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
	370	A. BUILDING _____ B. WING _____	09/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIERRA PLACE RETIREMENT COMMUNITY	1111 W COLLEGE PARKWAY, CARSON CITY, NEVADA ,89703

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a State Licensure annual grading survey conducted at your facility on 09/11/23. This survey was conducted by the Division of Public and Behavioral Health in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for 76 Residential Facility for Group, Category II beds for elderly and disabled persons, and/or persons with chronic illness, with assisted living services. The census at the time of the survey was 62. Fifteen resident files were reviewed, and ten employee records were reviewed. The facility received a grade of D. Your facility has received a C or D grade for this inspection. NAC 449.27706 Resurvey: Application and fee; failure to comply. 2. If the Bureau issues a placard to a residential facility that includes a grade of "C" or "D," the administrator must submit an application to the Bureau for a resurvey of the facility not later than 30 days after the facility receives the placard. The fee for an application for a resurvey is $600 and must accompany the application. 3. The Bureau may revoke the license of a residential facility that is required to submit an application for a resurvey pursuant to subsection 2 if the facility fails to submit the application in accordance with the provisions of that subsection. 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		

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0051 SS= C	Administrator's Responsiblities - Designation - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 2. Designate one or more employees to be in charge of the facility during those times when the administrator is absent. Except as otherwise provided in this subsection, employees designated to be in charge of the facility when the administrator is absent must have access to all areas of and records kept at the facility. Confidential information may be removed from the files to which the employees in charge of the facility have access if the confidential information is maintained by the administrator. The administrator or an employee who is designated to be in charge of the facility pursuant to this subsection shall be present at the facility at all times. The name of the employee in charge of the facility pursuant to this subsection must be posted in a public place within the facility during all times that the employee is in charge. Inspector Comments: Based on observation and interview, the facility failed to designate in writing one or more employees to oversee the facility during the Administrator's absence and post the information in a public place within the facility. Findings include: On 09/11/23 at 9:11 AM, the facility lacked a document with the designation of the employee in charge during the Administrator's absence. The Administrator was not present at the facility. On 09/11/23 at 11:49 AM, the Executive Director confirmed the Administrator's designee's name was not posted in a public place. Severity: 1 Scope: 3	0051	Facility changed the sign from "manager on duty" to "designee" and added "Administrator". This was corrected immediately upon surveyor's suggestion. The administrator/Executive Director or designee will ensure the sign is posted in a conspicuous location as part of the MOD responsibilities. See attached	09/11/2023
0074 SS= D	Elder Abuse Training - NRS 449.093 Training to recognize and prevent abuse of older persons: Persons required to receive; frequency; topics; costs; actions for failure to complete. 1. An applicant for a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive	0074	On 9/12/23, ED received 2 out of 3 proof of Elder Abuse Training for employee #1 and #5. Employee #4 had completed Elder Abuse in 5/22, but re-did it on 10/22/2023. See Attached. ED or BOM will complete routine audits of employee training binder monthly to ensure compliance using checklist.	10/23/2023

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	training to recognize and prevent the abuse of older persons before a license to operate such a facility, agency or home is issued to the applicant. If an applicant has completed such training within the year preceding the date of the application for a license and the application includes evidence of the training, the applicant shall be deemed to have complied with the requirements of this subsection. 2. A licensee who holds a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must annually receive training to recognize and prevent the abuse of older persons before the license to operate such a facility, agency or home may be renewed. 3. If an applicant or licensee who is required by this section to obtain training is not a natural person, the person in charge of the facility, agency or home must receive the training required by this section. 4. An administrator or other person in charge of a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the facility, agency or home provides care to a person and annually thereafter. 5. An employee who will provide care to a person in a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the employee provides care to a person in the facility, agency or home and annually thereafter. 6. The topics of instruction that must be included in the training required by this section must include, without limitation: (a) Recognizing the abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; (b) Responding to reports of the alleged abuse of older			

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	persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; and (c) Instruction concerning the federal, state and local laws, and any changes to those laws, relating to: (1) The abuse of older persons; and (2) Facilities for intermediate care, facilities for skilled nursing, agencies to provide personal care services in the home, facilities for the care of adults during the day, residential facilities for groups or homes for individual residential care, as applicable for the person receiving the training. 7. The facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care is responsible for the costs related to the training required by this section. 8. The administrator of a facility for intermediate care, facility for skilled nursing or residential facility for groups who is licensed pursuant to chapter 654 of NRS shall ensure that each employee of the facility who provides care to residents has obtained the training required by this section. If an administrator or employee of a facility or home does not obtain the training required by this section, the Division shall notify the Board of Examiners for Long-Term Care Administrators that the administrator is in violation of this section. 9. The holder of a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care shall ensure that each person who is required to comply with the requirements for training pursuant to this section complies with such requirements. The Division may, for any violation of this section, take disciplinary action against a facility, agency or home pursuant to NRS 449.160 and 449.163. Inspector Comments: Based on personnel file review and interview, the Administrator failed to ensure 3 of 10 employees received initial elder abuse training prior to beginning work at the facility and annually, thereafter (Employee #1, #4, and #5). Findings			

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	include: On 09/11/23, the Business Office Manager was provided with the Personnel Check List to complete for 10 sampled employees. On 09/11/23, the Business Office Manager provided the completed form with the following information: Employee #1 Employee #1 was hired by the facility as Administrator with a start date of 02/17/22. Employee #1's personnel file contained an elder abuse training certificate dated 02/17/22; however, Employee #1's personnel file lacked an elder abuse training certificate for 2023. Employee #4 Employee #4 was hired by the facility as Care Associate with a start date of 08/25/21. Employee #4's personnel file contained an elder abuse training certificate dated 09/15/21; however, Employee #4's personnel file lacked an elder abuse training certificate for 2022 and 2023. Employee #5 Employee #5 was hired by the facility as Care Associate with a start date of 07/28/22. Employee #5's personnel file contained an elder abuse training certificate dated 07/27/22; however, Employee #5's personnel file lacked an elder abuse training certificate for 2023. On 09/11/23 at 1:07 PM, the Executive Director provided the Attestation of Compliance form, signed and dated 09/11/23, confirming the Admissions and Office Manager had conducted a thorough review of the personnel records to determine compliance and any noncompliance found. The Corporate Executive Director verbalized attesting to the accuracy of the Personnel Checklist Form self-attestation. Severity: 2 Scope: 2			

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0102 SS= D	Personnel File - TB Screening - NAC 449.200 Personnel files. 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee; Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 10 employees met the requirements concerning tuberculosis (TB) testing. (Employee #6) Findings include: On 09/11/23, the Business Office Manager was provided with the Personnel Check List to complete for 10 sampled employees. On 09/11/23, the Business Office Manager provided the completed form with the following information: Employee #6 Employee #6 was hired by the facility as Care Associate with a start date of 01/04/23. The personnel record for Employee #6 contained documentation of an x-ray performed on 12/28/22. The facility was unable to provide documented evidence of Employee #6's initial TB test and annual signs and symptoms. On 09/11/23 at 1:07 PM, the Executive Director provided the Attestation of Compliance form, signed and dated 09/11/23, confirming the Admissions and Office Manager had conducted a thorough review of the personnel records to determine compliance and any noncompliance found. The Corporate Executive Director verbalized attesting to the accuracy of the Personnel Checklist Form self-attestation. Severity: 2 Scope: 1	0102	On 9/12/23, the facility received a copy from the original lab that conducted the initial TB via blood test. ED or hiring manager will continue to use new hire checklist for accuracy. Checklist will be reviewed by administrator prior to employee starting employment.	09/12/2023

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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. Inspector Comments: Based on observation on 9/11/23, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Critical Violations: a. The low temperature dishwashing machine was not sanitizing at the time of inspection. During the final rinse cycle, no detectable chlorine sanitizer was dispensed. Severity: 2 Scope: 2	0255	On 9/12/23, Eco Lab conducted a full inspection, and replaced the sanitizer squeeze tubing. Starting 10/21/23, DSD will use test strips 3 x weekly to ensure compliance.	09/12/2023

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0450 SS= D	First Aid & CPR - NAC 449.231 First aid and cardiopulmonary resuscitation. (NRS 449.0302) 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training. Inspector Comments: Based on record review, document review and interview, the facility failed to ensure 1 of 10 employees had the required cardiopulmonary resuscitation (CPR) and first aid training within 30 days of hire (Employee #3). On 09/11/23, the Business Office Manager was provided with the Personnel Check List to complete for 10 sampled employees. On 09/11/23, the Business Office Manager provided the completed form with the following information: Findings include: Employee #3 Employee #3 was hired by the facility as Executive Director with a start date of 01/31/23. Employee #3's personnel file contained CPR and first aid training dated 03/02/23, greater than the required 30 days. On 09/11/23 at 1:07 PM, the Executive Director provided the Attestation of Compliance form, signed and dated 09/11/23, confirming the Admissions and Office Manager had conducted a thorough review of the personnel records to determine compliance and any noncompliance found. The Corporate Executive Director verbalized attesting to the accuracy of the Personnel Checklist Form self-attestation. Severity: 2 Scope: 1	0450	Employee's CPR certification was completed on 3/2/23. Moving forward, the hiring manager will continue to use new employee checklist to ensure compliance. Executive Director/designee will review new hire employee files against checklist to ensure compliance items have been met.	09/11/2023

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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 clinical record review and interview, the facility failed to ensure an annual general physical examination was completed timely for 1of 15 sampled residents (Resident #3). Findings include: Resident #3 Resident #3 was admitted to the facility on 04/01/22, with a diagnosis of Parkinson's disease. Resident #3's clinical record documented an admission general physical examination dated 03/18/22. Resident #3's clinical record documented an annual general physical exam completed on 04/10/23, 10 days late. On 09/11/23 at 12:15 PM, the Wellness Director verbalized physical examinations are required to be completed upon admission and annually thereafter. The Wellness Director confirmed Resident #3's annual physical examination was completed late. Severity: 2 Scope: 1	0859	On 9/18/23, Regional wellness specialist conducted a full audit of resident files and created a "tickler" for routine due dates for physician reports. WD or designee will review monthly, and ensure to start correspondence/request within 60 days of due date. See attached	09/18/2023

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0874 SS= D	Medication Administration-Report Received - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 2. Within 72 hours after the administrator of the facility receives a report submitted pursuant to paragraph (a) of subsection 1, a member of the staff of the facility shall notify the resident's physician of any concerns noted by the person who submitted the report. The report must be reviewed and initialed by the administrator. Inspector Comments: Based on clinical record review and interview, the facility failed to ensure a medication profile review was initialed by the Administrator acknowledging medication accuracy for 1 of 15 sampled residents (Residents #5). Findings include: Resident #5 Resident #5 was admitted to the facility on 10/14/22, with diagnoses including type II diabetes mellitus and unspecified dementia. A six-month medication review was completed for Resident #4 on 03/13/23, and on 09/07/23, however the medication review conducted on 03/13/23, lacked initials from the Administrator acknowledging medication accuracy for Resident #5. On 02/10/22 at 2:08 PM, the Owner confirmed the medication reviews for Resident #4 were not initialed by the Administrator. Resident #5 Resident #5 was admitted to the facility on 01/29/21, with diagnoses including dementia without behavioral disturbance, dysphagia, and insomnia. A six-month medication review was completed for Resident #5 on 03/13/23, and on 09/07/23, however the medication reviews lacked initials from the Administrator acknowledging medication changes for Resident #5. On 09/11/23 at 1:00 PM, the Executive Director confirmed the medication review for Resident #5 was not initialed by the Administrator and verbalized the medication reviews were to be signed confirming accuracy of the medication reviews for all residents. Severity: 2 Scope: 1	0874	On 9/18/23, Regional wellness specialist conducted a full audit of resident files and created a "tickler" for routine due dates for d recs. WD or designee will review monthly, and ensure to start correspondence/request within 72 hours receiving the report. See attached	09/18/2023
0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 - Administration of medication: Responsibilities of	0878	On 9/11/23 Executive Director confirmed that resident #1's Eliquis 5mg 1 tab by mouth twice	09/12/2023

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	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-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 record review, observation and interview, the facility failed to ensure medications were on-site to administer as prescribed for 2 of 15 sampled residents (Resident #1 and #6). Findings include: Resident #1 Resident #1 was admitted to the facility on 07/06/23, with diagnoses including hypertension, chronic atrial fibrillation and muscle weakness. On 09/11/23 at 11:43 AM, during a review of		daily was on medication cart and available for administration. On 9/11/23 Executive Director confirmed that resident #6's PRN Benefiber powder was on medication cart and available for administration. On 9/12/23 Wellness Director and or designee to ensure resident medication is available for administration by completing MAR to cart audits weekly x 2 weeks, every other week x 1 month and monthly thereafter until compliance is met. On 9/12/23 ED and or designee to monitor ongoing compliance via quality assurance meeting weekly x 2 weeks, every other week x 1 month and monthly thereafter, if needed, until compliance is met.	

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	the resident's medications, Eliquis, 5 milligram (mg) tablet, take one tablet by mouth twice daily was not on-site and available to administer to Resident #1. A physician's order dated 06/30/23, documented Eliquis, 5 mg tablet. Take one tablet by mouth twice daily. On 09/11/23 at 11:43 AM, the Medication Technician confirmed Eliquis, 5 mg tablet was not on-site and available to administer to Resident #1. The Medication Technician explained Resident #1 had not been administered Eliquis for two days. Resident #6 Resident #6 was admitted to the facility on 08/14/19, with diagnoses including essential tremor, hypothyroidism, unspecified and gastroesophageal reflux disease. On 09/11/23 at 11:31 AM, during a review of the resident's medications, benefiber powder drink mix, mix one packet with 8 ounces (oz) of water and drink by mouth once daily as needed for constipation, was not on-site and available to administer to Resident #6.. A physician's order dated 06/08/21, documented benefiber powder drink mix, mix one packet with 8 ounces (oz) of water and drink by mouth once daily as needed for constipation. On 09/11/23 at 11:49 AM, the Medication Technician confirmed benefiber was not on-site and available to administer to Resident #6. Severity: 2 Scope: 1			

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(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
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 observation, interview, and clinical record review, the facility failed to ensure the physician was notified of missed medications for 1 or 15 residents (Resident #1). Findings include: Resident #1 Resident #1 was admitted to the facility on 07/06/23, with diagnoses including hypertension, chronic atrial fibrillation and muscle weakness. On 09/11/23 at 11:43 AM, during a review of the resident's medications, it was discovered Eliquis, 5 milligram (mg) tablets, were not on-site and available to administer to Resident #1. A physician's order dated 06/30/23, documented Eliquis 5 mg tablet. Take one tablet by mouth twice daily. The Medication Administration Record for September 2023, documented the resident had missed both doses of Eliquis on 09/10/23, and the morning dose on 09/11/23. On 09/11/23 at 11:43 AM, the Medication Technician confirmed the Eliquis for Resident #1 was not on-site and available to administer to the resident on 09/10/23 and 09/11/23. The Medication Technician confirmed the physician was not notified of the missed doses of Eliquis and verbalized the physician was to be notified any time a resident missed a medication dose. Severity: 2 Scope: 1	0883	On 9/12/23 Resident #1's physician notified of missed Eliquis 5mg doses on 9/10/23 and 9/11/23. On 10/27/23 Regional Wellness Director provided education to Regional Clinical Specialist and Administrator on timelines for notification of missed medications to physicians. By 10/27/23 Wellness Director and or designee to in-service all medication associates on missed medication notifications and procedures. On 10/27/23 Wellness Director and or designee to ensure resident medication is available for administration by completing MAR to cart audits weekly x 2 weeks, every other week x 1 month and monthly thereafter until compliance is met. On 10/27/23 ED and or designee to monitor ongoing compliance via quality assurance meeting weekly x 2 weeks, every other week x 1 month and monthly thereafter, if needed, until compliance is met.	09/12/2023
0895 SS= D	Administration of Medication Maintenance - NAC 449.2744 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	0895	On 9/12/23 Wellness Director and or designee obtained clarification order from physician to discontinue resident #2's Montelukast SOD, medication was removed from medication cart. On 9/11/23 Wellness Director and or designee obtained discontinuation order from physician for resident #10's Oxycodone/Acetaminophen 5-325, medication was removed from eMAR. By 10/27/23 Wellness Director and or designee	09/11/2023

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	370	A. BUILDING _____ B. WING _____	09/11/2023

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	otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident ' s physician. Inspector Comments: Based on observation, interview, and clinical record review, the facility failed to ensure the Medication Administration Record (MAR) was accurate for 2 of 15 sampled residents (Resident #2 and #14). Findings include: Resident #2 Resident #2 was admitted to the facility on 06/14/23, with diagnoses including gastroesophageal reflux disease, vitamin D deficiency and anxiety disorder, unspecified. On 09/11/23, during medication review, the following medication was available in the medication cart for Resident #2: -montelukast SOD 10 milligram (mg), take one tablet by mouth every night. The September 2023 MAR for Resident #2 did not include the montelukast SOD. On 09/11/23 at 11:20 AM, the Wellness Director confirmed montelukast SOD was in the medication cart, however, not on the resident's MAR. The Wellness Director explained the medication was discontinued and the Wellness Director was not sure why the medication was still on the medication cart. The facility could not provide an order to discontinue the montelukast for Resident #2. On 09/11/23 at 12:01 PM, the Wellness Director explained doing research and discovered there was not a discontinued physician's order for Resident #2's montelukast and confirmed the medication was not on the MAR for Resident #2. The Wellness Director could not explain when the last time the resident received the medication. Resident #10 Resident #10 was admitted to the facility on 06/20/23, with diagnoses including gastroesophageal reflux disease, vitamin D deficiency and anxiety disorder, unspecified. On 09/11/23, during medication review, the following medication was documented on the September MAR for Resident #10: -oxycodone/acetaminophen 5-325 mg. Take one tablet by mouth every six hours as needed. A physician's order for Resident #10 dated 07/03/23, documented oxycodone/acetaminophen 5-325 milligram		to in-service all medication associates on proper procedure for removing meds from medication cart and eMAR after discontinuation. On 10/27/23 Wellness Director and or designee to review new medication orders to ensure any discontinued medications are processed appropriately weekly x 2 weeks, every other week x 1 month and monthly thereafter until compliance is met. On 10/27/23 Executive Director and or designee to monitor ongoing compliance via quality assurance meeting weekly x 2 weeks, every other week x 1 month and monthly thereafter, if needed, until compliance is met.	

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	(mg). Take one tablet by mouth every six hours as needed for moderate or severe pain. The quantity was 10 tablets. On 09/11/23 at 1:22 PM, the Wellness Director verbalized the medication was documented on Resident #10's MAR erroneously. The Wellness Director explained the resident was prescribed the medication after a procedure and only received 10 tablets per the prescription. The resident was given the 10 tablets and no order was received to refill the medication as there was no need for the resident. Severity: 2 Scope: 1			

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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. Inspector Comments: Based on observation and interview, the facility failed to ensure residents medications were kept secured in the facility. Findings include: On 09/11/23 at 11:05 AM, the door to the medication room was open. Inside of the medication room were unlocked cabinets containing ten residents' medications inside individual baskets with the residents' names on the baskets. On 09/11/23 at 11:12 AM, the Wellness Director confirmed multiple residents medications were left unsecured and residents could access the medications. The Wellness Director explained if a resident was able to swallow random medications not belonging to them, the result could be catastrophic. Severity: 2 Scope: 3	0920	On 9/12/23 Regional Clinical Specialist ensured medication room was secured. By 10/27/23 Wellness Director and or designee to in-service all medication associates on securing the medication room whenever exiting the room or when other qualified medication associates are not present. On 9/12/23 Wellness Director and or designee to spot check medication room door to ensure its secured properly, daily x 5 days, weekly x 2 weeks, every other week x 1 month, and monthly thereafter until compliance is met. On 9/12/23 Executive Director and or designee to monitor ongoing compliance via quality assurance meeting weekly x 2 weeks, every other week x 1 month and monthly thereafter, if needed, until compliance is met.	09/12/2023

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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, clinical record review, interview and document review the facility failed to ensure a medication was labeled with the resident's name and the name of the provider for 1 of 15 sampled residents (Resident #9) Findings include: Resident #9 Resident #9 was admitted to the facility on 04/01/23, with a diagnosis of hemiplegia and hemiparesis. A physician's order dated 08/23/23, documented acetaminophen PM 25 milligrams (mg), take two tablets by mouth at bedtime for insomnia. On 09/11/23, during a medication review, a bottle of acetaminophen PM was located in the medication cart. The medication bottle lacked the name of the ordering physician. A physician's order dated 08/21/23, documented antacid chew 1000 mg, chew one tablet by mouth once daily as needed for heartburn. On 09/11/23, during a medication review, a bottle of antacid chews was located in the medication cart. The medication bottle lacked the name of the ordering physician. On 09/11/23 at 11:23 AM, the Medication Technician (MT) verbalized over the counter medications should have the ordering physicians name on the bottle. The MT confirmed Resident #9's acetaminophen PM and the antacid chews lacked the ordering physician's name on the medication bottle. Severity: 2 Scope: 1	0923	On 9/11/23 Wellness Director and or designee added resident #9's physician's name to the Acetaminophen PM 25mg and Antacid Chew 1000mg bottles. By 10/27/23 Wellness Director and or designee to in-service medication associates on proper labeling of resident over the counter medications. On 9/12/23 Wellness Director and or designee to audit resident medication labels for proper labeling weekly x 2 weeks, every other week x 1 month and monthly thereafter until compliance is met. On 10/27/23 Executive Director and or designee to monitor ongoing compliance via quality assurance meeting weekly x 2 weeks, every other week x 1 month and monthly thereafter, if needed, until compliance is met.	10/27/2023