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
	10175	A. BUILDING _____ B. WING _____	08/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEE HIVE HOMES OF HENDERSON	1000 GREENWAY RD BLDG 2, HENDERSON, NEVADA ,89002

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RFG 0001-Deficiencies	The Statement of Deficiencies was generated as a result of a state licensure survey conducted in your facility, in accordance with Nevada administrative code, chapter 449, and Nevada revised statutes chapter 449- Residential Facility for Groups (RFG), medical facilities and other related entities. The findings and conclusions of any investigation by the Division of Health Care Purchasing and Compliance shall not be construed as prohibiting any criminal civil investigation, actions or other claims for reliefs that may be available to any party under applicable federal, state or local law. Based on an inspection conducted, the items marked below identify the violation in operation of the RFG which must be corrected by the revisit/compliance date specified in writing by the health authority. Failure to comply with this notice and immediately correct the identified deficiencies may result in the suspension or termination of your provider agreement, funding, or future authorization as a provider authorized by the State	RFG 0001-Deficiencies		

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	of Nevada pursuant to NAC 433.384, and other applicable local and state laws. Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey completed at your facility on 08/26/25 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for twenty Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was **twelve.** Ten resident files and **eight** employee files were reviewed. The facility received a grade of A. 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:			
Y 0878 SS= E	NAC 449.2742 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	Y 0878	Loperamide for Resident #1 was obtained on 08/26. The three medications for Resident #2 were discontinued by the attending physician on 08/27. The two medications for Resident #3 were discontinued by the attending physician on 08/27. Atropine sulfate and Senna were obtained for Resident #4 on 08/26. The house manager conducted a review of all residents' medications and orders and several PRN medications were discontinued	09/05/2025

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	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 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.		by their physicians. The house manager will review all residents' medications and orders monthly to determine if any orders may be discontinued and to ensure any needed medications are on hand.	

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Inspector Comments:

Based on observation, record review, and interview, the facility failed to ensure medications were on site for 4 of 10 sampled residents (Resident #1, #2, #3, and #4).

Findings include:

Resident #1 (R1)

R1 was admitted on 05/04/23, with a diagnosis of hypertension.

A physician's order dated 11/15/23, and the August 2025 Medication Administration Record (MAR) documented Loperamide 2 milligrams (mg) take two tablets by mouth initially followed by one tablet after each loose bowel movement. Do not exceed eight tablets per day.

On 08/26/25 in the morning, R1's Loperamide was not on-site.

Resident #2 (R2)

R2 was admitted on 04/30/20, with a diagnosis of chronic pain and hypertension.

A physician's order dated 04/19/25, and the August 2025 MAR documented Atropine Sulfate one percent solution place two drops every four hours under the tongue for excess secretions.

A physician's order dated 04/19/25, and the August 2025 MAR documented Bisacodyl 10 mg. suppository unwrap and insert one suppository in the rectum every day as needed for constipation.

A physician's order dated 01/14/25, and the August 2025 MAR documented Nystatin powder 100000 apply a pea size amount to the affected area (peri area) as needed for rash three times a day.

On 08/26/25 in the morning, R2's Atropine

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	Sulfate, Bisacodyl, and Nystatin were not on-site. Resident #3 (R3) R3 was admitted on 01/18/25, with a diagnosis of chronic kidney disease and hypertension. A physician's order dated 06/19/25, and the August 2025 MAR documented Aspercreme with lidocaine four percent apply a think layer to the affected area (back, knees, fingers, and joints) two times per day as need for muscle pain. A physician's order dated 01/19/25, and the August 2025 MAR documented Atropine Sulfate one percent solution place two drops every four hours under the tongue for excess secretions. On 08/26/25 in the morning, R2's Aspercreme and Atropine Sulfate were not on-site. Resident #4 (R4) R4 was admitted on 02/28/25, with a diagnosis of congestive heart failure and hypertension. A physician's order dated 03/01/25, and the August 2025 MAR documented Atropine Sulfate one percent solution place two drops every four hours under the tongue for excess secretions. A physician's order dated 03/01/25, and the August 2025 MAR documented Senna 8.6050 mg. take two tablets by mouth every day as needed for constipation. Not to exceed six tablets in 24 hours. On 08/26/25 in the morning, R2's Atropine Sulfate and Senna were not on-site. On 08/26/25 in the morning, the Medication Technician was unaware if a refill was requested for the missing medications and believed the medications had expired, were destroyed, and were not replaced.			

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