

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10355	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/19/2024
NAME OF PROVIDER OR SUPPLIER MERRILL GARDENS AT GREEN VALLEY RANCH		STREET ADDRESS, CITY, STATE, ZIP CODE 1935 PASEO VERDE PARKWAY, HENDERSON, NEVADA ,89012		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey completed at your facility on 11/19/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 108 Residential Facility for Group beds for elderly and disabled persons with Assisted Living services, Category II residents. The census at the time of the survey was 97. Twenty resident files and ten 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:			
0255 SS= D	Permits-Comply with NAC 446 on Food Service - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 6. A residential facility with more than 10 residents shall: (a) Comply with the standards prescribed in chapter 446 of NAC; and (b) Obtain the necessary permits from the Division. Inspector Comments: Based on observation on 11/19/2024, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Equipment and Maintenance Violations: a. A single deck convection oven installed on the cook's line since the last inspection was not located under the ventilation hood. Severity: 2 Scope: 1	0255	Tag 0255 Equipment and maintenance was completed for tag 0255 on 11/27/2024 please see attachment # 1,2 and 3	11/27/2024 4

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 Name: DAWN ARAGON Title: General Manager Date: 11/27/2024
REPRESENTATIVE'S SIGNATURE

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(X4) ID PREFIX TAG 0870 SS= D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0870	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE 11/20/2024
	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 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 view and interview, the facility failed to perform medication reviews every six months for 1 of 20 sampled residents(Resident #4). Findings include: Resident #4 (R4) R4 was admitted on 03/11/22 with diagnoses including Dementia, chronic obstructive pulmonary disease (COPD), atherosclerosis, and hypertension. R4's medical record lacked documented evidence of a current six-month medication review of R4's medications by a physician, pharmacist or registered nurse in October of 2024. On 11/20/24 in the afternoon, the Administrator was unable to provide documentation of a six-month medication review for R4. Severity: 2 Scope: 1		Tag # 0870 Resident # 4 medication 6 month review was completed by Consonus Pharmacy on 11/20/2024. Resident Care Director and General Manager will over see all reviews, and General Manager will sign when received back by the provider. Please see attachment # 4	