STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2175	A. BUILDING _____ B. WING _____	05/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSS SENIOR RESIDENCE	5935 W SADDLE AVE, 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 an annual State Licensure survey conducted at your facility on 05/13/24, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for five 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 three. Three 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		
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 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	0895	Tag 0895 Mar All admissions will be run through the administrator to ensure all aspects of the intake paperwork are in order. MAR's will be done with owner and administrator and make sure it matches the physicians orders. Staff should never assume everything is on the MAR from the pharmacy.	06/03/2024

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	is out of the facility; and (7) Any mistakes made in the administration of medication. Inspector Comments: Based on interview and record review, the facility failed to ensure the Medication Administration Record (MAR) was accurate for 1 of 3 residents (Resident #1). Findings include: Resident #1 (R1) R1 was admitted to the facility on 01/11/2022 with a diagnosis Congestive Heart Failure (CHF). A physician's order dated 04/11/2024 documented Losartan 25 Milligrams (mg) take one tablet by mouth daily. On 05/13/2024 at 10:18 AM, the medication Losartan 25mg was available in R1's medication bin but was not documented on the May 2024 MAR to indicate the medication was being properly administered. On 05/13/2024 at 10:24 AM, the Caregiver revealed the Losartan was being administered to R1 but it was not documented on the MAR. On 05/13/2024 at 10:46 AM, the Administrator acknowledged the Losartan was not properly documented on R1's MAR and indicated all medications should have been documented on the MAR. Severity: 2 Scope: 1			
1830 SS= D	Infection Control Required Training - Infection Control Required Training LCB File No. R048-22 Sec. 5 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated	1830	Tag 1830 Infection Control Training The administrator will be sure to have all training done in a timely manner. All trainings that are annual will be done annually. administrator will ensure that this does not happen again.	06/03/2024

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	pursuant to subsection 3 for 3 years immediately following the completion of the training. Inspector Comments: Based on record review and interview, the facility failed to ensure the primary and secondary infection control designees completed 15 hours of infection control training for 2 of 3 employees (Employee #1 and #2). Findings include: Employee #1 (E1) E1 was hired on 03/12/2003 as a caregiver. E1's record lacked documented evidence of 15 hours of training concerning the control and prevention of infections from an approved organization. Employee #2 (E2) E2 was hired on 06/28/2017 as a caregiver. E2's record lacked documented evidence of 15 hours of training concerning the control and prevention of infections from an approved organization. On 05/13/2024 in the morning the Administrator confirmed E1 was the primary infection control program designee and E2 was the secondary infection control program designee. The Administrator was unable to provide documented evidence the required infection control and prevention training had been completed for E1 and E2. Severity: 2 Scope: 1			