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
	339	A. BUILDING _____ B. WING _____	10/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRIME CARE FACILITY	4920 RONAN DRIVE, LAS VEGAS, NEVADA ,89110

(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 at your facility on 10/09/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for seven Residential Facility for Group beds for persons with mental illness, Category I residents. The census at the time of the survey was six. Six resident files and two employee files were reviewed. The facility received a grade of A. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil 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		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: JOSEFINA ADAMS Title: Administrator Date: 10/22/2023

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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, record review and interview, the facility failed to ensure medications were destroyed for 1 of 6 Residents (Resident #1). Findings include: Resident #1 (R1) R1 was admitted on 09/07/21, with a diagnosis of schizophrenia. The medication container for R1 contained Mupirocin 2% ointment (generic for Bactroban), apply a small amount to affected raw areas topically two times per day for seven days. The medication bottle documented the date of 08/22/23. The physician's medication list dated 10/09/23 did not list Mupirocin 2% as a current medication. On 10/09/23 at 11:22 AM, the Administrator explained the medication was administered for the seven days according to the directions on the medication bottle in August 2023 and acknowledged the medication needed to be destroyed when the final dose was administered. Severity: 2 Scope: 1	0885	ID Prefix Tag 0885: Mupirocin 2% ointment was responsibly disposed of at a local CVS pharmacy's drug disposal site, and the disposal occurred on October 9, 2023. Prime Care Facility has established a medication check sheet to prevent the recurrence of this inadequate practice. Staff members will be responsible for both preparing each residents medication and signing the sheet. The administrator will oversee the verification of each residents prepared medication to ensure adherence to the medication sheet. Josie Adams servers as the administrator of this facility and holds the responsibility of ensuring completion of the corrective action.	10/22/2023