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
	2758	A. BUILDING _____ B. WING _____	04/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PACIFICA SENIOR LIVING SPRING VALLEY	8880 W TROPICANA AVE, LAS VEGAS, NEVADA ,89147-6000

(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 in your facility on 04/09/24, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 72 Residential Facility for Group beds for persons with Alzheimer's disease, and provides assisted living services, Category II residents. The census at the time of survey was 57. Fifteen resident files and ten 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		
0255 SS= E	Permits-Comply with NAC 446 on Food Service - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 6. A residential facility with more than 10 residents shall: (a) Comply with the standards prescribed in chapter 446 of NAC; and (b) Obtain the necessary permits from the Division. Inspector Comments: Based on observation on 04/09/2024, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Critical Violations: a. A dietary employee was observed handling soiled ware while wearing disposable gloves. The dietary employee then proceeded to unload the dish machine and handle sanitized ware without changing gloves or washing their hands. Severity: 2 Scope: 2	0255	A) The employee was counseled and given an in-service on proper hand washing and when to wear disposable gloves and when handling soiled ware to be sure to wash hands and change gloves before handling clean ware. B) The dietary director will hold weekly in service reminders to staff each Monday. C) Dietary Director D) Correction Date 4/22/2024 E) Enclosures Enclosure A. in-service for Gerale. Enclosure B. Copy of weekly in-service for kitchen staff.	04/26/2024
0878 SS= E	Medication/OTCS, Supplements, Change Order - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 5. An over-the-counter medication or a dietary supplement	0878	A) We contacted Valley Hospice to have them send D/C order for Trazodone 50 mg. for resident no. 1. B) We will ensure to do a routine hospice medication review on hospice provided medication on a timely basis any time	04/10/2024

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	may be given to a resident only if the resident's physician , physician assistant or advanced practice registered nurse has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician, physician assistant or advanced practice registered nurse. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician, physician assistant or advanced practice registered nurse. 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, physician assistant or advanced practice registered nurse must be administered as prescribed by the physician, physician assistant or advanced practice registered nurse. If a physician, physician assistant or advanced practice registered nurse 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 (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, physician assistant or advanced practice registered nurse 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, physician assistant or advanced practice registered nurse, a 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 record		orders are changed. C) Resident Services Director D) Correction Date 04/10/2024 E) Enclosures Enclosures C. - D/C Order for resident number 1. A) Trinity health care was contacted to send us a D/C order for resident no. 6 Tylenol 500 mg. B) B) We will ensure to do a routine hospice medication review on hospice provided medication on a timely basis any time orders are changed. Medication Technicians were in-serviced on reviewing and matching orders from outside providers. C) Resident Services Director D) Correction Date 4/22/2024 E) Enclosures Enclosure D. - D/C order for 500 mg tablet Enclosure E. - Medication Technician In-Service.	

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	review and interview, the facility failed to ensure 2 of 15 sampled residents received medication as prescribed by the physician (Residents #1 and #6). Findings include: Resident #1 (R1) R1 was admitted on 10/31/19 with a diagnosis of Dementia. R1's April 2024 Medication Administration Record (MAR) documented Trazadone 50 milligram (mg) tablet, take one tablet by mouth every day before bedtime. The MAR documented as administered. A physician order dated 11/24/22 documented Trazadone 50 mg tablet, take one tablet by mouth every day before bedtime. On 04/09/24 in the morning, Trazadone 100 mg was available on site for R1. The prescription label documented Trazadone tablet 100 mg, take one tablet by mouth every night at bedtime for insomnia. A review of R1's resident file revealed no D/C order was on file for Trazadone 50 mg tablet. On 04/09/24 in the afternoon, the Administrator and the Resident Services Director acknowledged R1's physician's order was for Trazadone 50 mg, the medication on site was for Trazadone 100 mg and R1's April 2024 MAR entry for Trazadone 50mg. Resident #6 (R6) R6 was admitted on 11/13/23 with a diagnosis of Dementia. R6's April MAR documented Acetaminophen tablet 500 milligram (mg), take one tablet by mouth three times a day as needed. A physician order dated 12/07/23 documented Tylenol 500 mg, take one by mouth three times a day as needed. A review of R6's medications revealed Acetaminophen 500 mg was not on site. There was no discontinue (D/C) order in R6's file for the Acetaminophen. On 04/09/24 in the morning, E1 acknowledged Acetaminophen was not on site. Severity: 2 Scope: 2			