DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**02/28/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE BRIDGE AT PARADISE VALLEY ASSISTED LIVING	**2205 EAST HARMON AVE, LAS VEGAS, NEVADA ,89119**

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey and a Facility Reported Incident (FRI) investigation conducted at your facility on 02/28/23 and finalized on 03/10/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Requirements for Residential Facility for Groups. The facility is licensed for 91 Residential Facility for Group beds which provides assisted living services for elderly and disabled persons and/or persons with chronic illness, 81 Category I, 10 Category II residents. The census at the time of survey was 42. Seventeen resident files and ten employee files were reviewed. The sample size was 18. The facility received a grade of D. There was one Facility Reported Incident (FRI) investigated: Substantiated: FRI #8090 was substantiated. (See TAG Y 859.) The investigation of the FRI included: -Interviews with the Administrator and the Resident Care Director. -Record review of 17 resident records, including the Resident of Concern. -Document review of Incident Reports and policies concerning resident rights and incidents. 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 investigations, 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		
0178 SS= F	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation	0178	This plan of correction is not to be construed as an admission of or agreement with the findings and conclusions in the Statement of Deficiencies, or the proposed administrative penalty (with right to correct) on the community. It is submitted as confirmation of our ongoing efforts to comply with all statutory and regulatory requirements.	03/28/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: Title: Date:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	and interview, the facility failed to ensure the premises were clean and well maintained. Findings include: - The laundry solution dispenser in the commercial laundry room was seeping into the wall and onto the floor. The wall and floor were wet and had a black substance on it. The cement behind the washer had a black sticky substance and a white build-up. - The paneling in the hallway near the staff break room was bulging, the trim was hanging down to the floor, and there was dirt build-up on the baseboards. - The carpet in Room #225 was soiled with black stains. - The toilet was constantly running and would not shut off in Room #217. The Maintenance Director acknowledged the findings and was not aware of how long the laundry solution dispenser was leaking, when the paneling started bulging, or how often resident carpets were cleaned. The Maintenance Director indicated the black mildew-like substance on the wall and the floor was not assessed for the presence of mold. The Caregiver acknowledged the resident's running toilet and was not aware of how long the toilet had been running. Severity: 2 Scope: 3		The facility desires that this plan of correction be considered the facilities recognition of compliance. 1. With respect to tag 0178 Health and Sanitation; commercial laundry room wall was wet. Apartments 225 carpet was soiled and 217 toilet was running constantly. 2. With respect to how the facility will identify and take corrective action: Maintenance Director cleaned behind commercial washer and dryer. Replaced drywall and dispenser replaced so no longer leaks. Apartment 225 was cleaned and apartment 217 toilet was repaired. 3. With respect to what systemic measures to be put in place to address stated concern: All work orders will be put into TELS our work order system. Work orders (TELS) will be audited by the Maintenance Director on a daily basis for 90 days. 4. With respect to how the plan of corrective measures will be monitored: The Maintenance Director will audit TELS system weekly for 90 days to ensure compliance and reviewed in the monthly QMPI meeting. 5. Maintenance Director will be responsible for the plan of correction to be implemented. 6. 3/28/23	

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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 02/28/2023, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Critical Violations: a. Two containers of cottage cheese in the walk-in cooler and two containers of cottage cheese in the reach-in refrigerator were expired 01/25/23. 2. Major Violations: a. In the bistro area, a wiping cloth bucket that had contained sanitizer was left out overnight and was stored in the basin of the hand washing sink. 3. Equipment and Maintenance Violations: a. The metal flashing on the dish tables around the dish machine was rusted and deteriorated. b. The food waste collector was not functioning. Severity: 2 Scope: 2	0255	1. With respect to tag 0255; kitchen inspection. 2. With respect to how the facility will identify and take corrective action: Immediately expired foods were discarded, sanitize buckets were cleaned and new sanitizer was put in red bucket, rusty metal flashing was removed and new metal flashing replaced. 3. With respect to what systemic measures to be put in place to address stated concern: Training on Expired foods with the dining team was completed 4/7/23 and training on changing out the sanitizing buckets at least every 2 hours. 4. With respect to how the plan of corrective measures will be monitored: Weekly the Dining Director will use the weekly kitchen inspection sheets to monitor the corrective measures. Any discrepancies will be corrected immediately and associates will be educated. Kitchen inspections will be reviewed in the monthly QMPI meeting. 5. Dining Director will be responsible for the plan of correction. 6. 4/7/23	04/10/2023

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0273 SS= D	Nutrition and Service of Food - Special Diet - NAC 449.2175 4. A resident who has been placed on a special diet by a physician or licensed dietitian must be provided a meal that complies with the diet. The administrator of the facility shall ensure that records of any modifications to the menu to accommodate for special diets prescribed by a physician or licensed dietitian are kept on file for at least 90 days. Inspector Comments: Based on interview and record review, the facility failed to ensure 1 of 17 sampled residents was provided with a special diet (Resident #10). Findings include: Resident #10 (R10) R10 was admitted to the facility on 01/31/21 with diagnoses including morbid obesity, hypertension, and type II diabetes mellitus, and readmitted from the Hospital on 01/19/23. The Hospital Discharge Record / Order dated 01/19/23 documented Diet Instructions of low sodium and low fat. The Resident Care Evaluation completed by the Resident Care Director on 01/23/23 documented R10 required a prescribed diet of low sodium and no salt added. There was no documented evidence the facility attempted to clarify the special diet order with the physician. On 02/28/23 at approximately 1:00 PM, a Medication Technician (Med Tech) indicated not being aware R10 was supposed to be on a special diet. The Med Tech verbalized R10 regularly ordered cheeseburgers and other high fat foods for lunch and dinner. On 02/28/23 at approximately 1:15 PM, the Cook indicated not being aware R10 was on a special diet. On 02/28/23 at 3:00 PM, the Administrator and the Resident Care Director indicated not being aware R10 was prescribed a special diet. Severity: 2 Scope: 1	0273	1. With respect to tag 0273; Nutrition and Service of Food - Special Diet. 2. With respect to how the facility will identify and take corrective action: Immediately diet board was updated with diet information sheets for residents that have allergies and special diets. 3. With respect to what systemic measures to be put in place to address stated concern: Executive Director conducted training with staff on special diets, allergies and the importance of the use of the diet board. 4. With respect to how the plan of corrective measures will be monitored: The RCD and ED will audit all new admissions for diet modifications. The RCD will monitor diet orders changes to ensure diet changes get to the Dining Service Director. The Dining Service Director will review in the monthly QMPI. 5. Dining Director will be responsible for the plan of correction. 6. 4/7/23	04/07/2023
0690 SS= F	Residents Requiring Use of Oxygen - NAC 449.2712 Residents requiring use of oxygen. (NRS 449.0302) 1. A person who requires the use of oxygen must not be	0690	1. With respect to tag 0690 Residents requiring oxygen use.	03/31/2023

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	admitted to a residential facility or be permitted to remain as a resident of a residential facility unless he or she: (a) Is mentally and physically capable of operating the equipment that provides the oxygen; or (b) Is capable of: (1) Determining his or her need for oxygen; and (2) Administering the oxygen to himself or herself with assistance. 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician; and (b) Ensure that: (1) The resident ' s physician evaluates periodically the condition of the resident which necessitates his or her use of oxygen; (2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored; (3) Persons do not smoke in those areas where smoking is prohibited; (4) All electrical equipment is inspected for defects which may cause sparks; (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; (6) The equipment used to administer oxygen is in good working condition; (7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and (8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident. Inspector Comments: Based on observation and interview, the facility failed to ensure oxygen tanks were secured as evidenced by: One small oxygen tank was unsecured on the kitchen table while in use by the resident in Room #113. Three small oxygen tanks were unsecured on the floor in Room #114. The Maintenance Director acknowledged the unsecured oxygen tanks in room #113 and #114 and indicated they should have been secured. Severity: 2		2. With respect to how the facility will identify and take corrective action: Immediately all portable oxygen tanks will be placed in a safe racks. 3. With respect to what systemic measures to be put in place to address stated concern: Training on proper storage of portable oxygen was conducted with the care team by the Executive Director. 4. With respect to how the plan of corrective measures will be monitored: The RCD will audit all residents rooms that are on oxygen weekly for 3 months. The audit will be reviewed in the monthly QMPI meeting. 5. Resident Care Director will be responsible for the plan of correction. 6. 3/31/23	

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	Scope: 3			
0859 SS= D	Medical Care of Resident After Illness - NAC 449.274 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 his or her physician. The resident must be cared for pursuant to any instructions provided by the resident ' s physician. Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 17 sampled residents received an annual physical examination (Resident #9 and Resident #15); and 1 of 17 sampled residents received a physical examination and assessment after a significant change (Resident #17). Findings include: Resident #9 (R9) R9 was admitted on 11/30/21 with diagnoses of diabetes and hypertension. R9's file lacked documented evidence of an annual physical examination. Last documented physical examination was completed on 11/24/21. Resident #15 (R15) R15 was admitted on 12/28/21, with a diagnosis of hypertension. R15's file lacked documented evidence of an annual physical examination. Last documented physical examination was completed on 12/28/21. The Resident Care Director acknowledged R9's and R15's file lacked an annual physical and was unable to provide documented evidence. Resident #17 (R17) R17 was admitted to the facility on 08/31/21 with diagnoses including mild neurocognitive disorder, anxiety, and left eye blindness. The Physician's Report dated 08/31/21 documented R17 had a secondary diagnosis of brief psychosis and R17 was not able to leave the facility unassisted due to being disoriented at times and needed redirection. The Physician's	0859	1. With respect to tag 0859; Medical Care of Resident After Illness 2. With respect to how the facility will identify and take corrective action: Immediately Physical exams (physician reports) will be obtained for residents prior to move -in, annually and with a change of condition. 3. With respect to what systemic measures to be put in place to address stated concern: Executive Director conducted training on the importance of physician reports prior to move -in, annually and when a change of condition. 4. With respect to how the plan of corrective measures will be monitored: Weekly the Executive Director and RCD will audit new resident charts using the admission checklist and anyone with a change of condition in the weekly care service review meeting and discrepancies will be corrected by the RCD. The audits will be monitored in the monthly QMPI meeting. 5. Resident Care Director will be responsible for the plan of correction. 6. 4/28/23	04/28/2023

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	Report dated 04/22/22 documented R17 was diagnosed with bipolar and dementia and was not able to leave the facility unassisted. The facility's Incident Report documented an elopement incident on 11/14/22 at 12:29 PM. R17 was found next door at a skilled nursing facility (SNF) wearing a nightgown and a blanket and was trying to get on the SNF's bus. R17 stated they wanted to get on the bus to go home to get their babies. The 11/14/22 Incident Report documented steps to be taken to prevent future occurrences was to have the resident evaluated by a physician. R17's file lacked documented evidence of a physician assessment / evaluation after the elopement incident on 11/14/22. The Physician's Report dated 01/09/23 documented R17 had dementia with behaviors and bipolar disorder, had memory impairment, was frequently confused with wandering outside (Leaves building after being asked not to), and was appropriate for a residential facility which provided care to individuals with Alzheimer's disease or related dementia. R17 was discharged on 01/13/23 to a Residential Facility for Groups with an endorsement for Alzheimer's residents. On 02/28/23 at 11:30 AM, the Administrator and the Resident Care Coordinator verbalized R17 returned to the facility on the date of the elopement (11/14/22) and was not discharged from the facility until 01/09/23. They verified R17 did not get assessed by a physician until 01/09/23. The Administrator acknowledged the resident should have been assessed by a physician immediately after the elopement incident due to the significant mental change of condition, and should have been assessed for a higher level of care, as the facility did not have an endorsement and secure environment to provide care for residents with dementia. Severity: 2 Scope: 1 FRI #8090			

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0876 SS= D	Medication Administration - NRS 449.0302 - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of: (a) Controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.0302 are met. (b) Insulin using an auto-injection device only if the conditions prescribed in NRS 449.0304 and NAC 449.1985 are met. Inspector Comments: Based on record review and interview, the facility failed to ensure 3 of 17 sampled residents had a signed ultimate user agreement (Resident #6 was admitted on 09/30/22, Resident #12 was admitted on 09/30/21 and Resident #13 was admitted on 11/25/20). The Wellness Director acknowledged the residents were missing a signed ultimate user agreement and was unable to provide documented evidence. Severity: 2 Scope: 1	0876	1. With respect to tag 0876; Medication Administration: Ultimate User Agreements 2. With respect to how the facility will identify and take corrective action: Immediately Ultimate User Agreements will be signed by the said residents. Ultimate user agreements will be signed by residents before move in and change of condition in med management 3. With respect to what systemic measures to be put in place to address stated concern: Executive Director conducted training on Ultimate User Agreements with the Resident Care Director, Sales Director and Med Techs. The ED or designee will audit new admission charts for 90 days to ensure ultimate user agreements are signed. The RCD will ensure anyone with a change of condition in med management a new ultimate user agreement will be updated and signed. 4. With respect to how the plan of corrective measures will be monitored: The audits will be monitored in the QMPI meetings for 3 months. 5. Resident Care Director will be responsible for the plan of correction. 6. 4/6/23	04/06/2023
0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 - 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 has	0878	1. With respect to tag 0878; Medications/OTC - Supplements and Change Orders	03/31/2023

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	approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. 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 must be administered as prescribed by the physician. If a physician 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 (Previously Y 0879) (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 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, the 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, interview, record review, and document review, the facility failed to ensure medications were on site and physician orders were followed for 2 of 17 sampled residents (Resident #8). Findings include: Resident #2 (R2) R2 was admitted on 04/03/17 with diagnoses including bronchiectasis, chronic obstructive		2. With respect to how the facility will identify and take corrective action: Immediately medication list was sent to the physician for clarification. Received clarification orders with d/c of medications for residents and / or refills for medications that continued. Medications ordered through pharmacy and received. 3. With respect to what systemic measures to be put in place to address stated concern: Training with med techs on OTC medications; orders, refills, clarifications, and medications to be in building within 5 days. RCD and Administrator will ensure that OTC medications are available for the resident within 5 days of receiving an order or change in order. 4. With respect to how the plan of corrective measures will be monitored: The RCD will monitor the physician orders to ensure the med management policy is followed. RCD will review the missed med report daily and follow up per company policy. All med management concerns will be reviewed in QMPI monthly meeting. 5. Resident Care Director will be responsible for the plan of correction. 6. 3/31/23	

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	pulmonary disease (COPD), and chronic kidney disease. On 02/28/23 in the afternoon, the following medications were documented in R2's Medication Administration Record (MAR), but were not on site. - Aspirin EC (enteric coated), 81 milligram (mg) tablet, take one tablet by mouth once daily for heart health. (Physician's order dated 02/23/23) - Diclofenac over the counter (OTC) 1% Gel, apply sparingly to affected area once a day. (Physician's order dated 11/17/22) - Ferrous Sulfate, 325 mg tablet, give one tablet by mouth three times a day for supplement. (Physician's order dated 09/02/21) - Levothyroxine Sodium 75 mg tablet, take one tablet by mouth once daily. (Physician's order dated 02/22/23) - Nitrofuran Mono-Macro 100 mg capsule, take one capsule by mouth twice daily with meals for urinary tract infection (UTI) symptoms. (Physician's order dated 11/17/22) -Vitamin D3 2,000 unit capsule, give one capsule by mouth one time a day. (Physician's order dated 09/02/21) - Lidocaine 4% cream, apply to the affected area(s) 2 grams (gm) three times daily. (Physician's order dated 12/22/22) - Loperamide (Anti-Diarrheal) 2 mg tablet, take two tablets by mouth initially, followed by one tablet after each loose bowel movement (bm). Do not exceed 8 tablets/day. (Physician's order dated 11/17/22) - Vitamin B12 5,000 microgram (mcg) tab, take one tablet by mouth every other day. (Physician's order dated 11/17/22) - Ondansetron ODT 4 mg, take one tablet by mouth every 8 hours as needed for nausea/vomiting. (Physician's order 2/22/23) - Breztri Aerosphere (120 Inhalations) 160-9-4.8 MCG/Actuation, inhale two puffs by mouth twice daily for COPD (once in the morning and once in the evening). (Physician's order dated 12/22/22) Resident #8 (R8) R8 was admitted on 07/22/22 with diagnoses including diabetes, hyperlipidemia, chronic obstructive pulmonary disease, bipolar, depression, and anxiety. On 02/28/23 in the morning,			

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		A. BUILDING _____ B. WING _____	**02/28/2023**

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	the following eight medication orders were documented in R8's Medication Administration Record (MAR), but were not on site. -Docusate Sodium Oral Capsule 100 mg (Docusate Sodium), Give 1 capsule by mouth two times a day for constipation. (Physicians order dated 09/17/22.) -Famotidine 20 mg tablet, Take 2 tablets by mouth twice daily (indications for use: GERD (gastro esophageal reflux disease). (Physicians order dated 12/23/22.) -Fish Oil Capsule (Omega-3 Fatty Acids), Give 1 capsule by mouth one time a day for Heart Health. (Physicians order dated 09/15/22.) -Potassium Chloride 10 mEq (milli-equivalents) Tablet ER (Extended Release), Take 2 tablets by mouth once daily (indications for use: supplement). (Physicians order dated 12/23/22.) -Acidophilus 1 BILL. (100) mg Capsule, Take 1 capsule by mouth once daily (indications for use: bowels). (Physicians order dated 11/03/22.) -Furosemide 40 mg tablet, Take 2 tablets by mouth once daily (indications for use: Edema). (Physicians order dated 08/17/22.) -Alprazolam Oral Tablet 0.5 mg, Give 1 tablet by mouth every 12 hours as needed for Anxiety. (Physicians order dated 12/15/22.) -Loratadine 10 mg Tablet, Take 1 tablet by mouth once daily as needed (indications for use: Allergies). (Physicians order dated 11/17/22.) On 02/28/23 at 11:30 AM, the Medication Technician (Med Tech) verbalized having brought R8's missing medication situation to the Resident Care Director's attention for the last two weeks, but no action had been taken. On 02/28/23 in the afternoon, the Administrator and Resident Care Coordinator verbalized they did not know R2 and R8 did not have medications on site. The facility policy, Medication Assistance Record, revised 08/22/22, documented the Resident Care Director / designee were responsible to ensure medication management according to physician orders. The Resident Care Director / designee ensures an adequate supply of medication is available for the			

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	oncoming shift and ensures a pharmacy refill process is in place. Severity: 2 Scope: 1			
0883 SS= D	Medication - Resident Refusal - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 7. If a resident refuses, or otherwise misses, an administration of medication, a physician must be notified within 12 hours after the dose is refused or missed. Inspector Comments: Based on interview, record review, and document review, the facility failed to notify the physician within twelve hours of missed medications for 2 of 17 sampled residents (Resident #2 and Resident #8). Resident #2 (R2) R2 was admitted on 04/03/17 with diagnoses including bronchiectasis, chronic obstructive pulmonary disease (COPD), and chronic kidney disease. On 02/28/23 in the afternoon, the following nine medication orders were documented in R2's February 2023 Medication Administration Record (MAR), but were not available on site. R2's file lacked evidence of the physician being notified of missed medication doses. Physician's order dated 02/23/23: Aspirin EC 81 milligram (mg) tablet Take one tablet by mouth once daily at bedtime. For the period of 02/23/23 through 02/28/23, four doses were documented as not given on the MAR. Physician's order dated 11/17/22: Diclofenac OTC 1% Gel Apply sparingly to affected area once daily. For the period of 02/01/23 through 02/28/23, ten doses were documented as not given on the MAR. Physician's order dated 09/02/21: Ferrous sulfate 32 mg (65 mg iron) tablet DR Give one tablet by mouth three times a day for supplement. For the period of 02/01/23 through 02/28/23, 56 doses were documented as not given on the MAR. Physician's order dated 02/22/23: Levothyroxine Sodium 75 microgram (mcg) tablet Take one tablet by mouth once daily. For the period of 02/01/23 through 02/28/23,	0883	1. With respect to tag 0883; Medication; Resident Refusal 2. With respect to how the facility will identify and take corrective action: Immediately a medication list was sent to the physician for clarification. Received clarification orders with d/c of medications that resident refuses. 3. With respect to what systemic measures to be put in place to address stated concern: Executive Director conducted training with med techs on Refusal of Medications; physician must be notified within 12 hours after a dose of medication is refused or missed. Fax a physician and keep on file 4. With respect to how the plan of corrective measures will be monitored: Weekly the Resident Care Director will audit the refusal med report for 90 days and follow up with physician anyone that has refused medications per regulation. The audits will be reviewed in the monthly QMPI meeting. 5. Resident Care Director will be responsible for the plan of correction. 6. 4/12/23	04/12/2023

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	four doses were documented as not given on the MAR. Physician's order dated 11/17/22: Nitrofurant Mono-Macro 100 mg capsule Take one capsule by mouth twice daily with meals for urinary tract infection (UTI) symptoms. For the period of 02/01/23 through 02/28/23, 40 doses were documented as not given on the MAR. Physician's order dated 09/02/21: Vitamin D3 2,000 unit capsule Give one capsule by mouth one time a day for supplement. For the period of 02/01/23 through 02/28/23, one dose was documented as not given on the MAR. Physician's order dated 12/22/22: Lidocaine 4% cream (G) Apply to the afected area(s) two grams three times daily. For the period of 02/01/23 through 02/28/23, 40 doses were documented as not given on the MAR. Physician's order dated 11/17/22: Loperamide (Anti-Diarrheal) 2 mg tablet Take two tablets by mouth initially followed by one table after each loose bowel movement (BM). Do not exceed eight tablets per day. For the period of 02/01/23 to 02/28/23, nine doses were documented as not given on the MAR. Physician's order dated 11/17/22: Vitamin B-12 5,000 mcg tab rapdis Take one tablet by mouth every other day. For the period of 02/01/23 through 02/28/23, eight doses were documented as not given on the MAR. Resident #8 (R8) R8 was admitted on 07/22/2022 with diagnoses including diabetes, hyperlipidemia, chronic obstructive pulmonary disease, bipolar, depression, and anxiety. On 02/28/2023 in the morning, the following six medication orders were documented in R8's Medication Administration Record (MAR), but were not available on site. R8's file lacked evidence of the physician being notified of missed medication doses. Physicians order dated 09/17/2022. Docusate Sodium Oral Capsule 100 mg (Docusate Sodium) Give 1 capsule by mouth two times a day for constipation. For the period between 02/12/2023 through 02/28/2023 19 doses were documented as not given on the MAR. Physicians order			

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	dated 12/23/2022. Famotidine 20 MG Tablet Take 2 tablets by mouth twice daily (indications for use: gastroesophageal reflux disease GERD). For the period between 02/08/2023 through 02/28/2023 26 doses were documented as not given on the MAR. Physicians order dated 09/15/2022. Fish Oil Capsule (Omega-3 Fatty Acids) Give 1 capsule by mouth one time a day for Heart Health. For the period between 02/12/2023 through 02/28/2023 11 doses were documented as not given on the MAR. Physicians order dated 12/23/2022. Potassium Chloride 10 MEQ Tablet ER Take 2 tablets by mouth once daily (indications for use: supplement). For the period between 02/12/2023 through 02/28/2023 11 doses were documented as not given on the MAR. Physicians order dated 11/03/2022. Acidophilus 1 BILL. (100) mg Capsule Take 1 capsule by mouth once daily (indications for use: bowels). For the period between 02/15/2023 through 02/28/2023 nine doses were documented as not given on the MAR. Physicians order dated 08/17/2022. Furosemide 40 MG Tablet Take 2 tablets by mouth once daily (indications for use: Edema). For the period between 02/12/2023 through 02/28/2023 ten doses were documented as not given on the MAR. On 02/28/23 at 11:30 AM and 1:30 PM, the Medication Technician acknowledged that R2 and R8 had missed medication doses and did not know if the physician had been notified. The facility policy, Medication Assistance Record, revised 08/22/22, documented the Resident Care Director would ensure missed doses and medication refusal had a physician notification completed and documented in the resident record. Severity: 2 Scope: 2			
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	0920	1. With respect to tag 0920; Medication; Storage - Self Medicator's	04/19/2023

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	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 medications were secured for 2 of 15 residents who self-administered medications (Resident #6 was not in the room and the door was unlocked with two inhalers and a box of Albuterol unsecured on the kitchen table and nightstand. The Medication Technician acknowledged the unsecured medications and was not aware residents who self-medicate had to ensure medications were locked. Severity: 2 Scope: 3 Resident #4 (R4) R4 was admitted on 02/28/18 with diagnoses including chronic obstructive pulmonary disease, hypothyroidism, and hypertension. On 02/28/23, R4 was not in the room and the door was unlocked. The following medications were unsecured in R4's room: acidophilus probiotic, motion sickness relief, albuterol sulfate, Pepto-Bismol, Fleet laxative glycerin suppositories, Therapain Plus Natural Pain Relief Plus Glucosamine and MSM, and Phyto plex antifungal powder. At 12:10 PM, a Caregiver acknowledged the medication items in the room and commented the door had been unlocked since they started working at the facility a few weeks prior. The Caregiver		2. With respect to how the facility will identify and take corrective action: Immediately the resident was educated about the safety of self medication management including all medication needing to be locked in the provided locked drawer in apartment and apartment should remain locked. 3. With respect to what systemic measures to be put in place to address stated concern: Executive Director conducted training with med techs on the importance of medications being locked up in residents apartments in their locked drawer or to keep their apartment door locked. 4. With respect to how the plan of corrective measures will be monitored: Weekly the Resident Care Director and Executive Director will audit all residents who self administer medications to ensure medications are locked up. The audit will be reviewed monthly in QMPI. 5. Resident Care Director will be responsible for the plan of correction. 6. 4/19/23	

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	verbalized they did not know the door had to be locked if there were unsecured medications in a resident's room. Severity: 2 Scope: 3			
0936 SS= F	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: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on interview and record review, the facility failed to provide tuberculin (TB) testing for 10 of 17 sampled residents (Resident #1, #3, #4, #5, #6, #8, #9, #13, #14, and #15). Findings include: Resident #1 (R1) R1 was admitted to the facility on 12/22/21 with diagnoses including cerebral vascular accident and gout. R1's file documented a negative 1-step TB test dated 12/26/19. The file lacked documented evidence of an initial 2-step and annual TB testing. Resident #4 (R4) R4 was admitted on 02/28/18 with diagnoses including chronic obstructive pulmonary disease (COPD), hypothyroidism, and hypertension. R4 was last administered an annual TB skin test on 07/06/21. There was no documented evidence of an annual TB test for 2022 in R4's file. Resident #14 (R14) R14 as admitted on 01/04/21 with diagnoses including atrial fibrillation, chronic kidney disease, congestive heart failure, and chronic obstructive pulmonary disease. R14 was last administered an initial or two step TB skin test on 01/02/21. There was no	0936	1. With respect to tag 0936; Maintenance and contents of separate file - Residents TB test will be maintained in residents file 2. With respect to how the facility will identify and take corrective action: Immediately a TB clinic was held for all residents needing annual TB tests. If annual TB test was late, resident received a 2 - step TB test or a T-spot (QuantiFERON) blood draw. Results will be in the residents chart; files will be kept locked in the med room. 3. With respect to what systemic measures to be put in place to address stated concern: Executive Director conducted training on the importance on 2 step TB test before move in and annual TB testing of residents. 4. With respect to how the plan of corrective measures will be monitored: Resident charts will be audited monthly to ensure compliance. The audits will be monitored in the monthly QMPI meetings. 5. Resident Care Director will be responsible for the plan of correction. 6. 4/12/23	04/12/2023

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	documented evidence of an annual TB test for 2022 and 2023 in R14's file. Resident #5 (R5) R5 was admitted on 12/27/22, with diagnoses including atrial fibrillation and hypertension. R5's file lacked documented evidence a two-step TB test was completed upon admission. Resident #6 (R6) R6 was admitted on 09/30/22, with diagnoses including cardiopulmonary disease and hypertension. R6's file lacked documented evidence a two-step TB test was completed upon admission. Resident #9 (R9) R9 was admitted on 11/30/21, with diagnoses including diabetes and hypothyroid. R9 had a one-step TB test completed on 12/01/21. The file lacked documented evidence of a second-step TB test was completed and lacked evidence of an annual TB test. Resident #13 (R13) R13 was admitted on 11/25/20, with diagnoses including hemiplegia. R13's file documented a two step TB test completed on 11/27/20. The file lacked documented evidence an annual TB test for 2021 and 2022. Resident #3 (R3) R3 was admitted on 02/01/22, with diagnoses including hypertension, sciatica, and chronic obstructive pulmonary disease. R3's file documented a two-step TB test completed on 02/08/22. The file lacked documented evidence of an annual TB test for 2023 Resident #8 (R8) R8 was admitted on 07/22/22, with diagnoses including diabetes, hyperlipidemia, and chronic obstructive pulmonary disease. R8's file lacked documented evidence a two-step TB test was completed upon admission. . Resident #15 (R15) R15 was admitted on 12/28/21, with diagnoses including hypertension. R15's file documented a two-step TB test was completed on 11/07/21. The file lacked documented evidence of an annual TB test for 2022. The Wellness Director acknowledged R1, R3, R4, R5, R6, R8, R9, R13, R14, and R15's records lacked complete TB testing. Severity: 2 Scope: 3			