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 _____	**02/20/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOROTHY GRAHAM'S CARE HOME	**3180 ROWLAND ST, LAS VEGAS, NEVADA ,89108**

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a complaint investigation survey completed at your facility on 02/20/25, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The census at the time of the survey was two. The sample size was three. The facility received a grade of A. There was one complaint investigated. Unsubstantiated: 1. Complaint # NV00073327 could not be substantiated. No regulatory deficiencies could be identified. The investigation of the Complaint included: Observation of Caregivers providing care to residents, meal preparation, fall hazards and a tour of the facility. Interviews were conducted with residents, a Caregiver, a former Manager, a former Administrator and a current Manager. Clinical Record Review of two records. Document review included facility menus, and facility policy and procedures. The following deficiencies were identified:	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | Name: GINALYN BALTAZAR-SUMBANG | Title: Administrator | Date: 03/31/2025

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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0040 SS= F	Supervision of AGC - NRS 449.186 Supervision of residential facility for groups. A residential facility for groups must not be operated except under the supervision of an administrator of a residential facility for groups or a health services executive licensed pursuant to the provisions of chapter 654 of NRS. Inspector Comments: Based on observation and interview, the facility failed to maintain a current licensed Administrator. Findings include: On 02/20/25 in the morning, there was no Administrator's license posted on the wall in the front of the facility from the Board of Examiners for Long-Term Care Administrators (BELTCA). The facility had been without an Administrator since 01/23/25. On 02/20/25 in the morning, the Manager acknowledged there was no current Administrator's license on the wall and verbalized they were in the process of assuming the role of Administrator of the facility on March 1, 2025. Severity: 2 Scope: 3	0040	**Complete Date: 03/26/2025 -** **SEE ATTACHED : CHANGE OF ADMINISTRATOR HCQC APPLICATION SUMMARY - 03/26/2025**	02/25/2025
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	0895	**1. The responsible staff was immediately re-educated on the importance of real-time medication documentation. The resident's MAR was reviewed to ensure all medications were administered as prescribed. A reminder notice was placed on the medication cabinet to prompt staff to initial and confirm medication administration** **2. A daily shift to shift audit of MARs will be conducted by all staff to identify and correct any missing documentations to ensure compliance.** **3. Completion Date: 02/25/2025**	02/25/2025

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	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 interview, record review and document review the facility failed to ensure the Medication Administration Record (MAR) was initialed as given at the time of medication administration for 1 of 3 sampled residents. (Resident #2) Findings include: Resident #2 (R2) R2 was admitted on 10/06/23 with diagnoses including breast cancer and hyperlipidemia. R2's medication bin contained Exemestane 25 milligrams (mg) tablet, take one tablet daily after a meal. Physician's orders dated 06/17/24 documented Exemestane 25 milligrams (mg) tablet, take one tablet daily after a meal. The February 2025 MAR listed Exemestane 25 milligrams (mg) tablet, take one tablet daily after a meal. On 02/20/25 in the morning, a Caregiver acknowledged the Exemestane 25 mg tablet was not initialed as being administered on 02/08/25 at 8:00 AM and should have been. The Caregiver reported the Caregiver likely administered the medication without initialing the MAR. Facility Medication Administration Policy (no date) documented at the designated medication time, the staff member in charge of administering will review the MAR to determine who is scheduled to receive medications and medications will be administered within the following guidelines (d.) staff will document the medication administration in the MAR when completed and before moving to the next resident. Severity: 2 Scope: 1			
0930 SS= D	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS	0930	**1. The Facility Owner, Facility Manager, and Staff reviewed and reorganized the remaining records**	02/25/2025

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	449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (a) The full name, address, date of birth and social security number of the resident. (b) The address and telephone number of the resident ' s physician and the next of kin or guardian of the resident or any other person responsible for the resident. (c) A statement of the resident ' s allergies, if any, and any special diet or medication he or she requires. Inspector Comments: Based on observation, interview and document review, the facility failed to ensure resident records were retained for at least 5 years after a resident was discharged from the facility for 1 of 3 sampled residents. (Resident #1) Findings include: On 02/20/25 in the morning, the facility was unable to provide a representative from the Bureau of Health Care Quality and Compliance the records of Resident #1 (R1) who was a previous resident of the facility. Police Report #LLV250100097585 dated 1/27/25 at 1:57 PM, documented on 01/21/25 the Former House Manager went to the property upon learning of pending termination and began destroying property, the fax machine and business documents. Residents' paperwork was gone, and the company's laptop was missing. On 02/20/25 in the morning, the Manager acknowledged R1's file was not onsite and should have been. The Manager verbalized the previous Manager left the facility on or around 01/21/25 and took resident files with them. Facility Policy dated 09/21/17 documented Resident's Files will be kept for a period of five years. These files will include		**from previous management to ensure compliance with the five-year retention requirement.** **2. The Facility has established a secure record storage, ensuring that all resident records are stored in a locked and restricted-access area.** **3. Complete Date: 02/25/2025**	

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	documentation of daily activities, illness, medical contacts, medications, and chores performed. Severity: 2 Scope: 1			