STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2726	A. BUILDING _____ B. WING _____	09/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARMELA HOMES	5500 CLEARY COURT, LAS VEGAS, NEVADA ,89109

(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 09/11/2024, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons, and/or mental illnesses, 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 deficiencies were identified.	0000		
0874 SS= F	Medication Administration-Report Received - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 2. Within 72 hours after the administrator of the facility receives a report submitted pursuant to paragraph (a) of subsection 1, a member of the staff of the facility shall notify the resident's physician, physician assistant or advanced practice registered nurse of any concerns noted by the person who submitted the report. The report must be reviewed and initialed by the administrator. Inspector Comments: Based on interview and record review, the facility failed to ensure the six month pharmacy reviews were reviewed and initialed by the Administrator for 6 of 6 residents (Residents #1, #2, #3, #4, #5 and #6). Findings include: Resident #1 (R1) On 09/11/24 in the afternoon, a review of R1's file revealed pharmacy reviews were completed on 12/05/23 and 06/03/24 by the pharmacist every six months per the requirement. However, the Administrator's signature or initials were missing from the documentation to indicate the Administrator	0874	Our facility Carmela Homes, will continue to ensure 6 months medication review is done on every residents of the facility for accuracy and appropriateness, at least once every 6 months, the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident. The facility will provide written report of that review to the administrator of the facility and administrator of the facility will sign or initial all medication reviews every 6 months as required by regulation. This change is discussed by the owner with administrator and put into place to ensure the deficient practice does not recur. Every six months when medication reviews are due, owner and administrator of facility will review each clients medication reviews and administrator will sign or initials all client's medication review. The owner of the facility is	09/16/2024

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	reviewed each medication review. Resident #2 (R2) On 09/11/24 in the afternoon, a review of R2's file revealed pharmacy reviews were completed on 12/05/23 and 06/03/24 by the pharmacist every six months per the requirement. However, the Administrator's signature or initials were missing from the documentation to indicate the Administrator reviewed each medication review. Resident #3 (R3) On 09/11/24 in the afternoon, a review of R3's file revealed pharmacy reviews were completed on 12/05/23 and 06/03/24 by the pharmacist every six months per the requirement. However, the Administrator's signature or initials were missing from the documentation to indicate the Administrator reviewed each medication review. Resident #4 (R4) On 09/11/24 in the afternoon, a review of R4's file revealed pharmacy reviews were completed on 12/05/23 and 06/03/24 by the pharmacist every six months per the requirement. However, the Administrator's signature or initials were missing from the documentation to indicate the Administrator reviewed each medication review. Resident #5 (R5) On 09/11/24 in the afternoon, a review of R5's file revealed pharmacy reviews were completed on 12/05/23, 06/03/24 and 08/07/24 by the pharmacist every six months per the requirement. However, the Administrator's signature or initials were missing from the documentation to indicate the Administrator reviewed each medication review. Resident #6 (R6) On 09/11/24 in the afternoon, a review of R6's file revealed this resident was admitted on 01/12/24. R6's medication reviews were completed on 05/24/24 and 06/03/24 by the pharmacist due to changes in the resident's condition. However, the Administrator's signature or initials were missing from the documentation to indicate the Administrator reviewed each medication review. On 09/11/2024 in the afternoon, the Owner confirmed the six month pharmacy reviews for R1, R2, R3, R4, R5 and R6 did not contain the Administrator's signature documenting they were reviewed to ensure accuracy and appropriateness. The Owner further indicated the facility was unaware of the requirement for the Administrator to review and sign the six month pharmacy		responsible to ensure the plan of correction is implemented and will review medication review files every 6 months to ensure administrator signs or initials the forms. The corrective action was completed on 09/16/2024. Please see attached medication reviews for accuracy.	

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	reviews for all the residents. Severity: 2 Scope: 3			