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 _____	04/29/2025

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 04/29/25, 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 55. Fifteen resident files and nine employee files were reviewed. The facility received a grade of D. 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		

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 _____	04/29/2025

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
0040 SS= D	Supervision of AGC - NRS 449.186 Supervision of residential facility for groups. A residential facility for groups must not be operated except under the supervision of an administrator of a residential facility for groups or a health services executive licensed pursuant to the provisions of chapter 654 of NRS. Inspector Comments: Based on observation, document review and interview, the facility failed to notify the Bureau of Health Care Quality and Compliance (HCQC) and submit a Change of Administrator application within 10 days. Findings include: On 04/29/25 in the morning, observed a Board of Examiners for Long Term Care Administrators (BELTCA) Administrator license posted that was not the Administrator of record according to HCQC. The license was documented as issued on 03/01/25. On 04/29/25 in the morning, the new Administrator on site (Employee #8) was not the Administrator of record per HCQC, nor the Administrator posted in the facility. On 04/29/25 at 1:50 PM, Employee #8 reported the corporate office put the Administrator who was posted in the facility in place after the Administrator of record departed recently. On 04/29/25 at 1:50 PM, Employee #8 confirmed the observation and reported being the Administrator since the end of March. Review of the facility listing in ALiS did not reflect an application for Change of Administrator for the Administrator posted, or the new Administrator who was onsite. Severity: 2 Scope: 1	0040	The facility notified the Bureau of Health Care Quality and Compliance was notified and a Change of Administrator application on May 7, 2025. The Administrator license was posted in the facility on May 7, 2025. Employee #8 was educated by the Regional Director of Operations on required notifications to the Bureau of Health Care Quality and Compliance when there is a change in the Administrator, and required postings in the facility.	04/30/2025

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 _____	04/29/2025

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
0072 SS= D	Qualifications of Caregiver - Med Training - NAC 449.196 Qualifications and training of caregivers. (NRS 449.0302) 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Before assisting a resident in the administration of a medication, receive the training required pursuant to paragraph (e) of subsection 6 of NRS 449.0302, which must include at least 16 hours of training in the management of medication consisting of not less than 12 hours of classroom training and not less than 4 hours of practical training, and obtain a certificate acknowledging the completion of such training; (b) Receive annually at least 8 hours of training in the management of medication and provide the residential facility with satisfactory evidence of the content of the training and his or her attendance at the training; (c) Complete the training program developed by the administrator of the residential facility pursuant to paragraph (e) of subsection 1 of NAC 449.2742; and (d) Annually pass an examination relating to the management of medication approved by the Bureau. Inspector Comments: Based on interview and document review, the facility failed to ensure eight hours of Medication Management training was completed annually for 1 of 9 employees (Employee #9). Findings include: Employee #9 (E9) was hired on 02/27/20 as a Resident Services Coordinator. Review of E9's employee record revealed E9 last completed Medication Management training on 02/13/24. On 04/29/25, in the morning, a Resident Services Coordinator confirmed E9's last completed Medication Management training over a year ago, on 02/13/24. Severity: 2 Scope: 1	0072	Employee #9 Completed the 16-hours of Medication Management training. The Medication Management Training was completed on May 8, 2025. The Resident Service Coordinator was educated by the Administrator on May 5, 2025 regarding the requirement for the 8 and/or 16-hour Medication Management training. An audit was conducted on all Med-Tech certifications on May 5, 2025 at a 100% compliance. The facility initiated a monitoring system to identify those employees that require eight hours of Medication Management training annually and upon hire by the Business Office Manager on May 7 2025. The Business Office Manager will monitor all employees that require the annual 8 hours Medication Management training weekly X8 and then monthly X2 to ensure compliance	05/08/2025

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 _____	04/29/2025

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
0393 SS= D	Safety Requirements - NAC 449.226 Safety requirements for residents with restricted mobility or poor eyesight; water hazards; auditory systems for bathrooms and bedrooms; access by vehicles. (NRS 449.0302) 4. In a residential facility with more than 10 residents: (a) Each resident must be provided with, or the bedroom and bathroom of each resident must be equipped with, an auditory system that is monitored by a member of the staff of the facility. (b) An auditory system must be available for use in the bathroom of each resident of the facility if the facility was issued its initial license on or after January 14, 1997, so that a resident needing assistance can alert a member of the staff of the facility of that fact from the toilet and the shower. (c) A bathroom that is located in a common area of the facility must be equipped with an auditory system that is monitored by a member of the staff of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure 1 of 15 sampled residents had a functional call bell (Resident #5). Findings include: Resident #5 (R5) R5 was admitted on 10/01/24, with a diagnosis of dementia. On 04/29/25 at 9:45 AM, R5's call bell was located on the wall several feet from the bed. The call bell had a string attached and was looped through a hook on the wall next to the bed. The string next to the bed was connected to a rectangular piece of plastic. R5 demonstrated how to pull the string and tried to activate the call light but was unable to do so while in bed. A visiting family member also attempted to pull the string and had to use considerable force to activate the call light. On 04/29/25 at 9:45 AM, R5 was observed lying in bed and reported the string to the call bell was difficult to pull. R5 was unable to request assistance due to not being able to pull the cord with enough force to activate the light. On 04/29/25 at 9:45 AM, the Maintenance Director acknowledged the call bell was not functional for R5 and stated R5 should have been able to activate the call bell with ease. Severity: 2 Scope: 1	0393	Resident #5 had their call bell replaced to ensure proper functioning on April 29, 2025. An audit was completed by the Maintenance Director on 4/29/2025 on all residents to ensure they had a functional call bell. Education to all staff was initiated on 5/15/2025 by the Administrator on the importance of residents having functional call bells. Resident call bell functionality will be reviewed by the Maintenance Director, Clinical team, and Executive Director. The Maintenance Director will monitor resident weekly X4 and then monthly X2 to ensure functionality of call bells	04/30/2025

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 _____	04/29/2025

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
0515 SS= D	Supervision and Treatment of Residents - NAC 449.259 & R043-22 Supervision and treatment of residents generally. (NRS 449.0302) 1. A residential facility shall ensure that the staff of the facility collaborate with each resident of the facility, the family of the resident and other persons who provide care for the resident, including, without limitation, a qualified provider of health care, as interpreted by section 8 of this regulation, to: (a) Develop a person-centered service plan for the resident; and (b) Review the person-centered service plan at least once each year.; Inspector Comments: Based on interview and record review, the facility failed to ensure a Person Centered Care plan was reviewed and signed off by the facility and the resident or residents designee for 1 of 15 residents (Resident #15). Findings include: Resident #15 (R15) was admitted on 01/22/25 with diagnosis including Alzheimer's disease and major depressive disorder. Review of R15's medical record revealed a Person Centered Care plan dated 01/24/25, was not signed by the facility or the resident/resident designee. On 04/29/25, in the morning, a Resident Services Coordinator confirmed R15's Person Centered Care plan was incomplete and not signed off by the facility or the resident/resident designee. Severity: 2 Scope: 1	0515	Resident #15 had their Person Centered Care Plan reviewed and initiated on May 16, 2025 and signed off by the facility and the Resident's designee on May 21, 2025. The facility employees were educated by the Administrator on May 15, 2025 that residents have Person Centered Care plans reviewed and signed off by the facility and the resident or resident's designee All residents were audited by the clinical team and ED to ensure a Personal Centered Care plan was reviewed and signed off by the facility and the resident or residents designee. The Clinical Team and ED will monitor all residents to ensure a Person Centered Care Plan has been reviewed and signed off by the facility and the Resident or Resident's designee weekly X4 and then monthly X2	05/15/2025
0859 SS= D	Medical Care of Resident After Illness - NAC 449.274 and R043-22 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. (NRS 449.0302) 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by a qualified provider of health care in accordance with NRS 449.1845. The resident must be cared for pursuant to any instructions provided by the qualified provider of health care. Inspector Comments: Based on interview	0859	Resident # 15 had a physical exam initiated on May 14, 2025. Residents # 6, 9, and 13 had an annual exam initiated on May 14, 2025. All residents admitted within the last 30 days were audited to ensure an initial physical exam was completed by the Resident Services Coordinator on May 14, 2025. All residents were audited by the Resident Services Coordinator on All Employees were educated by the Executive Director on May 15, 2025 to ensure newly admitted residents had an initial exam requirement, and all residents	05/15/2025

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 _____	04/29/2025

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
	and record review, the facility failed to ensure an initial physical exam was completed for 1 of 15 residents (Resident #15) and an annual physical exam was completed for 3 of 15 residents (Resident #6, Resident #9 and Resident #13). Findings include: Resident #6 (R6) R6 was admitted on 10/28/22 with diagnosis including Alzheimer's disease and depression. Review of R6's medical record revealed R6 last completed a physical exam on 12/01/23. The file lacked documented evidence of an annual physical exam for 2024. Resident #9 (R9) Resident #9 (R9) was admitted on 10/31/18 with dementia and anxiety disorder. Review of R9's medical record revealed R9 last completed a physical exam on 01/17/23.The file lacked documented evidence of an annual physical exam for 2024 and 2025. Resident #13 (R13) R13 was admitted on 12/15/23 with diagnosis including Alzheimer's disease and arthritis. Review of R13's medical record revealed R13 last completed a physical exam on 11/30/23.The file lacked documented evidence of an annual physical exam for 2024. Resident #15 (R15) R15 was admitted on 01/22/25 with diagnosis including Alzheimer's disease and major depressive disorder. Review of R15's medical record lacked documentation an initial physical exam was completed for R15. On 04/29/25, at 11:25 AM, a Resident Services Coordinator confirmed annual physical exams had not been completed for R6, R9 and R13 and an initial physical exam was not completed for R15. Severity: 2 Scope: 1		require an annual exam. The Resident Service Coordinator will audit all new admissions to an initial physical exam has been completed weekly X4 and then monthly X2 and all residents weekly X4 and then monthly X2 to ensure an annual exam has been completed	
0878 SS= F	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 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-	0878	Resident #6 had Dicyclomine 20mg removed from the cart, no physician order was obtained. Tramadol 50 mg order was clarified to take one tablet by mouth every 12 hours as needed for pain. Physician and responsible party were notified of medication error, and there was no adverse effect to the resident. Resident #1 An order was also obtained from the physician to discontinue Furosemide 20mg. Physician and responsible party were notified of medication error, and there was no adverse	05/05/2025

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 _____	04/29/2025

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
	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 observation, record review and interview, the facility failed to ensure 1) medications were on site and available for administration and 2) a medication was missing a change order label 3) no physician order for 6 of 15 sampled residents (Resident #1, #2, #3, #6, #10 and #13). Findings include: Resident #6 (R6) R6 was admitted on 10/28/22, with a		effect to the resident. Resident #13 physician and responsible party was notified of medication error, and an order was obtained to discontinue the Nystatin. No adverse effect to the resident. Resident #3 order for Zofran was clarified by the provider to administer 4mg 1 tablet every 8 hours as needed for nausea and vomiting, and new medication received with matching label. Tylenol 500mg was discarded from the resident's medication bin. Physician and responsible party were notified of medication error, and there was no adverse effect to the resident. Resident #2 had a physician's order obtained to discontinue Calmoseptine ointment and Loperamide 2mg. Physician and responsible party notified of medication error, and no adverse effect noted to resident. Resident #10 had a physician's order to discontinue Loperamide 2mg. Physician and responsible party notified of medication error, and no adverse effect noted to resident. Resident #9 had Albuterol 90 micrograms removed from the current medication cart on May 1, 2025. Residents were audited on May 5, ,2025 to ensure no discontinued medications were stored with current medications and removed from medication cart on May 5, 2025. Facility educated employees by the Resident Service Director on ensuring that resident's discontinued medications were removed from medication cart and not stored with current medications on May 15, 2025. Resident that have orders for discontinued medications will be reviewed daily by the Resident Service Director/designee daily to ensure medications are removed from residents current medications.	

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 _____	04/29/2025

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
	diagnosis of Alzheimer's disease. R6's April 2025 Medication Administration Record (MAR) documented Dicyclomine 20 milligrams(mg). Take one tablet by mouth three times a day as needed for diarrhea. There was no physician's order and the medication was not on-site to administer. R6's physician order dated 01/14/25 and the April 2025 MAR documented Tramadol 50 mg. Take one tablet by mouth twice a day for pain. The medication bottle documented Tramadol 50 mg. Take one tablet by mouth twice a day as needed for pain. The medication bottle lacked a change order label and did not match the physician's order or the MAR. On 04/29/25 at 12:00 PM, the Medication Technician acknowledged Dicyclomine was not on site and was not aware if Dicyclomine was discontinued and acknowledged R6's Tramadol was missing a change order label. Resident #13 (R13) R13 was admitted on 12/15/23, with a diagnosis of dementia. R13's physician order dated 03/21/25 and the April 2025 MAR documented Nystatin Powder 100000. Apply topically to affected area every eight hours as needed for skin redness. The medication was not on-site to administer. On 04/29/25 at 12:00 PM, the Medication Technician acknowledged R13's medication was not on site and was not aware if the medication was discontinued. Resident #1 (R1) R1 was admitted on 12/16/24 with primary diagnoses of vascular dementia and cardiomyopathy. On 04/29/25 at 12:18 PM, a physician order dated 12/19/24, documented Furosemide 20 mg take 1/2 tablet once daily as needed for swelling and twice a week as needed when having increased lower extremity swelling was not on site to administer. The April 2025 MAR did not document the medication not being on site. On 04/29/25 at 12:18 PM, the Med Tech confirmed the Furosemide was not on site to administer to R1 and was not sure if the medication had been ordered. Resident #3 (R3) R3 was admitted on 03/22/24 with primary diagnoses including Alzheimer's disease, Type II diabetes and depression. On 04/29/25 in the afternoon, a physician order dated 04/09/25 documented Ondansetron 4 mg take 1 tablet every 8		The Resident Service Director/designee will audit residents that have discontinued medications weekly X4 and then monthly X2 to ensure that they are not stored with residents' current medications.	

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 _____	04/29/2025

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
	hours as needed. The medication bottle for the Ondansetron read to take 1 tablet twice a day as needed. The medication bottle lacked a change label. R3's medication bin contained a bottle of Tylenol 500 mg, with R3's name on it. The label read take 1 soft gel 2 times daily as needed. The medication was not listed on the April 2025 MAR and there was no physician order documented. On 04/29/25 in the afternoon, the Med Tech reported the Tylenol could not be administered to R3 without a physician order. The Med Tech confirmed the missing change label for R3's Ondansetron. Resident #2 (R2) R2 was admitted to the facility on 08/28/19, with a diagnosis of Alzheimer's. R2's April 2025 MAR documented Calmoseptine Ointment, apply two times a day to affected area as needed for rash and redness. A 06/27/23 physician's order documented Calmoseptine Ointment, apply two times a day to affected area as needed for rash and redness. On 04/29/25 in the morning, the medication was not on site to administer. R2's April 2025 MAR documented Loperamide 2 milligrams (mg), take 1 capsule by mouth every 6 hours as needed for diarrhea. A 07/28/22 physician's order documented Loperamide 2 milligrams (mg), take 1 capsule by mouth every 6 hours as needed for diarrhea. Loperamide was not onsite to administer. On 04/29/25 at 11:36 AM, the Medication Technician acknowledged R2's medications were not on site and was not aware if the medication was discontinued. The facility could not provide documentation Calmoseptine Ointment and Loperamide were discontinued. Resident #10 (R10) R10 was admitted on 06/29/23 with a diagnosis of dementia. R10's April 2025 MAR documented Loperamide 2 milligrams (mg). Take one tablet now. Then take one capsule after each loose bowel movement as needed. Max 8 capsules per day. A 06/11/24 physician's order documented Loperamide 2 mg. Take one tablet now. Then take one capsule after each loose bowel movement as needed. Max 8 capsules per day. On 04/29/25 in the morning, the medication was not on site to administer. On 04/29/25 at 11:45 AM, the			

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 _____	04/29/2025

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
	Medication Technician acknowledged R10's medication was not on site and was not aware if the medication was discontinued. Severity: 2 Scope: 3			
0885 SS= D	Medication - Destruction - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Inspector Comments: Based on observation and interview, the facility failed to ensure medications were destroyed for 1 of 15 sampled residents (Resident #9). Findings include: Resident #9 (R9) R9 was admitted on 10/31/18, with diagnosis including dementia. R9's physician order dated 04/04/25 and the April 2025 Medication Administration Record (MAR), documented discontinue Albuterol 90 micrograms. The medication was stored with R9's current medications. On 04/29/25 in the morning, the Medication Technician acknowledged R9's medication was discontinued and should have been removed from the medication cart. Severity: 2 Scope: 1	0885	Resident #9's medication Albuterol was discontinued and removed from the resident's current medication on 4/29/2025. Resident Service Director or designee will conduct weekly audits to ensure any discontinued resident medications are removed and properly disposed. The Resident Service Director or Resident Service Coordinator and the additional adult witness will document the disposal/destruction on the Medication Disposition Record. - both individuals will sign the Medication Disposition Record. Med-Techs and all Staff were educated on the Medication and Disposal/Destruction of expired/discontinued resident medication.	04/29/2025
0895 SS= F	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	0895	Resident #1, 2, 3, 4, 5, 6, 8, 10, 11, 13, 14, and 15 had their physicians and Responsible Parties made aware of medication error. No adverse effects were noted to any resident. All residents were audited for omissions on the MAR, for April 2025, any omissions noted had the provider notified of medication error on May 14, 2025. Med-Techs and all Staff were educated on the Rights of Medication Administration on May 15, 2025 by the Resident Service Director.	05/14/2025

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 _____	04/29/2025

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
	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 is out of the facility; and (7) Any mistakes made in the administration of medication. Inspector Comments: Based on interview, record review and document review the facility failed to ensure the Medication Administration Record (MAR) was initialed as given at the time of medication administration and failed to ensure the Medication Administration Record (MAR) was accurate for 12 of 15 residents. (Resident #1, #2, #3, #4, #5, #6, #8, #10, #11, #13, #14, and #15) Findings include: Resident #2 (R2) R2 was admitted to the facility on 08/28/19, with a diagnosis of Alzheimer's. R2's medication bin contained Trazodone 100 milligrams (mg), take one tablet by mouth every night at bedtime. A Physician's Order dated 04/04/24, and the April 2025 Medication Administration Record (MAR) documented Trazodone 100 milligrams (mg), take one tablet by mouth every night at bedtime. The medication was not documented as being administered at 8:00 PM on 04/09/25 and 8:00 PM on 04/26/25. R2's medication bin contained Acetaminophen 500 milligrams (mg), take one tablet by mouth three times a day. A Physician's Order dated 04/04/24, and the April 2025 Medication Administration Record (MAR) documented Acetaminophen 500 milligrams (mg), take one tablet by mouth three times a day. The medication was not documented as being administered at 2:00 PM on 04/04/25, at 8:00 PM on 04/09/25 and at 8:00 PM on 04/26/25. On 04/29/25 at 11:36 AM, the Medication Technician (Med Tech) acknowledged R2's Trazodone 100 mg was not documented as being administered at 8:00 PM on 04/09/25 and 8:00 PM on 04/26/25 and R'2		Resident Service Director / Resident Service Coordinator will monitor MAR for omissions weekly X4 and then monthly X2	

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 _____	04/29/2025

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
	Acetaminophen 500 mg was not documented as being administered at 2:00 PM on 04/04/25, at 8:00 PM on 04/09/25 and at 8:00 PM on 04/26/25. The Med Tech verbalized the evening Med Tech forgot to initial the medications as being given. Resident #8 (R8) R8 was admitted to the facility on 01/25/25, with a diagnosis of dementia. R8's medication bin contained Quetiapine 25 milligrams (mg), take one tablet two times daily. A Physician's Order dated 04/18/25, and the April 2025 Medication Administration Record (MAR) documented Quetiapine 25 milligrams (mg), take one tablet two times daily. The medication was not documented as being administered at 8:00 PM on 04/26/25. R8's medication bin contained Trazodone 50 mg, take one tablet every day at bedtime. A Physician's Order dated 02/12/25, and the April 2025 Medication Administration Record (MAR) documented Trazodone 50 mg, take one tablet every day at bedtime. The medication was not documented as being administered at 8:00 PM on 04/09/25 and 8:00 PM on 04/26/25. On 04/29/25 at 12:02 PM, the Medication Technician (Med Tech) acknowledged R8's Quetiapine 25 mg, was not documented as being administered at 8:00 PM on 04/26/25 and R'8 Trazodone 50 mg was not documented as being administered at 8:00 PM on 04/09/25 and 8:00 PM on 04/26/25. The Med Tech verbalized the evening Med Tech forgot to initial the medications as being given. Resident #10 (R10) R10 was admitted on 06/29/23 with a diagnosis of dementia. R10's medication bin contained Prednisone 5 milligrams (mg), take one tablet by mouth every morning and at bedtime. A Physician's Order dated 02/11/25, and the April 2025 Medication Administration Record (MAR) documented Prednisone 5 milligrams (mg), take one tablet by mouth every morning and at bedtime. The medication was not documented as being administered at 8:00 PM on 04/09/25 and 8:00 PM on 04/26/25. R10's medication bin contained Mirtazapine 7.5 mg, take one tablet by mouth every night at bedtime. A Physician's Order dated 06/29/23, and the April 2025 Medication Administration Record (MAR) documented			

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 _____	04/29/2025

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
	Mirtazapine 7.5 mg, take one tablet by mouth every night at bedtime. The medication was not documented as being administered at 8:00 PM on 04/09/25 and 8:00 PM on 04/26/25. R10's medication bin contained Abiraterone Acetate 250 mg, take four tablets by mouth once daily. Swallow whole with a full glass of water and do not eat anything for at least 2 hours before and 1 hour after. A Physician's Order dated 02/11/25, and the April 2025 Medication Administration Record (MAR) documented Abiraterone Acetate 250 mg, take four tablets by mouth once daily. Swallow whole with a full glass of water and do not eat anything for at least 2 hours before and 1 hour after. The medication was not documented as being administered at 8:00 PM on 04/09/25 and 8:00 PM on 04/26/25. On 04/29/25 at 11:45 AM, the Med Tech acknowledged R10's Prednisone 5 mg, Mirtazapine 7.5 mg and Abiraterone Acetate 250 mg, were not documented as being administered at 8:00 PM on 04/09/25 and 8:00 PM on 04/26/25. The Med Tech verbalized the evening Med Tech forgot to initial the medications as being given. Resident #14 (R14) R14 was admitted on 10/09/20 with a diagnosis of dementia. R14's file documented a Physician's order dated 04/17/25 documented Melatonin 10 milligrams (mg), take one table at bedtime as needed and a Physician's order dated 04/17/25 documented Tylenol Extra Strength 500 mg, take 1 tablet every 6 hours as needed for pain. On 04/29/25 at 12:45 PM, R14's medication bin contained a medication labeled Melatonin 10 milligrams (mg), take one table at bedtime as needed and a medication labeled Tylenol Extra Strength 500 mg, take 1 tablet every 6 hours as needed for pain. R14's April 2025 MAR lacked documented evidence of Melatonin 10 milligrams (mg), take one table at bedtime as needed and Tylenol Extra Strength 500 mg, take 1 tablet every 6 hours as needed for pain. On 04/29/25 at 12:45 PM, a Medication Technician acknowledged R14's MAR lacked documented evidence of Melatonin 10 mg and Tylenol Extra Strength 500 mg. Resident #15 (R15) R15 was admitted on 01/22/25 with a diagnosis of Alzheimer's.			

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 _____	04/29/2025

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
	R15's medication bin contained Quetiapine 25 milligrams (mg), take one tablet by mouth 2 times a day for agitation. A Physician's Order dated 02/13/25, and the April 2025 Medication Administration Record (MAR) documented Quetiapine 25 milligrams (mg), take one tablet by mouth 2 times a day for agitation. The medication was not documented as being administered at 8:00 PM on 04/09/25. R15's medication bin contained Trazodone 50 mg, take one tablet by mouth every night at bedtime for insomnia. A Physician's Order dated 12/27/24, and the April 2025 Medication Administration Record (MAR) documented Trazodone 50 mg, take one tablet by mouth every night at bedtime for insomnia. The medication was not documented as being administered at 8:00 PM on 04/09/25. R15's medication bin contained Diclofenac 1% gel, apply topical application two times a day to feet and toes for arthritis. A Physician's Order dated 12/27/24, and the April 2025 Medication Administration Record (MAR) documented Diclofenac 1% gel, apply topical application two times a day to feet and toes for arthritis. The medication was not documented as being administered at 8:00 PM on 04/09/25. On 04/29/25 at 11:45 AM, the Med Tech acknowledged R15's Quetiapine 25 mg, Trazodone 50 mg, and Diclofenac 1% gel were not documented as being administered at at 8:00 PM on 04/09/25. The Med Tech verbalized the evening Med Tech forgot to initial the medications as being given. Resident #4 (R4) R4 was admitted on 12/30/20, with a diagnosis of Alzheimer's disease. R4's medication bin contained Amlodipine 10 milligrams (mg), take one tablet by mouth every day. A Physician's Order dated 04/03/24, and the April 2025 Medication Administration Record (MAR) documented Amlodipine 10 milligrams (mg), take one tablet by mouth every day. The medication was not documented as given on 04/04/25 - 04/19/25. There was no reason listed why the medication was not given. R4's medication bin contained Citalopram 10 mg, take one tablet every day for depression. A Physician's Order dated 04/03/25, and the April 2025 MAR documented Citalopram 10 mg, take one tablet every day for			

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 _____	04/29/2025

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
	depression. The medication was not documented as given on 04/04/25 - 04/19/25. There was no reason listed why the medication was not given. On 04/29/25 at 12:02 PM, the Medication Technician (Med Tech) acknowledged the missing initials and verbalized the evening Med Tech forgot to initial the medications as given. Resident #5 (R5) R5 was admitted on 10/01/24, with a diagnosis of dementia. R5's physician order dated 04/22/25, and the mediation bin contained Ondansetron 4 mg. Dissolve one tablet by mouth every eight hours as needed for nausea or vomiting. The medication was not listed on the MAR. R5's physician order dated 04/22/25, and the mediation bin contained Hyoscyamine 0.125 mg. Take one tablet by mouth every four hours as needed for congestion or excess secretions. The medication was not listed on the MAR. R5's physician order dated 04/22/25, and the mediation bin contained Acetaminophen 650 mg suppository. Peel and insert one suppository rectally every six hours as needed for mild pain. The medication was not listed on the MAR. R5's physician order dated 04/22/25, and the mediation bin contained Morphine 30 mg. Take a half tablet by mouth every two hours as needed for severe pain or shortness of breath. The medication was not listed on the MAR. On 04/29/25 at 12:15 PM, the Med Tech acknowledged the medications were not listed on the MAR and should have been. Resident #6 (R6) R6 was admitted on 10/28/22, with a diagnosis of Alzheimer's disease. R6's physician order dated 01/14/25, and the mediation bin contained Melatonin 5 mg. Take one tablet by mouth every night at bedtime. The medication was not listed on the MAR. R6's physician order dated 01/14/25, and the mediation bin contained Melatonin 7.5 mg. Take one tablet by mouth three times a day. The medication was not listed on the MAR. A Physician's Order dated 03/11/24, and the April 2025 MAR documented Mirtazapine 7.5 mg, Take one tablet by mouth three times a day for depression. The medication was not documented as given on 04/01/25 - 04/14/25. There was no reason listed why the medication was not given. On 04/29/25			

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 _____	04/29/2025

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
	at 12:10 PM, the Med Tech acknowledged the medications were not listed on the MAR and should have been. The Med Tech acknowledged the missing initials and verbalized the Med Tech forgot to initial the medications as given. Resident #13 (R13) R13 was admitted on 12/15/23, with a diagnosis of dementia. A Physician's Order dated 03/11/24, and the April 2025 MAR documented Imodium 2 mg, Take two tablets by mouth at on set of diarrhea then take one tablet by mouth after each loose stool. The medication was not documented as given on 04/01/25 - 04/14/25. The medication was not listed on the MAR. On 04/29/25 at 12:10 PM, the Med Tech acknowledged the missing initials and verbalized the Med Tech forgot to initial the medications as given. Resident #1 (R1) R1 was admitted on 12/16/24 with primary diagnoses of vascular dementia an cardiomyopathy. On 04/29/25 at 12:09 PM, the April 2025 MAR lacked documentation of Ferrous Sulfate 325 mg take 1 tablet once daily being administered on 04/22/25 at 8:00 AM; Levothyroxine 50 micrograms (mcg) take 1 tablet every morning being administered on 4/22/25 at 7:00 AM; Multivitamin/Minerals tablet take 1 tablet once daily being administered on 04/22/25 at 8:00 AM; Aspirin 81 mg take 1 tablet once daily being administered on 04/22/25 at 8:00 AM, Citalopram 20 mg take 1 tablet once daily being administered on 04/22/25 at 8:00 AM; Cranberry take 1 4-8 ounces of cranberry juice with each meal being administered on 04/22/25 at 8:00 AM; Pantoprazole 40 mg take 1 tablet in the morning being administered on 04/22/25 at 7:30 AM; Quetiapine 25 mg take 1 tablet being administered at bedtime on 04/26/25 at 8:00 PM; Vitamin C 500 mg take 1 tablet daily being administered on 04/22/25 at 8:00 AM; and Zinc 50 mg take 1 tablet daily being administered on 04/22/25 at 8:00 AM. Physician orders for all medications matched the April 2025 MAR and the medications located in the medication cart. On 04/29/25 at 12:09 PM, the Med Tech acknowledged the missing initials on the April 2025 MAR and could not give a reason for the omissions. The Med Tech was not sure if R1's physician was notified. Resident			

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 _____	04/29/2025

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
	#3 (R3) R3 was admitted on 03/22/24 with primary diagnoses including Alzheimer's disease, Type II diabetes and depression. On 04/29/25 at 12:39 PM, the April 2025 MAR lacked documentation of Lorazepam 1 mg take 1 tablet twice daily being administered on 04/09/25 and 04/26/25 at 8:00 PM; and Trazodone 100 mg take 1 tablet at bedtime being administered on 04/09/25 and 04/26/25 at 8:00 PM. Physician orders for all medications matched the April 2025 MAR and the medications located in the medication cart. On 04/29/25 at 12:39 PM, the Med Tech confirmed the missing initials on the April 2025 MAR and could not give a reason for the omissions. Resident #11 (R11) R11 was admitted on 09/07/23 with primary diagnoses of dementia, atrial fibrillation, chronic kidney disease Stage 3 and encephalopathy. On 04/29/25 12:38 PM, the April 2025 MAR lacked documentation of Mirtazapine 15 mg take 1 tablet at bedtime being administered on 04/09/25 at 8:00 PM; Donepezil 10 mg take 1 tablet at bedtime being administered on 04/09/25 and 04/26/25 at 8:00 PM; and Lorazepam 0.5 mg take 1/2 tablet every 12 hours being administered on 04/09/25 and 04/26/25 at 8:00 PM. Physician orders for all medications matched the April 2025 MAR and the medications located in the medication cart. On 04/29/25 at 12:38 PM, the Med Tech confirmed the missing initials on the April 2025 MAR and could not give a reason for the omissions. Severity: 2 Scope: 3			

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 _____	04/29/2025

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
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 and interview, the facility failed to ensure that a resident's over-the-counter (OTC) medication was labeled properly according to the physician's orders for 2 of 15 sampled residents (Resident #6 and #13). Findings include: Resident #6 (R6) R6 was admitted on 10/28/22, with a diagnosis of Alzheimer's disease. An OTC medication bottle labeled Immodium 2 milligrams (mg) was not labeled with the physician's name. Resident #13 (R13) R13 was admitted on 12/15/23, with a diagnosis of dementia. An OTC bottle labeled Dicyclomine 20 mg. was not labeled with the physician's name. On 04/29/25 in the afternoon, the Medication Technician acknowledged R6 and R13's OTC's were not labeled with the physician's name. Severity: 2 Scope: 1	0923	Resident #6 Immodium was discarded and reordered. Resident #13 Diccyclomine was discarded and reordered All resident OTC Medications were audited by the Resident Service Coordinator on May 5, 2025 to ensure that OTC medications are labeled with physician Name. Resident Service Director or designee to OTC weekly X4 and then monthly X2 to ensure' they are labeled with physician name. All Med-Tech's and Staff were in-serviced on Over-the-Counter (OTC) Medications Going forward all new OTC medications will be reviewed upon delivery to ensure physician label.	05/05/2025

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 _____	04/29/2025

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
0938 SS= D	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (g) An evaluation of the resident ' s ability to perform the activities of daily living and a brief description of any assistance he or she needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his or her ability to perform the activities of daily living; and (3) In any event, not less than once each year. Inspector Comments: Based on record review and interview, the facility failed to ensure an annual Activities of Daily Living (ADL) Assessment was completed for 1 of 15 residents. (Resident #3) Findings include: Resident #3 (R3) R3 was admitted on 03/22/24 with primary diagnoses including Alzheimer's disease, Type II diabetes and depression. R3's file documented an initial ADL Assessment dated 03/22/24. R3's file lacked documented evidence of an annual ADL Assessment. On 04/29/25 in the afternoon, the Resident Services Director confirmed the missing annual ADL Assessment for R3 and acknowledged ADL Assessments were required annually. Severity: 2 Scope: 1	0938	Resident #3 had their annual ADL assessment completed on 5/21/2025. All residents were audited to ensure ADL annual assessment was initiated on May 19, 2025 on ensuring residents have an annual ADL assessment completed. Resident Services Director or designee will audit annual ADL assessment completion weekly X4 and then monthly X2 to ensure completion. Save Staff were educated by the Resident Service Director on May 15, 2025 on ensuring residents have an annual ADL assessment completed.	05/21/2025

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 _____	04/29/2025

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
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 a door leading to the outside was equipped with an audible alarm. Findings include: On 04/29/25 in the morning, the courtyard door alarm leading to the outside was turned off in hall C, E, and F. On 04/29/25 in the morning, the Maintenance Director acknowledged the door alarms were turned off and should have remained on to alert staff when the door was opened. Severity: 2 Scope: 3	0991	On April 29, 2025, the Maintenance Director verified that the audible alarm in question (in hall C, E, and F) was turned on. Additionally, all alarmed exit doors leading to the outside were checked on April 29, 2025 to ensure they were functioned properly. On May 15, 2025, all staff received in-service training on the proper use and monitoring of audible alarms. The training emphasized the importance of ensuring all alarms remain activated and functional at all times. Staff were instructed to immediately report any concerns regarding alarms - such as being turned off or malfunctioning - to the Executive Director for prompt resolution. Exit doors will be audited weekly X4 and then monthly X2 to ensure they are properly functioning.	04/29/2025
1037 SS= E	Care to Persons with Dementia - NAC 449.2768 and R043-22 Residential facility which provides care to persons with dementia: Training for employees. (NRS 449.0302, 449.094) 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that: (a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer ' s disease, successfully completes: (3) If such an employee is licensed or certified by an occupational licensing board, at least 3 hours of continuing education in providing care to a resident with dementia, which must be completed on or before the anniversary date of the first date the employee was initially employed at the facility. The requirements set forth in this subparagraph are in addition to those set forth in subparagraphs (1) and (2), may be	1037	The community completed an 8-hour Alzheimer's training for all staff on May 15, 2025. Moving forward a tracking system will be implemented to identify employees approaching their required Alzheimer's training deadline to ensure continue compliance	05/15/2025

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 _____	04/29/2025

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
	used to satisfy any continuing education requirements of an occupational licensing board, and do not constitute additional hours or units of continuing education required by the occupational licensing board. (4) If such an employee is a caregiver, other than a caregiver described in subparagraph (3), at least 3 hours of tier 2 training in providing care to a resident with dementia, which must be completed on or before the anniversary date of the first date the employee was initially employed at the facility. The requirements set forth in this subparagraph are in addition to those set forth in subparagraphs (1) and (2). Inspector Comments: Based on interview and record review, the facility failed to ensure three hours of Alzheimer's disease training was completed annually for 4 of 9 employees (Employee #3, Employee #4, Employee #7 and Employee #9). Findings include: Employee #3 (E3) E3 was hired on 01/09/20 as a Personal Care Attendant. Review of E3's employee record revealed E3 completed one hour of Alzheimer's disease training in the past 12 months. Employee #4 (E4) E4 was hired on 11/26/19 as a Personal Care Attendant. Review of E4's employee record revealed E4 completed two hours of Alzheimer's disease training in the past 12 months. Employee #7 (E7) E7 was hired on 06/17/22 as a Medication Technician. Review of E7's employee record revealed E7 completed one hour of Alzheimer's disease training in the past 12 months. Employee #9 (E9) Review of E9's employee record revealed E9 completed one hour of Alzheimer's disease training in the past 12 months. On 04/29/25, in the morning, the Administrator confirmed E3, E4, E7 and E9 did not completed at least three hours of Alzheimer's disease training in the past 12 months. Severity: 2 Scope: 2			

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 _____	04/29/2025

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
1840 SS= D	UNL Caregiver Training - R063-21 Sec. 4 1. An unlicensed caregiver who provides care to residents, patients or clients at a facility described in section 3 of this regulation shall annually complete evidence-based training provided by a nationally recognized organization concerning the control of infectious diseases. The training must include, without limitation, instruction concerning: (a) Hand hygiene; (b) The use of personal protective equipment, including, without limitation, masks, respirators, eye protection, gowns and gloves; (c) Environmental cleaning and disinfection; (d) The goals of infection control; (e) A review of how pathogens, including, without limitation, viruses, spread; and (f) The use of source control to prevent pathogens from spreading. 2. Each unlicensed caregiver who completes the training required by subsection 1 must provide proof of completion of that training to the administrator or other person in charge of the facility in which the unlicensed caregiver provides care. Inspector Comments: Based on interview and record review, the facility failed to ensure Infection Control training, for unlicensed staff, was completed annually for 1 of 8 employees (Employee #4). Findings include: Employee #4 (E4) E4 was hired on 11/26/19 as a Personal Care Attendant. Review of E4's employee record revealed E4 last completed infection control training on 03/26/24. On 04/29/25 in the morning, the Administrator was unable to provide documentation of completed Infection Control training in the past 12 months, for E4. Severity: 2 Scope: 1	1840	Employee #4 had completed her Infection Control training on 3/13/2025 (Certificate was mis-filed) employee is current on her Infection Control training. Business Office Manager will ensure a tracking system is in place to identify upcoming Infection Control training for all staff prior to their expiration date.	03/13/2025