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 _____	09/15/2025

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SIERRA PLACE RETIREMENT COMMUNITY	1111 W COLLEGE PARKWAY, CARSON CITY, NEVADA ,89703

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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 completed at your facility on 09/15/2025. The facility was licensed for 76 Residential Facility for Group beds for elderly or disabled persons, with assisted living services, Category II residents. The census at the time of the survey was 57. Fifteen resident files were reviewed and twenty employee files were reviewed. The facility received a grade of A.			
Y 0874 SS= E	**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 record review and	Y 0874	Y0874: * On January 12, 2026, the next Medication review by Sierra Specialty Pharmacy will be delivered to Sierra Place by a pharmacy representative. The review will immediately be given to the Executive Director to review and sign. * Compliance with pharmacy review receipt and documentation will be monitored weekly until 100% compliance is achieved. * The Executive Director, Wellness Director or designee will review audit findings monthly during QA meetings to ensure continued compliance.	01/12/2026

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	370	A. BUILDING _____ B. WING _____	09/15/2025

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	interview, the Administrator failed to ensure medication pharmacy reviews were reviewed and initialed by the Administrator within 72 hours after receiving a written report of the review for 6 of 15 sampled residents (Resident #5, #9, #13, #2, #10, and #14). Findings include: Resident #5 Resident #5 was admitted to the facility on 08/15/2024, with diagnoses including hypothyroidism and peripheral vascular disease. A Pharmacy Medication Review form documented Resident #5's medications were reviewed by a pharmacist on 07/17/2025. The form was signed by facility staff on 07/28/2025. Resident #9 Resident #9 was admitted to the facility on 06/16/2025, with diagnoses including hypertension and osteoporosis. A Pharmacy Medication Review form documented Resident #9's medications were reviewed by a pharmacist on 07/17/2025. The form was signed by facility staff on 07/28/2025. Resident #13 Resident #13 was admitted to the facility on 12/19/2023, with diagnoses including Parkinson's disease and hypertension. A Pharmacy Medication Review form documented Resident #13's medications were reviewed by a pharmacist on 01/26/2025. The form was signed by facility staff on 01/31/2025.			

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	A Pharmacy Medication Review form documented Resident #13's medications were reviewed by a pharmacist on 07/17/2025. The form was signed by facility staff on 07/28/2025. Resident #2 Resident #2 was admitted to the facility on 05/17/2022, with diagnoses including depression, essential hypertension and type II diabetes mellitus. Resident #2's medication pharmacy review dated 01/26/2025 was signed by the Administrator on 01/31/2025 and the pharmacy review dated 07/17/2025 was signed by the Administrator on 07/28/2025. Resident #10 Resident #10 was admitted to the facility on 06/14/2023, with diagnoses including anxiety, asthma, congestive heart failure, anemia, vitamin-d deficiency, gastroesophageal reflux disease, atrial fibrillation, and essential hypertension. Resident #10's medication pharmacy review dated 01/26/2025 was signed by the Administrator on 01/31/2025 and the pharmacy review dated 07/17/2025 was signed by the Administrator on 07/28/2025.			

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	Resident #14 Resident #14 was admitted to the facility on 04/12/2024, with diagnoses including osteoarthritis, muscle weakness, essential hypertension, dementia, and left ankle fracture. Resident #14's medication pharmacy review dated 01/26/2025 was signed by the Administrator on 01/31/2025 and the pharmacy review dated 07/17/2025 lacked initials or a signature by the Administrator. On 09/15/2025 at 11:27 AM, the Business Office Manager verbalized the facility did not have a policy on medication pharmacy reviews as it related to the Administrator's responsibilities, but the facility followed the State regulations. On 09/15/2025 at 2:30 PM, the Acting Wellness Director confirmed the pharmacy reviews dated 01/26/2025 and 07/17/2025 had been signed late or not signed at all by the Administrator. The Acting Wellness Director confirmed the pharmacy reviews should have been reviewed and signed by the Administrator within 72 hours of receiving the reviews.			

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	Severity: 2 Scope: 2			
Y 0905 SS= D	**NAC 449.2746** **Administration of medication: Restriction concerning medication taken as needed by resident; written records.** 1. A caregiver employed by a residential facility shall not assist a resident in the administration of a medication that is taken as needed unless: (a) The resident is able to determine his need for the medication; (b) The determination is made by a medical professional qualified to make that determination; or (c) The caregiver has received written instructions indicating the specific symptoms for which the medication is to be given, the amount of medication that may be given, and the frequency with which the medication may be given. 2. A caregiver who administers medication toa resident as needed shall record the following information concerning the administration of the medication: (a) The reason for the administration; (b) The date and time of the administration; (c) The dose administered; (d) The results of the administration of the medication;	Y 0905	Y0905 - Resident #3 indications include hemorrhoidal pain and seasonal Allergy symptoms; contacted PCP 1/07/26 for more specific indications. PCP is sending. Resident #15 on 12/17/25 PRN medication order updated to include the required indication for use. Resident #5 on 10/06/25 PRN medication order updated to include the required indication for use. * To prevent this problem in the future PRN indications will be confirmed with each new order. If no indication, PCP will be faxed up to 3 times, after which a visit to their office will be made by Wellness staff to attain said indication. * All current PRN orders have been reviewed. Any PRN medications missing indications have been communicated to the prescribing physician for clarification and are continuing to be updated accordingly. *Wellness Director or designee will complete daily audits of all PRN orders until 100% compliance is achieved for two consecutive weeks. After 100% compliance is met, Wellness Director or designee will transition to weekly PRN order audits as part of the medication cart review process. * The Executive Director, Wellness Director or designee will review audit results monthly during meetings to ensure ongoing compliance.	01/07/2026

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	(e) The initials of the caregiver; and (f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician, physician assistant or advanced practice registered nurse. Inspector Comments: Based on observation, interview, record review and document review the facility failed to ensure written instructions indicating the specific symptom(s) for which an as needed (PRN) medication was to be administered to a resident was documented for 3 of 15 residents (Resident #3, #15, and #5). Findings include: Resident #3 Resident #3 was admitted to the facility on 11/14/2024, with diagnoses including hypothyroidism, mild cognitive impairment, and hypotension. On 09/16/2025, during medication review, the following medications lacked an indication for administration. -Hemorrhoidal Cream, apply topically up to two times daily as needed. -Loratadine tablet 10 milligram (mg). Take one tablet by mouth once daily as needed. Resident #3's Medication Administration Record (MAR) for September 2025, documented the following: -Hemorrhoidal Cream, apply topically up to two times daily as needed. -Loratadine tablet 10 mg. Take one tablet by mouth once daily as needed. Physician's orders dated 02/28/2025, documented the following: -Hemorrhoidal Cream, apply topically up to			

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	two times daily as needed. -Loratadine tablet 10 mg. Take one tablet by mouth once daily as needed. On 09/15/2025 at 1:00 PM, the Medication Technician confirmed the Hemorrhoidal Cream and the Loratadine tablets lacked an indication for use and verbalized all medications were to have an indication for use so administration of the medication was accurate for a resident's symptoms. Resident #15 Resident #15 was admitted to the facility on 01/17/2025, with diagnoses including tinea pedis, mixed hyperlipidemia, and insomnia. On 09/15/2025 at 1:18 PM, during medication review, the following medication lacked an indication for administration. -ibuprofen 400 mg tablets, take one tablet by mouth every six hours as needed for mild pain. Resident #15's MAR dated September 2025, documented ibuprofen 400 mg tablets. Take one tablet by mouth every six hours as needed for mild pain. On 09/15/2025 at 1:18 PM, the Medication Technician (Med Tech) explained not being trained on scales to determine a level of pain for a resident and confirmed there was no indication for the type of pain to administer properly to the resident. Resident #5 Resident #5 was admitted to the facility on 08/15/2024, with diagnoses including hypothyroidism and peripheral vascular disease. Resident #5's September 2025 MAR and Physician's Order dated 08/01/2025, documented Artificial Tears 0.2-0.2-1 percent (%), instill one drop in both eyes four times a day as needed. On 09/15/2025 at 1:08 PM, during a review			

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	of Resident #5's medications and in the presence of a Med Tech/Care Associate, a bottle of over-the-counter Artificial Tears was observed. The MedTech/Care Associate verbalized Resident #5 typically took the medication for dry eyes. The Med Tech/Care Associate confirmed the resident's MAR and the Physician's Order lacked a specific symptom for which the medication was to be administered. The facility policy titled "Medication Assistance," revised10/2023, documented when a PRN medication was given, staff were to document the reason for the medication and the resident's response to the medication. All as needed medications were required to have clear directions for use. Severity: 2 Scope: 1			
Y 0890 SS= A	NAC 449.2744 **Administration of medication: Maintenance of logs and records; contents.** 1. The administration of a residential facility that provides assistance to residents in the administration of medications shall maintain: (a) A log for each medication received by the facility for use by a resident of the facility. The log must include: (1) The type and quantity of medication received by the facility; (2) The date of its delivery; (3) The name of the person who accepted the delivery; (4) The name of the resident for whom the medication is prescribed; and (5) The date on which any unused medication is removed from the facility or destroyed. (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	Y 0890	Y0890: Resident #13 on 9/15/25 medication order was updated with the appropriate change order label. * The wellness Director or designee will educate nursing staff on the change order process to ensure proper documentation and implementation. * The Wellness Director or designee will audit medication orders weekly for proper labeling of all change orders until 100% compliance is achieved for two consecutive weeks. * The Executive Director, Wellness Director or designee will review audit results monthly during QA meetings to ensure ongoing compliance.	09/15/2025

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	refuses, or 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, physician assistant or advanced practice registered nurse, including, without limitation, whether the medication is to be administered according to a routine schedule or as needed; (5) Any change in an order or prescription of a resident's physician, physician assistant or advanced practice registered nurse, including, without limitation, the discontinuation of the medication; (6) Any time when the resident is out of the facility; and (7) Any mistakes made in the administration of medication. (Cross-reference to NAC 449.2742(5)) 2. The administrator of the facility shall keep a log of caregivers assigned to administer medications that indicates the shifts during which each caregiver was responsible for assisting in the administration of medication to a resident. This requirement may be met by including on a resident's medication sheet an indication of who assisted the resident in the administration of the medication, if the caregiver can be identified from this indication. Inspector Comments: Based on observation, interview, record review, and document review the facility failed to ensure the Medication Administration Record (MAR) was accurate and matched the physician's order 1 of 15 sampled residents (Resident #13). Findings include: Resident #13 Resident #13 was admitted to the facility on 12/19/2023, with diagnoses including Parkinson's disease and hypertension.			

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	370	A. BUILDING _____ B. WING _____	09/15/2025

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	A Physician's Order dated 03/25/2024, documented Morphine Sulfate solution 100 milligrams (mg)/ 5 milliliters (ml), take 0.25 ml (5 mg) sublingually every four hours as needed (PRN) for pain or shortness of breath. Resident #13's September 2025 MAR documented Morphine Sulfate solution 100 mg/ 5 ml, take 0.25 ml (5 mg) sublingually every four hours PRN for pain unrelieved by Tylenol or shortness of breath, use second for treatment of pain if Tylenol ineffective after 30 minutes, use first for treatment of shortness of breath. On 09/15/2025 at 1:12 PM, during a review of Resident #13's medications and in the presence of a Medication Technician (Med Tech)/Care Associate, the medications included Morphine Sulfate solution. The instructions printed on the pharmacy label documented to give the medication every four hours PRN for pain or shortness of breath. The Med Tech/Care Associate and the Resident Care Coordinator confirmed the instructions for administration on the resident's MAR did not match the instructions on the medication label. The facility policy titled "Medication Assistance," revised 10/2023, documented staff were to match the resident's name, name of the medication, dose, route and instructions indicated on the MAR with the label of the medication. All PRN medications were to have clear directions for use. Severity: 1 Scope: 1			
Y 0885 SS= D	NAC 449.2742 **Administration of medication: Responsibilities of administrator, caregiver and employees of facility.**	Y 0885	Y0885: Resident #15 - On 9/15/25 discontinued medication was immediately removed from cart and destroyed by wellness staff. * All resident medication carts were audited to ensure no discontinued medications remained. Any discrepancies were corrected at the time of audit.	09/15/2025

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	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, interview, and record review, the facility failed to ensure discontinued medications were destroyed for 1 of 15 sampled residents (Resident #15). Findings include: Resident #15 Resident #15 was admitted to the facility on 01/17/2025, with diagnoses including tinea pedis, mixed hyperlipidemia, and insomnia. On 09/15/2025 at 1:18 PM, during medication review, the Medication Technician provided all medications to review for Resident #15. Polyethylene Glycol 3350 Powder was provided to the inspector for review. The instructions on the medication documented to dissolve one packet (17 grams (gm)) in 8 ounces(oz) of liquid and drink by mouth once daily as needed for constipation. Resident #15's September 2025 Medication Administration Record (MAR) lacked documented evidence of Polyethylene Glycol 3350 Powder. A physician's order dated 08/07/2025, documented to discontinue Polyethylene Glycol 3350 Powder for Resident #15.		* Medication carts will be audited daily by Med Techs assigned to the cart until 100% compliance is maintained for two consecutive weeks and monitored by Wellness Director or designee. After compliance is achieved, the community will transition to weekly medication cart audits. * The Executive Director, Wellness Director or designee will review audit findings monthly during QA meetings to ensure continued compliance.	

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	On 09/15/2025 at 1:18 PM, the Medication Technician confirmed Polyethylene Glycol 3350 Powder was discontinued on 08/07/2025 for Resident #15 and the medication needed to be destroyed upon receiving the order for discontinuation. Severity: 2 Scope: 1			
Y 0878 SS= D	NAC 449.2742 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician , physician assistant or advanced practice registered nurse has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician , physician assistant or advanced practice registered nurse. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician , physician assistant or advanced practice registered nurse. 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, physician assistant or advanced practice registered nurse must be administered as prescribed by the physician, physician assistant or advanced practice registered nurse.. If a physician, physician assistant or advanced practice registered nurse 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 (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	Y 0878	Y0878: Resident #15 - Tramadol ordered and was delivered 9/15/25 and was available 9/16/25. Resident #13 - Haloperidol was discovered to be expired; it was removed from cart on 9/15/25 and a replacement requested from hospice, who decided to discontinue the medication as it had never been administered. On 9/15/25 a discontinued order was received, and the medication was destroyed per policy. * The Wellness Director or designee will educate staff on the importance of timely medication ordering. * Med Techs will proactively place orders for resident medications if a new supply is not available at least two days prior to current supply being exhausted. * Compliance will be monitored through weekly medication order reviews conducted by Wellness Director or designee.	09/16/2025

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 _____	09/15/2025

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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	ordered, a copy of the order or prescription signed by the physician, physician assistant or advanced practice registered nurse 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, physician assistant or advanced practice registered nurse, a 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, record review, interview and document review the facility failed to ensure prescribed medications were onsite and available for administration for 2 of 15 sampled residents (Resident #15 and #13). Findings include: Resident #15 Resident #15 was admitted to the facility on 01/17/2025, with diagnoses including tinea pedis, mixed hyperlipidemia, and insomnia. On 09/15/2025 at 1:18 PM, during medication review, the following medication was not onsite and available to administer to Resident #15. Tramadol HCl 5 milligram (mg) tablet. Take one tablet by mouth twice daily. May also take one tablet once a day as needed for pain. Resident #15's September 2025 Medication Administration Record (MAR) documented the following:			

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 _____	09/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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	-Tramadol HCl 50 mg tablet. Take one tablet by mouth twice daily. -Tramadol HCl 50 mg tablet. May also take one tablet once a day as needed for pain. A physician's order dated 07/16/2025, documented Tramadol HCl 50 mg tablet. Take one tablet by mouth twice daily. May also take one tablet once a day as needed for pain. On 09/15/2025 at 1:18 PM, the Medication Technician confirmed tramadol HCl 50 mg tablets were not onsite and available to administer to Resident #15 and as a result, the resident could experience prolonged pain. Resident #13 Resident #13 was admitted to the facility on 12/19/2023, with diagnoses including Parkinson's disease and hypertension. A Physician's Order dated 03/25/2024, documented Haloperidol 0.5 milligram (mg) tablet, take one tablet by mouth every six hours as needed for agitation or nausea/vomiting. Resident #13's September 2025 Medication Administration Record (MAR) documented Haloperidol 0.5 mg tablet, take one tablet by mouth every six hours as needed for nausea/vomiting. On 09/15/2025 at 1:12 PM, during a review of Resident #13's medications and in the presence of a Medication Technician (Med Tech)/Care Associate, a supply of Haloperidol 0.5 mg was not provided by the Med Tech/Care Associate for review. The Med Tech/Care Associate explained the previous supply of Haloperidol had expired and the resident's hospice provider was expected to deliver a refill of the medication on 09/15/2025. The Med Tech/Care Associate verbalized the Med Tech/Care Associate was unsure how long the medication had been unavailable in the facility.			

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	The Resident Care Coordinator (RCC) explained a supply of Haloperidol had not been onsite and available to administer to Resident #13 since the expired tablets were destroyed. The RCC provided the facility's Medication Destruction Record for review and verbalized the Haloperidol was destroyed on 09/11/2025, four days prior. The facility policy titled "Medication Assistance," revised 10/2023, documented prior to assisting with medications, staff were to ensure all supplies were present. All medications dispensed by the community would be reordered with sufficient time, so the resident did not run out of a medication. Severity: 2 Scope: 1			