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
	4000	A. BUILDING _____ B. WING _____	07/31/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAS VENTANAS RETIREMENT COMMUNITY	10401 WEST CHARLESTON BLVD, LAS VEGAS, NEVADA ,89135

(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 07/31/24, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 76 Residential Facility for Group beds for elderly and disabled persons, assisted living services, and/or persons with Alzheimer's disease, and/or persons with intellectual disability, Category II residents. The census at the time of the survey was 56. 15 resident files and ten 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		
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	*This Plan of Correction is the center's credible allegation of compliance.* *Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law* 0920 *a) What corrective actions will be accomplished for those residents found to have been affected by the deficient practice:* Re: Resident 12, on 7/31 after the survey found the medications in the bathroom, they were removed and stored per regulation, resident aware and agreed. *b) How will you identify other residents*	08/30/2024

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	Inspector Comments: Based on observation, document review, and interview, the facility failed to ensure resident medications were kept secured in the facility for 1 of 15 sampled residents. (Resident #12) Findings include: Resident #12 (R12) R12 was admitted on 02/11/22, with diagnoses including anxiety and back pain. On 07/31/24 at 10:59 AM, R12's room was unoccupied, and the corridor door was not locked. On R12's bathroom sink counter there was a container of Triamcinolone 0.1% Ointment and there was a tube of Nystatin 100,000 unit/grams (gm) cream. On 07/31/24 at 11:03 AM, a Certified Nursing Assistant (CNA) acknowledged R12's medications were not secured and should have been. Severity: 2 Scope: 3		*having the potential to be affected by the same practice and what anticipated corrective action will be taken:* All residents have the potential to be affected by the practice. The Director of Wellness/Designees will be performing rounds of all resident Apartments to verify that any medications that are allowed to be in the apartment per the self-administration policy and regulation are appropriately stored per regulation and medication not used for self-administration is not in the resident's possession. Any non-compliance is being corrected and reported to the administrator. *c) What measures will be put into place or what systemic changes will you make to ensure the deficient practice does not recur:* The Wellness Director is re-educating facility staff on the regulations and policies related to medication storage. *d) How will the facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur:* The Wellness Director/designee will conduct regular rounds/observations to verify that medications are being stored per regulation and policy. Any non-compliance will be corrected immediately and results of the rounds/observations will be reported to the administrator and Administrator for review. *e) Responsible person :* Director of Wellness	

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