STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	158	A. BUILDING _____ B. WING _____	12/08/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DUNCAN MANOR GROUP HOME	6165 DUNCAN DRIVE, LAS VEGAS, NEVADA ,89108

(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 and infection control survey conducted at your facility on 12/08/22, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for nine Residential Facility for Group beds for elderly and disabled persons and/or Alzheimer's disease and/or chronic illness, Category II residents. The census at the time of the survey was six. Six resident files and four 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 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		
0050 SS= F	Administrator's Responsibilities - Oversight - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.27706, inclusive, and chapter 449 of NRS. Inspector Comments: Based on interview and observation, the Administrator did not ensure visitors of the facility were screened for COVID-19, according to the facility's Infection Control policy, prior to entry to the facility. Findings include: On 12/08/22 at approximately 9:30 AM, the Caregiver did not take the temperature or ask COVID-19 screening questions of the health facilities inspectors prior to entry to the facility. The Caregiver was unaware the facility was required to take the inspectors' temperatures and direct them to fill out the questionnaire. On 12/08/22, in the afternoon, the Administrator indicated that all Caregivers were supposed to perform	0050	This plan of correction is not to beconstrued as an admission of or agreement with the finding and conclusion inthe Statement of Deficiencies, or the proposed administrative penalty (with aright to correct) on the community. Rather, it is submitted as confirmation ofour ongoing efforts to comply with all statutory and regulatory requirements. In this document, we have outlinedspecific actions in response to each allegation or finding. We have notpresented all contrary factual or legal arguments, nor have we identified allmitigating factors. The facility desires that this plan ofcorrection be considered the facility's allegation of compliance. Y0050 Administrator'sResponsibilities: Oversight	12/21/2022

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	COVID-19 screening on all facility visitors according to their Infection Control policy. Severity: 2 Scope: 3		1. HOWTO IDENTIFY OTHER COVID-19 SCREENING PROTOCOLS The administrator will ensure that 100% of all staff members are properlyinserviced on COVID-19 screening protocols. 2. SYSTEMICCHANGE The administrator or designee will ensure that each time a visitor entersthe facility the COVID screening protocol will be followed. 3. MONITORINGPROCESS The administrator will monitor the completion of screening forms on an ongoing basis. 4. DATEOF COMPLETION 12/21/2022 and ongoing	
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	0878	Y0878 Medication/OTCs, supplements,change order 1. HOWTO IDENTIFY OTHER OTC MEDICATIONS The administrator will ensure the completion of a 100& audit of allresident charts and MARs.100% of all Med Tech certified staff members will beinserviced on proper MAR documentation and OTC medication orders. 2. SYSTEMICCHANGE The administrator will ensure that all medication orders will be followedprecisely. Any OTC medications that are brought to	12/21/2022

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	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, interview and record review, the facility failed to ensure that a resident's over-the-counter (OTC) medication was administered according to the physician's orders for 1 of 6 residents (Resident #1). Findings include: Resident #1 (R1) R1 was admitted on 10/10/21 with diagnoses including osteoarthritis and chronic lumbar pain. A physician's order documented Tylenol Extra-Strength 500 milligrams (mg), one tablet by mouth, every six hours as needed for fever or pain. A medication bottle was observed labeled Tylenol Extra-Strength 650 mg. The Medication Administration Record (MAR) dated September 2022 documented Tylenol 650 mg was administered to R1 on 9/14/22. A medication review dated 11/13/22 documented Melatonin 3 mg, 1 tablet by mouth daily. A medication bottle was observed labeled Power to Sleep and contained only 2 mg of melatonin in each pill. Additionally, there was no physician's order found in the resident's record for an OTC bottle of medication labeled Power to Sleep. The MAR dated December 2022, documented Power to Sleep - take 1 tablet		the facility will beproperly screened and labeled to match the physician orders. 3. MONITORINGPROCESS The administrator or designee will perform audits on the proper documentation of all medications toinclude OTC medication on an ongoing basis. 4. DATEOF COMPLETION 12/21/2022 and ongoing	

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	by mouth daily was administered to R1 on 12/1, 12/2, 12/3, 12/4, 12/5, 12/6, 12/7 and 12/8. On 12/08/22 in the afternoon, the Caregivers and Administrator confirmed R1 was administered Tylenol and Melatonin at the wrong dosage and not per the physician's orders. Severity: 2 Scope: 1			
0923 SS= D	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician; and (b) Kept in its original container until it is administered. Inspector Comments: Based on observation, interview and record review, the facility failed to ensure that a resident's over-the-counter (OTC) medication was labeled properly according to the physician's orders for 1 of 6 residents (Resident #1). Findings include: Resident #1 (R1) R1 was admitted on 10/10/21 with diagnoses including osteoarthritis and chronic lumbar pain. An OTC medication bottle labeled Power to Sleep was not labeled with the resident's name or the physician's name. An OTC bottle labeled Stool Softener 100 mg was not labeled with the resident's name or the physician's name. On 12/08/22 in the afternoon, the Caregivers and Administrator confirmed R1's medication bottles were not labeled with the resident's name or the physician's name and recognized the importance of having all residents' medications properly labeled to avoid administration errors. Severity: 2 Scope: 1	0923	Y0923 Medication Storage 1. HOWTO IDENTIFY OTHER MEDICATION STORAGE PROTOCOLS The administrator will ensure that 100% of all staff members are properlyinserviced on proper medication storage and labeling. A 100% audit of allmedications being stored will be completed. 2. SYSTEMICCHANGE The administrator will ensure that each time a new OTC medication isbrought into the facility, that it will be properly labeled to match thephysician’s order. 3. MONITORINGPROCESS The administrator or designee will perform medication storage audits onan ongoing basis. 4. DATEOF COMPLETION 12/12/21/2022and ongoing	12/21/2022