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
	158	A. BUILDING _____ B. WING _____	12/03/2024

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 survey completed at your facility on 12/03/24, 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 four. Four resident files and three 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		

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: NATALIE ZIMNEY Title: Administrator Date: 12/16/2024

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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 all medications were properly stored and secured. Findings include: On 12/03/24 in the morning, multiple boxes of Morphine were found in an unlocked refrigerator in the kitchen and a bottle of Tylenol, Tums and Power Sleep pills were found in an unlocked kitchen drawer. On 12/03/24 in the morning, a Caregiver confirmed there were unsecured medications found in the kitchen's refrigerator and drawer. Severity: 2 Scope: 3	0920	**Y 0920 Medication Storage - NAC 449.2748** All refrigerated medications are now locked in the refrigerator and there are no medications in unlocked kitchen drawers. 1. **HOW TO IDENTIFY OTHER LIFE SAFETY CONCERNS** **Owner, Administrator, and caregivers are aware that all medications must be locked.** 1. **SYSTEMIC CHANGES** **Manager and/or caregivers will check locks on medication storage areas at least daily and after each use to ensure they are locked.** 1. **MONITORING PROCESS** **This process will be monitored by the Owner and the Administrator.** **IV. DATE COMPLETION** **This plan of correction has been completed by 12/13/2024.**	12/13/2024

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0991 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 and R043-22 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease or other forms of dementia who meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 shall ensure that: (b) Operational alarms, buzzers, horns or other technology for notifying staff when a door is opened are installed on all doors that may be used to exit the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure all exits had working, audible alarms. Findings include: On 12/03/24 in the morning, a door, which exited to the backyard, did not have a working audible alarm. On 12/03/24 in the morning, the Owner confirmed an alarm on the door leading to the backyard, did not properly function. Severity: 2 Scope: 3	0991	**Y 0991 Alzheimer's Care Standards for Safety - NAC 449.2756** All exit doors have working, audible alarms. 1. HOW TO IDENTIFY OTHER LIFE SAFETY CONCERNS **Owner, Administrator, and caregivers are aware that all exit doors must have audible alarms at all times.** 1. SYSTEMIC CHANGES **Manager and/or caregivers will check that all exit doors have audible, working alarms at least daily.** 1. MONITORING PROCESS **This process will be monitored by the Owner and the Administrator.** IV. DATE COMPLETION **This plan of correction has been completed by 12/13/2024.**	12/13/2024