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
	10646	A. BUILDING _____ B. WING _____	05/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOLANTE OF CARSON VALLEY	1189 KIMMERLING RD, GARDNERVILLE, NEVADA ,89460

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a State Licensure annual survey conducted at your facility on 05/22/2025, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 86 Residential Facility for Group beds, of which 64 beds provided services to elderly or disabled persons and assisted living services, Category II residents, and 22 beds which provided care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 59. 15 resident records and 15 employee records were reviewed. The facility received a grade of D. NAC 449.27706 Resurvey: Application and fee; failure to comply. 2. If the Bureau issues a placard to a residential facility that includes a grade of "C" or "D," the administrator must submit an application to the Bureau for a resurvey of the facility not later than 30 days after the facility receives the placard. The fee for an application for a resurvey is $600 and must accompany the application. 3. The Bureau may revoke the license of a residential facility that is required to submit an application for a resurvey pursuant to subsection 2 if the facility fails to submit the application in accordance with the provisions of that subsection. 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		

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0895 SS= D	Administration of Medication Maintenance - NAC 449.2744 and R043-22 Administration of medication: Maintenance and contents of logs and records. (NRS 449.0302) 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician, physician assistant or advanced practice registered nurse, including, without limitation, whether the medication is to be administered according to a routine schedule or as needed; (5) Any change in an order or prescription of a resident ' s physician, physician assistant or advanced practice registered nurse,including, without limitation, the discontinuation of the medication; (6) Any time when the resident is out of the facility; and (7) Any mistakes made in the administration of medication. Inspector Comments: Based on observation, record review, and interview the facility failed to ensure the Medication Administration Record (MAR) was accurate for 1 of 15 sampled residents (Resident #11). Findings include: Resident #11 Resident #11 was admitted to the facility on 02/23/2023, with diagnoses including osteoarthritis, hypertension, and diabetes mellitus type two. Resident #11's May 2025 MAR documented Stimulant Laxative Plus tablet 8.6-50 milligrams (mg), take one tablet via tube twice daily as needed for constipation. On 05/22/2025 at 4:48 PM, during a review of Resident #11's medications, the Wellness Director verbalized the instructions on the resident's MAR were inaccurate as the resident did not have a tube and had not previously received medications via tube. Severity: 2 Scope: 1	0895	5/22/2025 Resident #11 Wellness Director corrected MAR 5/30/2025 Wellness Director completed MAR to Cart Audit for current residents 5/23/2025 Wellness Director completed a Medication Assistance Competency Review re-training with current Med Techs 5/23/2025 Wellness Director or Designee will complete a weekly MAR to cart audit for four weeks then complete monthly thereafter 7/9/2025 Contacted pharmacy to complete MAR to Cart Audit within (30) days	05/22/2025

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0905 SS= D	Administration of Medication Restrictions - NAC 449.2746 Administration of medication: Restrictions concerning medication taken as needed by resident; written records. (NRS 449.0302) 1. A caregiver employed by a residential facility shall not assist a resident in the administration of a medication that is taken as needed unless: (a) The resident is able to determine his or her need for the medication; (b) The determination of the resident ' s need for the medication is made by a medical professional qualified to make that determination; or (c) The caregiver has received written instructions indicating the specific symptoms for which the medication is to be given, the exact amount of medication that may be given and the frequency with which the medication may be given. Inspector Comments: Based on observation, record review, and interview, the facility failed to ensure an as needed (PRN) medication did not require an assessment prior to administration for 1 of 15 sampled residents (Resident #11). Findings include: Resident #11 Resident #11 was admitted to the facility on 02/23/2023, with diagnoses including osteoarthritis, hypertension, and diabetes mellitus type two. Resident #11's May 2025 Medication Administration Record (MAR) documented Acetaminophen 325 milligram (mg) tablets, take two tablets by mouth every six hours as needed for moderate pain. The start date was 06/04/2024. On 05/22/2025 at 4:48 PM, during a review of Resident #11's medications and in the presence of the Wellness Director, a bubble pack of Acetaminophen 325 mg tablets was observed. The pharmacy label on the bubble pack documented take two tablets by mouth every six hours as needed for moderate pain. The Wellness Director acknowledged the MAR and the bubble pack indicated the medication was to be given for moderate pain and staff were not able to assess and determine a resident's level of pain. The Wellness Director verbalized the facility had explained to several residents' physicians an order needed to include a specific symptom for	0905	5/22/2025 Resident #11 Wellness Director clarified with resident's physician to correct PRN order. Order is in place with specific symptoms and instructions 5/30/2025 Wellness Director completed MAR to Cart Audit for current residents 5/22/2025 Wellness Director or Designee will be reviewing new orders weekly to ensure completeness 5/23/2025 Wellness Director completed a Medication Assistance Competency Review re-training with current Med Techs 5/30/2025 Wellness Director or Designee will complete a weekly MAR to cart audit for four weeks then complete monthly thereafter	05/22/2025

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	which a PRN medication was to be given. Severity: 2 Scope: 1			
0920 SS= E	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medications for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself or herself without supervision may keep the resident ' s medication in his or her room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room. Inspector Comments: Based on observation, interview, and document review, the facility failed to ensure medications in a resident room who could self administer medications was safely stored in a locked area and inaccessible to other residents or visitors for 2 of 15 resident rooms (Room #A-1, #A-10) and resident medications were kept secured in the facility for 5 of 15 sampled residents (Resident #1, #3, #5, #10, #11, #9, and #12). Findings include: On 05/22/2025, the following resident rooms contained unsecured medications: Room A-1 - at 10:40 AM the resident's medications were in an unlocked kitchen cupboard. Medications include: Dulcolax, Levothyroxine, Advil, magnesium. The resident verbalized not locking the door when out of the room. Room A-10 - at 10:45 AM, the resident's medications were in the open on a chair and a shelf. The resident verbalized the medications were normally stored in the bathroom and were not	0920	5/22/2025 Resident #A10 was provided a locked medication box to keep medications secured in resident's apartment Resident #A1 no longer resides at community as of 6/19/2025 5/22/25 Resident #1 Wellness Director removed medications from resident's apartment and moved to secured area 5/22/25 Resident #3 Wellness Director removed medications from resident's apartment and moved to a secured area 5/22/25 Resident #5 Wellness Director removed medications from resident's apartment and moved to a secured area 5/22/25 Resident #10 Wellness Director removed medications from resident's apartment and moved to a secured area 5/22/25 Resident #11 Wellness Director removed medications from resident's apartment and moved to a secured area 5/22/25 Resident #9 Wellness Director removed medications from resident's apartment and moved to a secured area 5/22/25 Resident #12 Wellness Director removed medications from resident's apartment and moved to a secured area 5/23/2025 Wellness Director and Executive Director completed apartment checks for current residents to ensure that there were no unsecured medications	05/22/2025

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	secured. The resident also verbalized not always locking the door when out of the room. On 05/22/2025 at the time of each discovery, the Maintenance Director confirmed the medications were not secured. During the facility tour of the sampled residents' rooms, with the Wellness Director, the following medication were located. Resident #1 Resident #1 was admitted to the facility on 02/17/2017, with diagnoses including retention of urine, hypertension, anxiety and depression. The following unsecured medications were found in Resident #1's room: -one bottle of Refresh Tears -one container of Tums - one bottle of Systane eye drops Resident #3 Resident #3 was admitted to the facility on 01/31/2024, with diagnoses including mild cognitive impairment, hypertension and type II diabetes. The following unsecured medications were found in Resident #3's room: -one tube of barrier ointment -one tube of menthol zinc oxide ointment -one bottle of antifungal powder Resident #5 Resident #5 was admitted to the facility on 04/29/2025, with diagnoses including end stage renal disease, type II diabetes and hypertension The following unsecured medication was found in Resident #5's room: -one tube of barrier ointment Resident #10 Resident #10 was admitted to the facility on 12/28/2022, with diagnoses including hypertension and hypothyroidism. The following unsecured medication was found in Resident #10's room: -one bottle of Systane eye drops Resident #11 Resident #11 was admitted to the facility on 02/23/2023, with diagnoses including osteoarthritis and hypertension. The following unsecured medications were found in Resident #11's room: -one bottle of Tums -one box of Estradiol patches Resident #9 Resident #9 was admitted to the facility on 10/18/2024, with diagnoses including central cord syndrome at C-1 and cognitive communication deficit. The following unsecured medications were found in Resident #9's room: -two tubes of zinc paste Resident #12 Resident #12 was admitted to the facility on 09/11/2024, with diagnoses including hypertension, chronic kidney disease, stage III, and dementia. The following unsecured medications were		5/23/2025 Wellness Director and Executive Director completed re-training with current associates for reporting unsecured medications in resident apartments 5/23/2025 Wellness Director or Designee will complete weekly apartment checks for four weeks then monthly thereafter apartment to ensure compliance	

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	found in Resident #12's room: -one package of Vick's vapor cough drops On 05/22/2025 at 4:45 PM, the Wellness Director verbalized if residents were to keep medications in their room who were not able to self-administrator medications a physician's order was required. The Wellness Director confirmed unsecured medications were located in Resident #1, #3, #5, #10, #11, #9, and #12's rooms. The facility policy titled "Medication Management - General Medication Guideline," effective 04/14/2023, documented medication/room audits would be performed periodically to assure medications listed on the Medication Administration Record follow physician orders, and to eliminate medication which may have been purchased by the resident or brought in by families. Severity: 2 Scope: 2			

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0255 SS= E	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 5/22/25, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Critical Violations: a. The server area refrigeration, deli and single door reach-in, were not holding temperature and recovering to 41 degrees F. at the time of inspection. 2. Major Violations: a. The low temperature dishwashing machine had excessive hard water build-up on the interior surfaces of the equipment, including the dispensing manifolds. b. Several areas of the kitchen were dirty and require a deep cleaning. Areas included the cook's line equipment, floors under equipment, dry storage, dishwashing room, food preparation are, walls behind equipment, storage shelving throughout the kitchen and walk-in refrigerator. 3. Equipment and Maintenance Violations: a. The cook's line range was in disrepair. Both ovens were not working at the time of inspection. b. The server area bulk ice machine was not working at the time of inspection. c. The low temperature dishwashing machine was not automatically filling or staying filled during operation causing staff to manually fill the washing tank. Severity: 2 Scope: 2	0255	1a 5/23/25 Vendor repaired refrigerator 5/23/2025 Dining Director or Designee will check refrigeration temperatures daily logs weekly for four weeks then monthly thereafter 2a. 5/22/25 Dish machine was deep cleaned to remove hard water build-up on the interior and manifolds 5/23/2025 Dining Director or Designee will deep clean dish machine weekly for four weeks then monthly thereafter or as needed. 2b. 5/23/2025 Deep cleaning of the kitchen was completed 5/23/2025 Dining Director or Designee will deep clean kitchen weekly or as needed 3a 7/10/2025 Vendor on site repaired one oven part and ordered remaining part to complete repairs. Repairs will be completed upon arrival of part 3b 5/23/2025 Vendor repaired ice machine 3c 5/23/2025 Dish machine is in working order 5/23/2025 Dining Director or Designee to inspect kitchen equipment weekly for four weeks then monthly thereafter	07/10/2025

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0451 SS= C	First Aid & CPR - NAC 449.231 First aid and cardiopulmonary resuscitation. (NRS 449.0302) 2. A first-aid kit must be available at the facility. The first-aid kit must include, without limitation: (a) A germicide safe for use by humans; (b) Sterile gauze pads; (c) Adhesive bandages, rolls of gauze and adhesive tape; (d) Disposable gloves; (e) A shield or mask to be used by a person who is administering cardiopulmonary resuscitation; and (f) A thermometer or other device that may be used to determine the bodily temperature of a person. Inspector Comments: Based on observation and interview, the facility failed to ensure 2 of 3 first aid kits contained all of the required items. Findings include: On 05/06/2025 at the following first aid kits in the facility lacked the following items: 1) Memory Care - At 10:05 AM, the first aid kit lacked adhesive tape. 2) Central Medication Room - At 10:48 AM, the first aid kit lacked adhesive tape. On 05/22/2025 at each discovery, the Maintenance Director confirmed the facility first aid kits lacked the required items. Severity: 1 Scope: 3	0451	5/22/25 Adhesive tape was placed in first aid kits 5/23/2025 Wellness Director or Designee will check first aid kits monthly to ensure first aid kits are staying stocked with required items	05/22/2025

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0787 SS= D	Diabetes - Med Training - NAC 449.2726 and R043-22 - Residents having diabetes 2. A caregiver employed by a residential facility may assist a resident in the administration of the medication prescribed to the resident for his or her diabetes if: (e) The caregiver has successfully completed training and examination approved by the Division pursuant to section 12 of this regulation regarding the administration of such medication. Inspector Comments: Based on record review and interview, the facility failed to ensure a Medication Technician (Med Tech) did not dial an insulin pen to a resident's physician ordered dose prior to receiving training related to the use of the insulin pen. Findings include: Resident #5 Resident #5 was admitted to the facility on 04/29/2025, with diagnoses including end stage renal disease, type two diabetes and hypertension. A Physician's Order dated 05/15/2025, documented Lantus SoloStar 100 units/ milliliter subcutaneous solution pen injector. Inject 30 units under the skin every evening. On 05/22/2025 at 5:05 PM, during a review of Resident #5's medications and in the presence of both the Wellness Director and a Med Tech, the Med Tech explained when Resident #5's Lantus SoloStar was due the Med Tech would dial the insulin pen to the ordered dose, hand the pen to the resident, the resident would check the dose and self-administer the medication. The Med Tech denied the Med Tech had received any training from the facility related to use of insulin pens including how to dial the pen to the appropriate/ordered dose. Severity: 2 Scope: 1	0787	5/23/2025 Wellness Director re-evaluated resident #5 and determined that resident #5 can safely and appropriately self-dial their insulin pen. 5/23/2025 The resident will self-dial their own insulin pen, with Med Techs observing and monitoring. 5/23/2025 Wellness Director or Designee will assess weekly for four weeks, then monthly and as needed, to ensure resident continues to dial/administer safely. 5/23/2025 Wellness Director or designee will evaluate residents upon move-in, monthly, and as needed to ensure insulin management meets compliance standards and the needs of the residents. 7/09/2025 Wellness Director completed training on Insulin and Insulin Pen monitoring with Med Techs. 7/09/2025 Wellness Director or Designee will complete training on Insulin compliance standards upon hire, annually, and as needed.	07/09/2025
0859 SS= E	Medical Care of Resident After Illness - NAC 449.274 and R043-22 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. (NRS 449.0302) 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the	0859	6/02/2025 Physical Exam/Medical Plan of Care form was updated to reflect the review of systems. 6/11/2015 Resident #2 Physical Exam/Medical Plan of Care form completed on updated form. 6/04/2025 Resident #3 Physical	08/15/2025

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	resident by a qualified provider of health care in accordance with NRS 449.1845. The resident must be cared for pursuant to any instructions provided by the qualified provider of health care. Inspector Comments: Based on clinical record review and interview, the facility failed to ensure an annual general physical examination with a review of systems was completed timely for 6 of 15 sampled residents (Resident #2, #3, #4, #13, #14, and #15). Findings include: Resident #2 Resident #2 was admitted to the facility on 03/21/2025, with diagnoses including dementia, hyperlipidemia, and anemia. Resident #2's clinical record documented a physical exam completed on 03/20/2025, however the physical exam lacked a review of systems. Resident #3 Resident #3 was admitted to the facility on 01/31/2024, with diagnoses including mild cognitive impairment, type II diabetes, and hypertension. Resident #3's clinical record documented an initial physical exam completed on 01/31/2024, however lacked an annual physical completed for 2025. Resident #4 Resident #4 was admitted to the facility on 03/19/2025, with a diagnosis of dementia with Lewy bodies. Resident #4's clinical record documented a physical exam completed on 03/15/2025, however the physical exam lacked a review of systems. Resident #13 Resident #13 was admitted to the facility on 06/01/2017, with diagnoses including dementia, hypothyroidism, and anemia. Resident #13's clinical record documented a physical exam completed on 02/12/2025, however the physical exam lacked a review of systems. On 05/22/2025 at 3:01 PM, the Wellness Director explained physical examinations were to be completed upon admission and annually thereafter and include the Review of Systems. The Wellness Director confirmed Resident #2, #4 and #13's physical examinations lacked a review of systems and Resident #3's clinical lacked an annual physical completed for 2025. Resident #14 Resident #14 was admitted to the facility on 05/06/2021, with diagnoses including hyperlipidemia, hypertension, and dementia. Resident #14's record		Exam/Medical Plan of Care form completed on updated form. 6/24/2025 Resident #4 Resident No longer resides at community as of 6/24/2025. 6/11/2025 Resident #13 Physical Exam/Medical Plan of Care form completed on updated form. 6/18/2025 Resident #14 Physical Exam/Medical Plan of Care form completed on updated form. 7/9/2025 Resident #15 Physical Exam/Medical Plan of Care form completed on updated form. 5/23/2025 Wellness Director has completed audit for Physical Exam/Medical Plan of Care form for current residents. Updated Physical Exam/Medical Plan of Care form will be completed for current residents by 8/15/2025.	

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	documented a physical exam was completed on 03/03/2023. The record lacked documented evidence a physical exam was completed for 2024 or 2025. Resident #15 Resident #15 was admitted to the facility on 04/26/2024, with diagnoses including congestive heart failure and atrial fibrillation. Resident #15's record documented a physical exam was completed on 04/24/2024. The record lacked documented evidence a physical exam was completed for 2025. On 05/22/2025 at 3:21 PM, the Wellness Director confirmed the lack of documentation of an annual physical exam for Residents #14 and #15. Severity: 2 Scope: 2			
0871 SS= D	Medication Administration - Plan - NAC 449.2742 and R043-22 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: d) Develop and maintain a plan for managing the administration of medications at the residential facility, including, without limitation: (1) Preventing the use of outdated, damaged or contaminated medications; (2) Managing the medications for each resident in a manner which ensures that any prescription medications, over-the-counter medications and nutritional supplements are ordered, filled and refilled in a timely manner to avoid missed dosages; (3) Verifying that orders for medications have been accurately transcribed in the record of the medication administered to each resident in accordance with NAC 449.2744; (4) Monitoring the administration of medications and the effective use of the records of the medication administered to each resident; (5) Ensuring that each caregiver who administers a medication is in compliance with the requirements of subsection 6 of NRS 449.037 and NAC 449.196; (6) Ensuring that each caregiver who administers a medication is adequately supervised; (7) Communicating routinely with the prescribing physician, physician assistant or advanced practice registered	0871	5/22/2025 Resident #7 Verbiage was added to order and updated on MAR to address proper administration instructions 5/30/2025 Wellness Director and Executive Director completed audit of current resident pharmacy reviews 5/23/2025 Executive Director re-educated Wellness Director on medication review requirements 5/23/2025 Wellness Director will ensure medication profile reviews that are performed by the pharmacy are completed and reviewed with Executive Director/Administrator	05/22/2025

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	nurse or other physician, physician assistant or advanced practice registered nurseof the resident concerning issues or observations relating to the administration of the medication; and (8) Maintaining reference materials relating to medications at the residential facility, including, without limitation, a current drug guide or medication handbook, which must not be more than 2 years old or providing access to websites on the Internet which provide reliable information concerning medications. (e) Develop and maintain a training program for caregivers of the residential facility who administer medication to residents, including, without limitation, an initial orientation on the plan for managing medications at the facility for each new caregiver and an annual training update on the plan. The administrator shall maintain documentation concerning the provision of the training program and the attendance of caregivers. Inspector Comments: Based on record review and interview, the Administrator failed to ensure a Pharmacist recommendation to add a warning to a medication order was followed and implemented after the recommendation was accepted by a resident's provider for 1 of 15 sampled residents (Resident #7). Findings include: Resident #7 Resident #7 was admitted to the facility on 06/08/2022, with a diagnosis of benign prostatic hyperplasia with lower urinary tract symptoms (BPH). A document titled "Note to Attending Physician/Prescriber, dated and signed on 1/12/2025, documented the medication was not be handled by women of child bearing age. Women who were pregnant or may become pregnant were not handle broken or crushed tablets. Exposure to whole tablets was not expected to cause harm unless swallowed. The Pharmacist recommendation was to add the verbiage "wear gloves when handling" to the order for this medication. The form was marked "agree" and documented the prescriber agreed with the recommendation. A physician's order dated 03/04/2025, documented finasteride 5 milligrams (mg) by mouth one time daily for BPH. The order			

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	did not include the verbiage to "wear gloves when handling" as recommended by the pharmacist and agreed to/accepted by the prescriber. On 05/22/2025, the Wellness Director confirmed a medication review completed by a pharmacist documented a recommendation to the prescriber to add the verbiage "do not handle without gloves" to Resident #7's order for finasteride. The Wellness Director confirmed the recommendation was accepted by the prescriber and confirmed the verbiage had not been added added to Resident #7's order for finasteride. Severity 2 Scope 1			
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 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	0878	5/22/25 Resident #3 Change in direction sticker was added to bubble pack 5/30/2025 Wellness Director completed MAR to Cart audit for current residents 5/23/2025 Wellness Director completed a Medication Assistance Competency Review re-training with current Med Techs 5/23/2025 Wellness Director or Designee will complete a weekly MAR to cart audit for four weeks then complete monthly thereafte	05/22/2025

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	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 observation, interview, and clinical record review, the facility failed to ensure a medication had a change label for 1 of 15 sampled residents (Resident #3). Findings include: Resident #3 Resident #3 was admitted to the facility on 01/31/2024, with diagnoses including mild cognitive impairment, type II diabetes, and hypertension. Resident #3's May 2025 Medication Administration Record (MAR) documented Senna Laxative oral tablet 8.6 milligrams (mg), one tablet by mouth as needed one time per day. A Physician's Order dated 03/18/2024, documented change Senna to as needed (PRN). Senna Lax 8.6 mg tablet, one tablet daily as needed for constipation. Discontinue Senna Lax 8.6 mg tablets, one tablet daily. The discontinue date was 03/18/2024. On 05/22/2025 at 4:36 PM, during a review of Resident #3's medications and in the presence of the Wellness Director, a bubble pack containing Senna Laxative oral tablets, 8.6 milligrams (mg) was stored with the resident's active medications. The pharmacy label on the bubble pack documented take one tablet by mouth daily. The bubble pack lacked a change label. The Wellness Director confirmed the label on the bubble pack of Senna Laxative tablets did not match the MAR and the physician's order. The Wellness Director			

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	verbalized a change label should have been affixed to the bubble pack when the order changed. Severity: 2 Scope: 1			
1300 SS= C	Discrimination prohibited - NRS 449.101 Discrimination prohibited; development of antidiscrimination policy; posting of nondiscrimination statement and certain other information; construction of section. [Effective January 1, 2020.] 1. A medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed and any employee or independent contractor of such a facility shall not discriminate in the admission of, or the provision of services to, a patient or resident based wholly or partially on the actual or perceived race, color, religion, national origin, ancestry, age, gender, physical or mental disability, sexual orientation, gender identity or expression or human immunodeficiency virus status of the patient or resident or any person with whom the patient or resident associates. 2. A medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed shall: (a) Develop and carry out policies to prevent the specific types of prohibited discrimination described in the regulations adopted by the Board pursuant to NRS 449.0302 and meet any other requirements prescribed by regulations of the Board; and (b) Post prominently in the facility and include on any Internet website used to market the facility the following statement: [Name of facility] does not discriminate and does not permit discrimination, including, without limitation, bullying, abuse or harassment, on the basis of actual or perceived race, color, religion, national origin, ancestry, age, gender, physical or mental disability, sexual orientation, gender identity or expression or HIV status, or based on association with another person on account of that person's actual or perceived race, color, religion, national origin, ancestry, age, gender, physical or mental disability, sexual orientation, gender identity or expression or HIV status. 3. In addition to the statement prescribed by	1300	5/23/2025 Website was updated to reflect non-discrimination information	05/23/2025

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	subsection 2, a facility for skilled nursing, facility for intermediate care or residential facility for groups shall post prominently in the facility and include on any Internet website used to market the facility: (a) Notice that a patient or resident who has experienced prohibited discrimination may file a complaint with the Division; and (b) The contact information for the Division. 4. The provisions of this section shall not be construed to: (a) Require a medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed or an employee or independent contractor thereof to take or refrain from taking any action in violation of reasonable medical standards; or (b) Prohibit a medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed from adopting a policy that is applied uniformly and in a nondiscriminatory manner, including, without limitation, such a policy that bans or restricts sexual relations. Inspector Comments: Based on observation and interview, the facility failed to ensure nondiscrimination posting and complaint contact information for the Division was posted on the facility's Internet website and marketing material. Findings include: On 05/22/2025 at 9:38 AM, Executive Director (ED) reviewed the printed marketing material and verbalized it lacked documented evidence of information related to nondiscrimination and the contact information for the Division to file a complaint. At 9:41 AM, the ED opened the facility's website and verbalized the site lacked the required nondiscrimination information website, used to market the facility. On 05/22/2025 at 9:45 AM, the ED verbalized not having been aware of the requirement of a nondiscrimination posting and complaint contact information on the facility's website and marketing material. Severity: 1 Scope: 3			

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1520 SS= C	Policy on handling of complaints; log of comp - NAC 449.011926 and R004-24 - Policy on handling of complaints; log of complaints. (NRS 449.0302) A facility shall: 1. Develop and adopt a written policy on how a complaint with the facility: (a) May be filed with the facility; and (b) Will be documented, investigated and resolved; and 2. Maintain a log that lists: (a) All complaints concerning prohibited discrimination that are filed with the facility; (b) The actions taken by the facility to investigate and resolve each complaint; and (c) If no action was taken concerning a complaint, an explanation as to why no action was taken. Inspector Comments: Based on document review and interview, the facility failed to develop policies on how to file a complaint with the facility, and how the complaint would be documented, investigated and resolved related to discrimination in the admission of, or services to a resident based wholly or partially on the actual or perceived gender, sexual orientation, gender identity or expression or human immunodeficiency virus status of the patient or resident or any person with whom the patient or resident associates. Finding include: On 05/22/2025 at 4:15 PM, the Executive Director was unable to find polices to file a complaint, or how a complaint would be documented, investigated and resolved related to discrimination of a resident based on the actual or perceived gender, sexual orientation, gender identity or expression or human immunodeficiency virus status of the patient or resident or any person with whom the patient or resident associates. The Executive Director verbalized not having been aware of this requirement prior to the request during this survey.	1520	5/23/2025 Non-Discrimination policy was updated to reflect procedures on reporting complaints of discrimination	05/23/2025
1700 SS= D	Annual Assessment of History of Each Resident - NRS 449.1845 Administrator of residential facility for groups to conduct annual assessment of history of each resident and cause provider of health care to conduct certain examinations and assessments; placement based on assessment. 1. The administrator of a	1700	5/30/2025 Resident #6 Physician placement determination form was updated and completed. 5/30/2025 Resident #3 Physician placement	05/30/2025

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	residential facility for groups shall: (a) Annually cause a qualified provider of health care to conduct a physical examination of each resident of the facility; (b) Annually conduct an assessment of the history of each resident of the facility, which must include, without limitation, an assessment of the condition and daily activities of the resident during the immediately preceding year; and (c) Cause a qualified provider of health care to conduct an assessment of the condition and needs of a resident of the facility to determine whether the resident meets the criteria prescribed in paragraph (a) of subsection 2: (1) Upon admission of the resident to the facility; and (2) If a physical examination, assessment of the history of the resident or the observations of the administrator or staff of the facility, the family of the resident or another person who has a relationship with the resident indicate that: (I) The resident may meet those criteria; or (II) The condition of the resident has significantly changed. 2. If, as a result of an assessment conducted pursuant to paragraph (c) of subsection 1, the provider of health care determines that the resident: (a) Suffers from dementia to an extent that the resident may be a danger to himself or herself or others if the resident is not placed in a secure unit or a facility that assigns not less than one staff member for every six residents, any residential facility for groups in which the resident is placed must meet the requirements prescribed by the Board pursuant to subsection 2 of NRS 449.0302 for the licensing and operation of residential facilities for groups which provide care to persons with Alzheimer's disease or other severe dementia. (b) Does not suffer from dementia as described in paragraph (a), the resident may be placed in any residential facility for groups. 3. As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031. (Added to NRS by 2019, 2594) Inspector Comments: Based on interview and clinical record review, the facility failed to ensure physician placement determinations were completed annually by a provider for a resident with a diagnosis of		determination form was updated and completed. 5/30/2025 Resident #13 Physician placement determination form was updated and completed. 5/30/2025 Wellness Director completed audit for current residents Physician placement determination forms. 5/30/2025 Wellness Director or Designee will complete monthly audits to ensure physician placement determination forms are completed at the time of move in, annually, and when moving from Assisted Living to Memory Care or Memory Care to Assisted Living.	

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	dementia for 3 of 15 residents (Resident #6, #3, and #13). Findings include: Resident #6 Resident #6 was admitted to the facility on 03/09/2022, with a diagnosis of Parkinson's with dementia. Resident #6's Clincial record included a Physician's Placement Determination form dated and signed by a provider on 11/30/2023. The form documented the resident required the care and services provided by a residential facility which provided care to elderly and disabled individuals who required assistance or protective supervision. Resident #6 did not require placement in a residential facility which provided care for residents with dementia at the time of the assessment. Resident #6's clinical record lacked documented evidenced an annual Physician's Placement Determination assessment form was completed annually. Resident #6 continued to live in the assisted living area of the facility. On 05/22/2025 at 3:11 PM, the Wellness Director confirmed the facility lacked documented evidence a Physician's Placement Determination assessment and form had been completed annually for Resident #6 and confirmed the last documented Physician's Placement Determination assessment was completed on 11/30/2024, and should have been completed annually due to the resident's dementia related diagnosis. Resident #3 Resident #3 was admitted to the facility on 01/31/2024, with a diagnosis of mild cognitive impairment. Resident #3's Clincial record included a Physician's Placement Determination form dated and signed by a provider on 01/23/2024. The form documented the resident required the care and services provided by a residential facility which provided care to elderly and disabled individuals who required assistance or protective supervision. Resident #3 did not require placement in a residential facility which provided care for residents with dementia at the time of the assessment. Resident #3's clinical record lacked documented evidenced an annual Physician's Placement Determination assessment form was completed annually. Resident #13 Resident #13 was admitted to the facility on 06/01/2017, with diagnoses including dementia, hypothyroidism, and			

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	anemia. Resident #13's Clincial record included a Physician's Placement Determination form dated and signed by a provider on 11/30/2023. The form documented the resident required the care and services provided by a residential facility which provided care to elderly and disabled individuals who required assistance or protective supervision. Resident #13 did not require placement in a residential facility which provided care for residents with dementia at the time of the assessment. Resident #13's clinical record lacked documented evidenced an annual Physician's Placement Determination assessment form was completed annually. On 05/22/2025 at 3:01 PM, the Wellness Director confirmed the facility lacked documented evidence a Physician's Placement Determination assessment and form had been completed annually for Resident #3 and #13, and should have been completed annually due to the resident's cognitive impairment related diagnosis. Severity 2 Scope 1			