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 _____	**06/23/2023**

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**

(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 the Mandatory Grading survey initiated on 06/21/23 and completed on 06/23/23, in accordance with Nevada Administrative Code, Chapter 449, Requirements for Residential Facilities 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 beginning of the survey was 33. The sample size was five residents. The facility received a grade of A. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil 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		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: FREDERICK BROWN Title: Administrator Date: 08/02/2023

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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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.	0178	1. 1. What actions will be taken to correct the rule violation for each example/resident? A meeting was held between the Maintenance director and Executive Director on6/26/23 and the Maintenance director addressed interior and exterior concerns. 2. 2. How will the system be corrected so this violation will not happen again? All Maintenance issues and concerns will be addressed in a timely manner and entered into TELs system for correction. 3. 3. How often will the area needing correction be evaluated? Executive director will do weekly and monthly inspection rounds with the Maintenance director of the interior and exterior. They will address safety and maintenance concerns. 4. 4. Who will be responsible to see that the corrections are completed/monitored? The Maintenance Director and Executive Director will ensure compliance and monitor outcome during monthly QMPI meeting.	06/26/2023

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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.	0255	1. 1. What actions will be taken to correct the rule violation for each example/resident? Dietitians last reports and permits were located and uploaded correctly on 6/30/23. 2. 2. How will the system be corrected so this violation will not happen again? The facility will maintain the employment of a registered and licensed dietitian that follows the Bureau's guidelines and will completely quarterly inspections of the dietary department. 3. 3. How often will the area needing correction be evaluated? The registered dietitian will conduct quarterly inspections. 4. 4. Who will be responsible to see that the corrections are completed/monitored? The Dining Services Director and Executive Director will ensure compliance and monitor outcome during monthly QMPI meetings.	06/30/2023

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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.	0273	1. What actions will be taken to correct the rule violation for each example/resident? An audit of special diets was conducted, and the diet orders were placed on the diet board in the kitchen per policy. 2. How will the system be corrected so this violation will not happen again? The facility and Registered Dietitian will follow the regulatory compliance of special diets that are prescribed by physicians. The Resident Care Director will give a copy of the orders to the Dining Services Director. 3. How often will the area needing correction be evaluated? The Dining Services Director or their designee will conduct monthly audits and will notify the Registered Dietitian via email or fax. 4. Who will be responsible to see that the corrections are completed/monitored? The Dining Services Director and Executive Director will ensure compliance and monitor outcome during monthly QMPI meetings.	06/26/2023
0690 SS= D	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 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	0690	1. 1. What actions will be taken to correct the rule violation for each example/resident? An audit of residents currently using oxygen was conducted. Physician orders were	06/29/2023

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	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, interview, and record review, the facility failed to: 1) ensure Oxygen was administered per physician's orders; and 2) ensure there was a back up Oxygen tank available in the event of a power emergency for one of five sampled residents (Resident #5). Findings include: Resident #5 (R5) R5 was admitted to the facility on 04/03/17 with diagnoses including bronchiectasis, malignant neoplasm of breast, and myasthenia gravis. The physician's orders dated 05/15/23 documented, Continuous Oxygen at 2-5 liters per minute (LPM) via nasal canula as needed for shortness of breath. There was no specific order for whether the Oxygen		obtained to verify if oxygen is ordered as needed or continuous. Oxygen backup was obtained for all residents needing oxygen. Care staff was educated on oxygen storage and proper usage. Proper “no smoking” and “oxygen in use” signs were posted. 2. 2. How will the system be corrected so this violation will not happen again? Resident Care Director or designee will obtain and verify physician orders for oxygen. Maintenance Director or designee will proper back up oxygen tanks are in place. 3. 3. How often will the area needing correction be evaluated? The Resident Care Director will verify all oxygen orders upon admission or change of condition to ensure that orders are being followed. 4. 4. Who will be responsible to see that the corrections are completed/monitored? The Maintenance Director, Resident Care Director and Executive Director will ensure compliance and monitor outcome during monthly QMPI meetings.	

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	should be continuous or as needed for shortness of breath. On 06/21/23 at 2:00 PM, R5's Oxygen concentrator was set at 3.5 LPM. There was no back up Oxygen tank available for R5. On 06/21/23 at 3:00 PM, the Resident Care Director and a Medication Technician verified there was no specific order for the continuous Oxygen for R5. On 06/21/23 at 3:00 PM, the Administrator, the Resident Care Director, and the Maintenance Director confirmed there was no back up Oxygen tank available. Severity: 2 Scope: 1 Repeat Deficiency: 02/28/23			
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.	0859	1. 1. What actions will be taken to correct the rule violation for each example/resident? The Resident Care Director conducted an audit of all resident charts and obtained a current physical for each resident. 2. 2. How will the system be corrected so this violation will not happen again? Physical swill be obtained on admission, and with every significant change from the residents Physician and the resident will be cared for pursuant to any instructions provided by the resident's physician. 3. 3. How often will the area needing correction be evaluated? The Resident Care Director will conduct monthly audits to ensure all physicals are current. 4. 4. Who will be responsible to see that the corrections are completed/monitored? The Resident Care Director and Executive Director will ensure compliance and monitor outcome during monthly QMPI meetings.	06/27/2023

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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.	0876	1. What actions will be taken to correct the rule violation for each example/resident? Resident Care Director has done an audit of all residents who self-administer medications, to ensure accuracy. All residents that self-administer medications have signed proper documentation. 2. 2. How will the system be corrected so this violation will not happen again? Resident Care Director or designee will conduct monthly medication audits. 3. 3. How often will the area needing correction be evaluated? Resident Care director will verify orders are placed in the MAR correctly as orders are received. All self-administration residents will be entered into the MAR properly. 4. 4. Who will be responsible to see that the corrections are completed/monitored? Resident Care Director and Executive Director will ensure compliance and monitor outcome during monthly QMPI meetings.	07/24/2023
0878 SS= E	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 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-	0878	1. 1. What actions will be taken to correct the rule violation for each example/resident? Staff was educated on medication administration policy. 2. 2. How will the system be corrected so this violation will not happen again? Staff will watch residents swallow medications and verify that there are no medications left in the med cup.	06/28/2023

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	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: 1) ensure physician's orders were followed for 3 of 5 sampled residents (Resident #1, #2, and #3); and 2) ensure two medications were on site for 2 of 5 sampled residents (Resident #2 and #3). Findings include: Resident #1 (R1) R1 was admitted to the facility on 04/18/22 with diagnoses including hypertension and debility. On 06/23/23 at 3:00 PM, there were seven tablets of medication observed in a small plastic cup on top of a dresser in R1's room. R1 confirmed not taking the morning medications after the Medication Technician		3. 3. How often will the area needing correction be evaluated? Resident Care Director will ensure compliance through observation, periodic 1/1trainings and all staff in-services. 4. 4. Who will be responsible to see that the corrections are completed/monitored? The Resident Care Director and Executive Director will ensure compliance and monitor outcome during monthly QMPI meetings.	

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	(Med Tech) handed them the plastic cup filled with the seven medication tablets and walked away. On 06/23/23 at 3:15 PM, the Med Tech indicated putting seven tablets of medication and handing the medication to R1 in a small plastic cup, and then walking away. The Med Tech verified not observing R1 take the medication. The Med Tech verbalized it was a common practice to hand the medications to the resident and not observe the resident taking the medications. A physician order dated 05/31/23 documented Bactrim DS (delayed suspension), 800 - 160 milligrams (mg), give one tablet two times a day for urinary tract infection for five days. There was no documentation on the June 2023 Medication Administration Record (MAR) Bactrim DS was administered. On 06/23/23 at 1:30 PM, the Resident Care Director and the Medication Technician (Med Tech) confirmed the Bactrim DS was not administered to R1. A physician order dated 04/19/23 documented Senna, 8.6 mg, give two tablets by mouth in the evening for constipation, hold for loose stools. The June 2023 MAR lacked documentation the Senna was administered on 06/02/23, 06/03/23, 06/04/23, 06/08/23, 06/10/23, and 06/15/23. On 06/23/23 at 1:30 PM, the Med Tech confirmed the Senna was not administered on these dates and indicated the MAR lacked documentation on the reason why Senna was not administered per physician orders. Resident #2 (R2) R2 was admitted to the facility on 04/03/17 with diagnoses including malignant neoplasm of breast and myasthenia gravis. A physician order dated 03/16/23 documented Acetaminophen, 500 mg, take one tablet by mouth every six hours as needed for pain. A physician order dated 03/09/23 documented Fluticasone Propionate, 50 micrograms (mcg), one spray in each nostril every 24 hours as needed for nasal congestion. On 06/23/23, Fluticasone Propionate and Acetaminophen was not available at the facility. On 06/23/23 at 1:35 PM, the Resident Care Director and			

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	the Med Tech confirmed the Acetaminophen and the Fluticasone Propionate were not available at the facility. Resident #3 (R3) R3 was admitted on 12/01/2018, with diagnoses of hypertension, anemia, and restless leg syndrome. A physician's order dated 06/21/23 and the June 2023 MAR documented Triamcinolone Acetonide 0.1% cream, should be applied in a small amount to the affected area daily. The facility did not have the medication on hand. On 06/23/23 at 1:40 PM, the Resident Care Director indicated the resident's son had ordered the medication, but the medication had not yet arrived. On 06/23/23 at 2:52 PM, the Resident Care Director acknowledged the medication was not on site. On 06/23/23 in the afternoon, R3 confirmed being out of the prescribed Triamcinolone Acetonide 0.1% cream and that the medication was on order. In addition, R3 reported his skin was itchy due to not having the medication. A physician's order dated 6/21/23, and the June 2023 MAR documented Polyethylene Glycol PEG 3350/17 grams (gm)/dose powder tab mix 17 gm in 8 ounces (oz) of juice, soda, or coffee and drink by mouth every day as needed for constipation. The facility did not have the medication on hand. On 06/23/23 in the afternoon, the Med Tech acknowledged the medication was not on site. The facility's policies regarding Medication Management, revised 08/22/22, documented the following: Policy A.L. 5.8: Procedure: Observation: Med Tech remains with resident until medication is swallowed. Documentation: Med Tech records all medications as resident is assisted electronically acknowledging that on the EHR (Electronic Health Record). Severity: 2 Scope: 2 Repeat Deficiency: 02/28/23			
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	0883	1. 1. What actions will be taken to correct the rule violation for each example/resident? Inservice training was conducted with all	06/29/2023

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	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 upon missed medications for 2 of 5 sampled residents (Resident #1 and #3). Findings include: Resident #1 (R1) R1 was admitted to the facility on 04/18/22 with diagnoses including hypertension and debility. A physician order dated 05/31/23 documented Bactrim DS (delayed suspension), 800 - 160 milligrams (mg), give one tablet two times a day for urinary tract infection for five days. There was no documentation on the June 2023 MAR the Bactrim DS was administered. The June 2023 Medication Administration Record (MAR) documented Senna and Bactrim were not administered as ordered by the physician. There was no documented evidence R1's physician was notified of the missed medications. On 06/23/23 at 1:30 PM, the Resident Care Director and the Medication Technician (Med Tech) confirmed the Bactrim DS was not administered to R1. A physician order dated 04/19/23 documented Senna, 8.6 mg, give two tablets by mouth in the evening for constipation, hold for loose stools. The June 2023 MAR lacked documentation the Senna was administered on 06/02/23, 06/03/23, 06/04/23, 06/08/23, 06/10/23, and 06/15/23. On 06/23/23 at 1:30 PM, the Med Tech confirmed the Senna was not administered on these dates and indicated the MAR lacked documentation on the reason why the Senna was not administered. On 06/23/23 at 3:35 PM, the Resident Care Director and the Med Tech acknowledged the physician was not notified Bactrim DS and Senna were not administered as ordered. Resident #3 (R3) R3 was admitted on 12/01/2018, with diagnoses of hypertension, anemia, and restless leg syndrome. A physician's order dated 06/21/23 and the June 2023 MAR documented Triamcinolone Acetonide 0.1%		Med-Techs on 6/29/23 regarding medication administration, including medication refusals and prn medication. 2. 2. How will the system be corrected so this violation will not happen again? Resident Care Director will monitor medication refusals and will request DC order for meds after 2 or more refusals. The pharmacy will conduct quarterly and bi-annual reviews. 3. 3. How often will the area needing correction be evaluated? Resident Care Director will monitor medications daily to ensure proper notifications have been made. Missed med report will be ran daily and reviewed by Resident Care Director. 4. 4. Who will be responsible to see that the corrections are completed/monitored? Resident Care Director and Executive Director will ensure compliance and monitor outcome during monthly QMPI meetings.	

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THE BRIDGE AT PARADISE VALLEY ASSISTED LIVING	**2205 EAST HARMON AVE, LAS VEGAS, NEVADA ,89119**

(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
	cream, should be applied in a small amount to the affected area daily. The facility did not have the medication on hand. The Resident Care Director indicated the resident's son had ordered the medication, but the medication had not yet arrived. On 06/23/23 at 2:52 PM, the Resident Care Director acknowledged the medication was not on site. On 06/23/23 in the afternoon, R3 confirmed being out of the prescribed Triamcinolone Acetonide 0.1% cream and that the medication was on order. In addition, R3 reported their skin was itchy due to not having the medication on site. A physician's order dated 6/21/23, and the June 2023 MAR documented Polyethylene Glycol PEG 3350/17 grams (gm)/dose powder tab mix 17 gm in 8 ounces (oz) of juice, soda, or coffee and drink by mouth every day as needed for constipation. The facility did not have the medication on hand. On 06/23/23 in the afternoon, the Med Tech acknowledged the medication was not on site and the physician had not been notified of the missed doses of the medications. The facility's policy, Medication Assistance Record, revised 08/22/22, documented the Resident Care Director would ensure missed dose and medication refusal physician notification is completed and documented in the resident record. Severity: 2 Scope: 2 Repeat Deficiency: 02/28/23			

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 _____	**06/23/2023**

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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 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.	0920	1. 1. What actions will be taken to correct the rule violation for each example/resident? An audit of all residents self-administering medications was conducted to ensure proper storage. Residents and family members were educated on policies and procedures regarding self-administration of medication. 2. 2. How will the system be corrected so this violation will not happen again? Med-techs will conduct daily checks to ensure medications are stored properly in resident apartments. Med-techs and Resident Care Director will ensure that all medications have proper pharmacy labels. 3. 3. How often will the area needing correction be evaluated? Resident Care Director will conduct monthly audits of all self-administration residents. 4. 4. Who will be responsible to see that the corrections are completed/monitored? Resident Care Director and Executive Director will ensure compliance and monitor outcome during monthly QMPI meetings.	06/29/2023

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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.	0936	1. 1. What actions will be taken to correct the rule violation for each example/resident? Staff educated on 6/30/23 regarding proper security for resident files. 2. 2. How will the system be corrected so this violation will not happen again? The door to the med room will remain locked and closed when staff are not present and will not be propped open. 3. 3. How often will the area needing correction be evaluated? The Resident Care Director or designee will monitor security of the med room on a daily basis. 4. 4. Who will be responsible to see that the corrections are completed/monitored? Business Office Director and Executive Director will ensure compliance and monitor outcome during monthly QMPI meetings.	06/30/2023