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
	10419	A. BUILDING _____ B. WING _____	11/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREEN VALLEY SENIOR CARE	2269 ALANHURST DRIVE, HENDERSON, NEVADA ,89052

(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) COMPLETION DATE
0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 11/20/24, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons, and/or persons with Alzheimer's disease which provide assisted living services, Category II residents. The census at the time of the survey was five. five resident files and four 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 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		
0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver 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	0878	1) On 11/20/2024, facility was surveyed and was found that R#1 do not have Lorazepam 2 mg oral concentrate (to administer o.5 ml every 2 hours as needed for anxiety). Resident #1 was admitted on 4/04/24 and a physician ordered the above mentioned medication. The above medication is not on site and is not available for use. 2) The Administrator and Lead caregiver will ensure that all medications ordered by a physician are on site and are available for use for every resident. 3) The Administrator is ultimately responsible to make certain that all medications ordered by a physician are on site and are available for use for every resident.	11/30/2024

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	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. Inspector Comments: Based on interview and record review the facility failed to ensure a medication prescribed was onsite and available for 1 of 5 residents (Resident #1). Findings include: Resident #1 (R1) R1 was admitted to the facility on 04/04/2024, with a diagnosis of Dementia. A physician's order dated 04/04/2024 documented Lorazepam 2 milligrams (mg) oral concentrate; administer 0.5 milliliters (mL) every two hours as needed for anxiety. On 11/20/2024 in the morning, the Lorazepam was not observed on-site and available for use for R1. On 11/20/2024 in the morning, the Owner acknowledged the medication was not on-site and available for R1 and indicated it needed to be ordered. Severity: 2 Scope: 1			

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0991 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 and R043-22 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease or other forms of dementia who meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 shall ensure that: (b) Operational alarms, buzzers, horns or other technology for notifying staff when a door is opened are installed on all doors that may be used to exit the facility. Inspector Comments: Based on observation and interview the facility failed to ensure an audible alarm was in working condition on the back door of the facility. Findings include: On 11/20/2024 at 9:32 AM, the back door of the facility failed to sound an alarm when opened. On 11/20/2024 at 9:35 AM, the Owner acknowledged the alarm did not sound and indicated the battery needed to be replaced. Severity: 2 Scope: 3	0991	1) During survey, it was found that the back door of the facility failed to sound an alarm when opened. 2) The Administrator and Lead caregiver will ensure that every door leading to the outside of the facility will sound an alarm when opened at all times as mandated. 3) The Administrator is ultimately responsible to make certain that every door leading to the outside of the facility will sound an alarm when opened at all times as mandated.	11/30/2024