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
	3119	A. BUILDING _____ B. WING _____	02/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DESERT INN RESIDENTIAL CARE	**2845 BURNHAM AVENUE, LAS VEGAS, NEVADA ,89109**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
RFG 0001-Deficiencies	The Statement of Deficiencies was generated as a result of a state licensure survey conducted in your facility, in accordance with Nevada administrative code, chapter 449, and Nevada revised statutes chapter 449- Residential Facility for Groups (RFG), medical facilities and other related entities. The findings and conclusions of any investigation by the Division of Health Care Purchasing and Compliance shall not be construed as prohibiting any criminal civil investigation, actions or other claims for reliefs that may be available to any party under applicable federal, state or local law. Based on an inspection conducted, the items marked below identify the violation in operation of the RFG which must be corrected by the revisit/compliance date specified in writing by the health authority. Failure to comply with this notice and immediately correct the identified deficiencies may result in the suspension or termination of your provider agreement, funding, or future authorization as a provider authorized by the State	RFG 0001-Deficiencies		

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	of Nevada pursuant to NAC 433.384, and other applicable local and state laws. Inspector Comments: This Statement of Deficiencies was generated as a result of an annual survey initiated at your facility on 02/02/26. The facility is licensed for four Residential Facility for Group beds for elderly and disabled persons and/or Alzheimer's disease, Category II residents. The census at the time of the survey was four. The facility received a grade of A.			
Y 0870 SS= F	NAC 449.2742 **Administration of medication: Responsibilities of administrator, caregiver and employees of facility.** 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once	Y 0870	1. The facility administrator will correct the specific findings by making sure that all residents must have every 6 months medication reviewed by our in house pharmacy and on file of each residents every 6 months or twice a year to prevent deficiency. 2. In order to prevent deficiency will not recur, I the administrator will have a calendar reminder on my cellphone that 2 weeks prior medication review due and daily reminder for the next 2 weeks that I must contact in-house pharmacy for medication review on file every 6 months or twice a year. 3. In order the corrective action will not recur administrator will have a calendar reminder 2 weeks prior medication review is due. 4.Administrator is responsible for the plan of correction. 5.Feb. 11,2026 6. Please see all Medication Review attachment	02/11/2026

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	every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility. (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). Inspector Comments: Based on record review and interview, the facility failed to ensure a medication review was completed every six months for 4 of 4 residents. (Resident #1, Resident #2, Resident #3, Resident #4) Findings include: Resident #1 (R1) R1 was admitted to the facility on 12/30/16 with diagnoses of dementia, hypertension and bipolar disorder. R1's file revealed a pharmacy review dated			

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	09/01/25. The only other pharmacy review was dated August 2024, which lacked documented evidence of six-month medication reviews completed per the requirement. Resident #2 (R2) R2 was admitted to the facility on 01/31/25 with a diagnosis of dementia. R2's file revealed a pharmacy review dated 09/01/25 and lacked documented evidence of any other medication reviews since R2's admission. Resident #3 (R3) R3 was admitted to the facility on 04/08/24 with diagnoses of dementia and hypertension. R3's file revealed a pharmacy review dated 09/01/25. The only other pharmacy review was dated 12/22/24, which lacked documented evidence of six-month medication reviews completed per the requirement. Resident #4 (R4) R4 was admitted to the facility on 06/01/23 with a diagnosis of major depressive disorder. R4's file revealed a pharmacy review dated 09/01/25. The only other pharmacy review was dated 12/22/24, which lacked documented evidence of six-month medication reviews completed per the requirement. On 02/02/26 in the morning, the Caregiver acknowledged R1, R2, R3 and R4's file lacked documentation of a six-month medication reviews being completed every 6 months per the requirement. Severity: 2 Scope: 3			