DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**10/28/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANA LIVING, AN AFFILIATE OF WC HEALTH	**5975 W. TWAIN AVENUE, LAS VEGAS, NEVADA ,89103**

(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 a complaint investigation and voluntary regrading survey completed at your facility on 10/28/24 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 102 Residential Facility for Group beds for elderly and disabled persons, assisted living services and/or mental illness, and 20 persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 84. The sample size was 5. The facility received a grade of A. There was one complaint investigated. Substantiated: 1. Complaint #NV00072334 was substantiated. (See TAG Y0878). The investigation of complaint included: Observation of medication administration, resident bedroom linens, oxygen use, staff providing care and assistance to residents, and a tour of the facility. Interviews were conducted with residents, two Medication Technicians, the Wellness Director, Maintenance, and the Executive Director. Record Review of five records, which included the residents of concern. Document Review included facility policy and procedures on medication administration, and resident admission agreements. 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-	0878	1. R1 is no longer a resident at this facility. To correct this specific finding stated in the statement of deficiencies we will conduct training on receiving residents with oxygen. This training will include obtaining order,	11/19/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: NICHOLE SCHMAL Title: Executive Director Date: 12/06/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	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 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,		posting signage, ensuring oxygen is available for resident and they are able to administer oxygen and oxygen is properly stored. 2. The new measure that will ensure the order is in hand before accepting any resident with oxygen and make sure order is available for viewing. 3. This will be monitored daily for any new oxygen orders are in site available for review. R1 no longer resides at the facility. 4. The resident care coordinator will be responsible for obtaining an order for oxygen at the time oxygen is required by a provider. 5. This was corrected on November 19th 2024 6. I have attached the EMAR for the time period R1 was in the facility with the order for oxygen for self administration.	

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	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 record review, document review and interview, the facility failed to ensure physician orders were available for 1 of 5 sampled residents (Resident #1). Findings include: Resident #1 (R1) R1 was admitted on 05/01/24 with diagnoses including schizophrenia and chronic obstructive pulmonary disease. On 10/28/24 in the morning, a physician order for R1's oxygen was not onsite. The August 2024 Medication Administration Record (MAR) and the September 2024 (MAR) did not list supplemental oxygen as a medication for R1. On 10/28/24 in the morning, the Wellness Director confirmed R1 used supplemental oxygen and acknowledged the physician's orders were not onsite. According to the Wellness Director, the facility requested the physician's order for R1's oxygen from R1's Case Worker and had not received it. In an email dated 10/30/24 at 7:47 AM, R1's Case Worker documented they had a copy of R1's physician order for oxygen that was provided to the facility prior to R1's admission to the facility. Facility Policy: Medication Records (no date) documented records of all medication brought into the community were maintained for three years and written physician orders for all medications were maintained in the resident's chart in the "Physician's Orders" section. Facility Policy: Medication Orders - Prescriber Medication Orders (no date) documented prescription medications were dispensed only upon the clear, complete, and signed order (hardcopy or electronic) of a person lawfully authorized to prescribe medications. Physician orders were required for all prescription medications including over the counter medications and dietary supplements for those receiving medication assistance from facility staff.			

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	Severity: 2 Scope: 1 Complaint# NV00072334			