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
	10448	A. BUILDING _____ B. WING _____	10/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKMONT OF THE LAKES	**3250 S. FORT APACHE ROAD, LAS VEGAS, NEVADA ,89117**

(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 completed at your facility on 10/18/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for 140 total Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness, with assisted living services and 30 beds for persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 128. Twenty six 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:	0000		

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 REPRESENTATIVE'S SIGNATURE	Name: ELIZABETH HERNANDEZ	Title: SR. EXECUTIVE DIRECTOR	Date: 11/02/2023

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0255 SS= F	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 10/18/2023, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Critical Violations: a. A container of concentrated apple juice in the juice dispenser was expired 09/23/23. 2. Major Violations: a. There was black mold build-up in the interior of the ice machine in the bar. b. There was grease and debris build-up behind the equipment on the cook's line and on the ventilation hood filters. c. The ventilation hood above the double oven was missing a filter and there was heavy dust build-up. d. The dumpster enclosure was littered with leaves and debris, and the top of the grease rendering receptacle was heavily soiled with grease build-up. Severity: 2 Scope: 3	0255	tag 0255ss=f 10.18.2023 1-A) Expired juice was removed immediately from the juice machine and thrown away moving forward Chef Fernando will ensure that the juices are all labeled with date open and expiration dates 2-A The ice machine was deep cleaned that day and we have now assigned a team member to clean daily. Chef Fernando will oversee to ensure that this is being completed B Kitchen staff cleaned the grease and debris behind the equipment and the ventilation hood filters I've also increased the cleaning of the hood filters from our outside company as well in order for them to stay clean C) Missing filter was ordered and dust was cleaned. D) Dumpster area was cleaned the same day as well as the grease receptacle. Executive Chef and Executive Director will ensure that the cleaning is being completed.	10/23/2023
0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 - 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 has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. 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 must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be	0878	TAG 0878 SS=D 10.18.2023 #14 (R14) Albuterol was delivered Please see attached photos. Her Dr. Also wrote a self administer order for it. Our HSD will ensure that we have all PRN medications on hand at all times	10/23/2023

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	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 (Previously Y 0879) (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 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, the 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 observation, interview, and record review, the facility failed to ensure a medication was on site and not administered per physician's orders for 1 of 26 residents (Resident #4). Findings include: Resident #14 (R14) R14 was admitted to the facility on 04/06/23 with diagnoses including atrial fibrillation, polyarthritis, and hypothyroidism. A physician order dated 04/04/23 documented Albuterol HFA 90 micrograms (MCG) Inhaler, inhale two puffs by mouth every 4-6 hour(s) as needed for difficulty breathing. The October 2023 Medication Administration Record (MAR) documented Albuterol HFA 90 micrograms (MCG) Inhaler, inhale two puffs by mouth every 4-6 hour(s) as needed for difficulty breathing. On 10/18/23 in the afternoon, Albuterol was not available on-site for R14. On 10/18/23 in the afternoon, the Medication Technician and the Assisted Living Coordinator confirmed the Albuterol was not on-site, and the Assisted Living Coordinator acknowledged the Albuterol should have been available at the facility for R14. Severity: 2 Scope: 1			

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0999 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 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 shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure toxic substances were secured. Findings include: On 10/18/23 in the morning, room 148 in the memory care unit had insect spray in the bathroom cabinet. The lock was unsecured on the cabinet. On 10/18/23 in the morning, the Caregiver acknowledged the unsecured insect spray and reported it should have been secured. The Caregiver reported a hospice Caregiver left the insect spray unsecured in the resident's cabinet. Severity: 2 Scope: 3	0999	TAG 0999 SS=F 10.18.2023 #148 Insect spray was removed from the cabinet and the lock was secured I also spoke to the hospice cna to ensure that before she leaves she locks up all toiletries. Traditions Director and I also spoke with the team of the importance of keeping all cabinets secured at all times. Traditions Director will ensure all cabinets are being secured	10/23/2023