician orders and medications without a label documenting the resident and physician name. The Administrator confirmed the current facility medication policies. Severity: 2 Scope: 3			
0938 SS= E	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: (g) An evaluation of the resident ' s ability to perform the activities of daily living and a brief description of any assistance he or she needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his or her ability to perform the activities of daily living; and (3) In any event, not less than once each year. Inspector Comments: Based on record review and interview, the facility failed to ensure an initial Activities of Daily Living (ADL) Assessment was completed for 2 of 8 residents. (Resident #1 and #4) Findings include: Resident #1 (R1) R1 was admitted on 10/25/24 with primary diagnoses including acute respiratory failure and encephalopathy. R1's file lacked documented evidence of an initial ADL Assessment. Resident #4 (R4) R4 was admitted on 11/08/24 with primary diagnoses including acute pain secondary to trauma, left tibial plateau fracture, and fracture of left fibular head/neck. R4's file lacked documented evidence of an initial	0938	1. We will correct this finding by having a digital copy of all ADLs on their face sheet in TAB 1 and a copy is TAB 5 along with a digital copy of the ADLs online for viewing during the survey. 2. The measure that will be put into place is that a digital copy will be kept in the corporate file for surveyor to view. 3. This will be monitored upon surveyor by management and show the digital copy of this form for the surveyor. 4. The Administrator and the manager will retain copies of the ADLs upon entering the facility in the corporate system. 5. This was completed on 1/7/25 6. We have attached the digital copy of the ADLs that is kept in the corporate system. 7. Keeping digital copies for review on all items will enable surveyor to assess the documents upon survey. These documents will be kept on digital copy for review by owner administrator management and staff.	01/07/2025

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	ADL Assessment. On 11/21/24 in the afternoon, the Administrator confirmed the missing initial ADL Assessments for R1 and R4 and acknowledged ADL Assessments were required upon admission. Severity: 2 Scope: 2			
1540 SS= E	Cultural Competency Training - R004-24 Cultural competency training for agent or employee who provides care to patient or resident. (NRS 449.0302, 449.103) 1. Except as otherwise provided in NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176, a facility shall provide cultural competency training through an approved course or program to an agent or employee described in subsection 2 of NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176: (a) Within 90 days after contracting with or hiring the agent or employee; (b) At least biennially thereafter. Such biennial training must consist of at least 2 hours of instruction each biennium. 2. The facility may provide the training required by subsection 1 over several instructional periods or during a single instructional period so long as the agent or employee: (a) Completes the hours of cultural competency training required by subsection 1 and the entire contents of the course or program; and (b) Receives a certificate of completion on or before the date on which subsection 1 requires the agent or employee to complete the cultural competency training. 3. Except as otherwise provided in subsection 4, the facility shall keep documentation in the personnel file of an agent or employee of the facility or a record of an agent or employee in the relevant electronic system of the facility proof of the completion of the cultural competency training required pursuant to NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176. 4. If an agent or employee of a facility is exempt	1540	1. We will correct this specific finding in the statement of deficiencies by having staff take the cultural competency course that day and upon hire. The employee logged into the program and completed the course for cultural competency. 2. The measure that will be put into place to ensure that the deficient practice is to have staff complete this upon hire and biannually there after. 3. This corrective action will be monitored at the time of hire and on the biannually employee certifications renewal for continued employment by the Human Resources Department. Along with an audit monthly by the Administrator. 4. The Director of Human Resources and the Administrator will monitor the files monthly and the manager will inform the employee of this needed document. They all are responsible for obtaining this document for the company. 5. This document was obtained by 1/10/25 6. Attached are the missing cultural competency certificated. 7. We have a log of all certificates required and upon hire make sure all certification are complete	01/10/2025

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	from the requirement to complete cultural competency training pursuant to subsection 3 of NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176, the facility shall maintain proof in the personnel file of the agent or employee or a record of the agent or employee in the relevant electronic system of the facility that the agent or employee holds a valid professional license, registration or certificate, as applicable, for which the continuing education described in subsection 3 of NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176, is required for renewal. Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 5 employees were in compliance with Nevada Revised Statutes (NRS) 449.103, regarding initial cultural competency training. (Employee #1 and #4) Findings include: Employee #1 (E1) E1 had a start date of 01/01/24 as a Caregiver. E1's record lacked documented evidence of cultural competency training. Employee #4 (E4) E4 had a start date of 04/15/24 as a Caregiver. E4's record lacked documented evidence of cultural competency training. On 11/21/24 in the afternoon, the Administrator confirmed the lacked of cultural competency training for E1 and E4. Severity: 2 Scope: 2			