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
	129	A. BUILDING _____ B. WING _____	11/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAS VEGAS ALZHEIMER AND MEMORY CARE 2	3225 BRAZOS STREET, LAS VEGAS, NEVADA ,89169

(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 11/14/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was nine. Nine resident files and three employee files were reviewed. The facility received a grade of D. 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		
0178 SS= F	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility failed to ensure the premises was well maintained. Findings include: On 11/14/23 in the morning, the kitchen cabinets above and below the stove had grease and dirt built up. The area around and on the kitchen cooktop had grease and dirt built up. A lower kitchen cabinet contained a mouse trap and had mouse droppings scattered throughout the cabinet. On 11/14/23 in the afternoon, the Caregiver acknowledged the kitchen grease build up and mouse droppings and verbalized pest control had recently serviced the facility for mice. Severity: 2 Scope: 3	0178	1. Staff cleaned the grease build up and removed some mouse droppings in one of the cabinets and sanitized all cabinets. 2. Staff must ensure cleanliness is imposed and observed in the kitchen and all surroundings. 3. Staff will monitor cleanliness in the kitchen area and its surroundings to ensure deficiency won't recur. 4. Staff/caregiver. 5. 11/14/23 6. Pictures attached.	11/14/2023

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: CHRIS CHAN TAN Title: Administrator Date: 12/08/2023

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0276 SS= F	Service of Food-Nutritious Meals;Frequency - NAC 449.2175 Service of food 7. Meals must be nutritious, served in an appropriate manner, suitable for the residents and prepared with regard for individual preferences and religious requirements. At least three meals a day must be served at regular intervals. The times at which meals will be served must be posted. Not more than 14 hours may elapse between the meal in the evening and breakfast the next day. Snacks must be made available between meals for the residents who are not prohibited by their physicians from eating between meals. Inspector Comments: Based on observation and interview, the facility failed to ensure food was not expired and was suitable for residents. Findings include: On 11/14/23 in the morning, the following was observed: - A bottle of ketchup which expired on 10/13/23 in the kitchen pantry. - A bottle of syrup which expired on 09/17/20 in the kitchen pantry. - A container of parmesan Romano cheese expired 03/14/20 in the kitchen pantry. - A container of breadcrumbs expired 04/07/16 in the kitchen pantry. - A container of beef bouillon which expired on 09/12/21 in the kitchen pantry. - A bottle of sweet and sour sauce which expired on 06/12/23 in the kitchen pantry. - A bottle of fajita seasoning expired on 03/03/18 in the kitchen pantry. - A container of garlic powder expired 04/05/20 in the kitchen pantry. - A container of onion powder expired 08/12/23 in the kitchen pantry. - A container of ground cinnamon expired 08/03/20 in the kitchen pantry. - A bottle of chocolate syrup expired 11/22 in the kitchen refrigerator. - A bottle of chocolate syrup expired 07/23 in the kitchen refrigerator. - A bottle of mild picante sauce expired 01/23/23 in the kitchen refrigerator. - A container of dessert topping expired 07/06/22 in the kitchen refrigerator. On 11/14/23 in the morning, the Caregiver acknowledged the expired food and indicated it was not suitable for residents. Severity: 2 Scope: 3	0276	1. All expired food items (seasonings/syrups) were disposed off in the garbage. 2. Staff reminded to meticulously check expiration dates on packaging of seasonings and syrups and other food items to prevent deficiency to recur. 3. Staff will monitor and check expiration dates on food packaging to ensure deficiency won't recur. 4. Staff cook. 5. 11/14/23 6. Pictures attached.	11/14/2023

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0353 SS= F	Bathrooms and Toilet Facilities - NAC 449.222 Bathrooms and toilet facilities; toilet articles. (NRS 449.0302) 3. The bottoms of tubs and showers must have surfaces that inhibit falling and slipping. Cabinets that are attached to the floor or grab bars must be adjacent to the tubs, toilets and showers. Inspector Comments: Based on observation and interview, the facility failed to ensure the bottoms of tubs and showers had surfaces that inhibit falling and slipping. Findings include: On 11/14/23 in the afternoon, 2 of 3 bathroom showers did not have a surface to inhibit falling and slipping. On 11/14/23 in the afternoon, the Caregiver acknowledged two bathroom showers did not have mats or something to prevent slipping, and verbalized the facility needed to purchase them. Severity: 2 Scope: 3	0353	1. Staff asked the administrator to purchase additional shower mats. 2. Staff must ensure that bathroom showers will have non-slip mats that will prevent slip and fall. 3. Staff will monitor shower mats are in place in the bathroom showers to prevent deficiency will recur. 4. Staff/caregiver. 5. 11/15/23. 6. Pictures attached.	11/22/2023

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0690 SS= D	Residents Requiring Use of Oxygen - NAC 449.2712 Residents requiring use of oxygen. (NRS 449.0302) 1. A person who requires the use of oxygen must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless he or she: (a) Is mentally and physically capable of operating the equipment that provides the oxygen; or (b) Is capable of: (1) Determining his or her need for oxygen; and (2) Administering the oxygen to himself or herself with assistance. 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician; and (b) Ensure that: (1) The resident ' s physician evaluates periodically the condition of the resident which necessitates his or her use of oxygen; (2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored; (3) Persons do not smoke in those areas where smoking is prohibited; (4) All electrical equipment is inspected for defects which may cause sparks; (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; (6) The equipment used to administer oxygen is in good working condition; (7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and (8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident. Inspector Comments: Based on observation and interview, the facility failed to ensure Oxygen tanks were secured. Findings include: On 11/14/23 in the morning, there was one Oxygen tank unsecured in the closet of Resident #2's (R2) bedroom. On 11/14/23 in the morning, the Caregiver acknowledged the tank should have been secured. Severity: 2 Scope: 1	0690	1. Staff secured the oxygen tank in the resident's closet. 2. Staff must ensure that the oxygen tank is secured in the resident's closet when not in use. 3. Staff must monitor and ensure that oxygen tank is stored properly when not in use. 4. Staff/caregiver. 5. 11/14/23. 6. Picture attached.	11/14/2023

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0876 SS= D	Medication Administration - NRS 449.0302 - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of: (a) Controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.0302 are met. (b) Insulin using an auto-injection device only if the conditions prescribed in NRS 449.0304 and NAC 449.1985 are met. Inspector Comments: Based on interview and record review, the facility failed to ensure an Ultimate User Agreement, authorizing the facility to administer medications to residents, was signed and dated for 1 of 9 residents (Resident #8). Findings include: Resident #8 (R8) R8 was admitted on 10/10/19 with diagnoses including dementia and heart disease. R8's record revealed an undated and unsigned Ultimate User Agreement form for R8. On 11/14/23 in the afternoon, the Caregiver confirmed the Ultimate User Agreement for R8 was not signed off or dated and should have been. Severity: 2 Scope: 1	0876	1. Resident #8 signed the Ultimate User Agreement. 2. Staff/administrator must ensure agreement forms are signed before or on admission. 3. Staff/administrator will monitor resident's file to ensure all forms needed for admission are signed to prevent deficiency to recur. 4. Staff/dadministrator. 5. 11/14/23 6. Signed Ultimate User Agreement attached.	11/14/2023
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	0878	1. Staff called hospice nurse regarding Meclizine, 11/14/23. They have to inform doctor and nurse to schedule in-person visit. 2. Staff is reminded to check all as needed medication to ensure they are in stock when needed. 3. Staff/med. tech. to monitor that all medication are on hand/in stock. 4. Staff/med. tech. 5. 11/20/23, received order to discontinue Meclizine. 6. DC order attached.	11/20/2023

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	be administered as prescribed by the physician. If a physician 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 (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, record review, and interview, the facility failed to ensure medication was on site for 1 of 9 residents (Resident #5). Findings include: Resident #5 (R5) R5 was admitted on 12/14/21, with a diagnosis of dementia. A medication list dated 11/01/23, and the November 2023 MAR documented Meclizine 25 mg (milligrams) tablet, take one tablet by mouth every 6 hours as needed (PRN) for vertigo. The medication was not on site. On 11/14/23 in the afternoon, the Caregiver acknowledged the medication was not on site and verbalized that the medication would be ordered. Severity: 2 Scope: 1			
0885 SS= E	Medication - Destruction - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the	0885	1. All expired medications were properly disposed off. 2. Staff reminded to remove expired medications and to destroy it in an acceptable manner to prevent deficiency to recur. 3. Staff will monitor and remove/destroy expired medication by acceptable method of destruction to prevent deficiency to recur. 4. Staff/medication tech.	11/14/2023

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	medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Inspector Comments: Based on observation, record review and interview, the facility failed to ensure medications were destroyed for 3 of 9 Residents (Resident #2, #3, and #5). Findings include: Resident #2 (R2) R2 was admitted on 12/04/21, with diagnoses including chronic obstructive pulmonary disorder and major depressive disorder. The medication bag for R2 contained Ventolin HFA 108 (90 Base), inhale 1 puff by mouth once daily. The medication bottle documented the expiration date of 02/07/23. The facility had an additional bottle of Ventolin HFA 108 (90 Base) which was not expired. On 11/14/23 in the afternoon, the caregiver explained they did not administer the expired medication. R2's medication list dated 11/06/23 documented Ventolin HFA 108 (90 Base), inhale 1 puff by mouth once daily. Resident #3 (R3) R3 was admitted on 10/22/18, with a diagnosis of dementia. The medication bag for R3 contained Triamcinolone Acetonide 0.5% cream, apply to affected areas topically twice a day. The medication package documented the expiration date of 02/04/23. R3's medication review list dated 11/06/23 did not list Triamcinolone Acetonide 0.5% cream as a current medication. Resident #5 (R5) R5 was admitted on 12/14/21, with a diagnosis of dementia. The medication bag for R5 contained a bottle of Robafen 100 mg (milligrams), take 10 milliliters (ml) by mouth every 6 hours as needed for cough. The medication documented the expiration date of 12/21/22. R5's medication record dated 11/01/23 did not list Robafen 100 mg as a current medication. On 11/14/23 in the afternoon, the Caregiver acknowledged the medications were expired and needed to be destroyed. This was a repeat deficiency from the 03/09/23 State Mandatory Licensure survey. Severity: 2 Scope: 2		5. 11/14/23 6. Medication destruction log/form attached.	

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0895 SS= D	Administration of Medication Maintenance - NAC 449.2744 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; and (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident ' s physician. Inspector Comments: Based on observation, record review, and interview, the facility failed to ensure the Medication Administration Record (MAR) was accurate for 1 of 9 residents (Resident #7). Findings include: Resident #7 (R7) R7 was admitted on 01/26/21, with a diagnosis of dementia. A medication list dated 11/06/23, and the November 2023 MAR documented Ursodiol 300 milligrams (mg), take 1 capsule by mouth twice daily. The November 2023 MAR documented the Ursodiol was only given once daily at 8 AM. On 11/14/23 in the morning, the Caregiver acknowledged the Ursodiol was not documented accurately on the MAR. The Caregiver reported to administering the medication twice daily, however, did not document correctly on the November MAR. Severity: 2 Scope: 1	0895	1. Staff/med. tech. corrected entry of Ursodiol in November MAR. 2. Staff/med. tech must ensure that medication is accurately administered and recorded in MAR. 3. Staff/med. tech will monitor and ensure that medication order matches in the MAR to ensure accurate administration and recording of medication. 4. Staff/med. tech. 5. 11/14/23 6. November MAR	11/14/2023

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0920 SS= F	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 and interview, the facility failed to ensure medications were stored unsecured in the refrigerator. Findings include: On 11/14/23, in the morning, a bottle of Lorazepam tablets and a bottle of Latanoprost .005% were found unsecured on a shelf in the kitchen refrigerator. Both medications were prescribed to current residents at the facility. On 11/14/23 in the morning, the Caregiver acknowledged the unsecured medications and removed them from the refrigerator. This was a repeat deficiency from the 03/09/23 State Mandatory Licensure survey and 11/22/22 annual survey. Severity: 2 Scope: 3	0920	1. The bottle of Lorazepam tablets and the bottle of eye drops were removed and placed in locked refrigerator. 2. Staff must ensure all medication are properly stored and locked away in the medication cart. 3. Staff/med. tech will monitor all medication are properly stored and secured in the locked medication cart. 4. Staff/med. tech. 5. 11/14/23 6. Picture attached.	11/14/2023

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0938 SS= E	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 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: (g) An evaluation of the resident ' s ability to perform the activities of daily living and a brief description of any assistance he or she needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his or her ability to perform the activities of daily living; and (3) In any event, not less than once each year. Inspector Comments: Based on interview and record review, the facility failed to ensure an Activities of Daily Living (ADL) assessment was completed annually for 2 of 9 residents (Resident #2 and #5). Findings include: Resident #2 (R2) R2 was admitted on 12/04/21 with diagnoses including chronic obstructive pulmonary disease and major depressive disorder. R2's medical record documented an ADL assessment was completed on 11/06/22. R2's record lacked documentation that an ADL assessment was completed for 2023. Resident #5 (R5) R5 was admitted on 12/14/21 with a diagnosis of dementia. R5's medical record documented an ADL assessment was completed on 11/06/22. R5's record lacked documentation that an ADL assessment was completed for 2023. On 11/14/23 in the afternoon, a Caregiver acknowledged an annual ADL assessment was not completed for R2 and R5 for 2023. Severity: 2 Scope: 2	0938	1. Staff filled out and completed the ADL assessment form for Resident #2 and Resident #5. 2. Staff is reminded to check annual ADL assessment form is completed in each resident file. 3. Staff will monitor resident's file to ensure annual ADL assessment form is completed and updated. 4. Staff/main caregiver. 5. 11/14/2023 6. ADL assessment forms attached.	11/14/2023