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
	4009	A. BUILDING _____ B. WING _____	02/03/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENTLE SPRING CARE HOME	6418 SPRING MEADOW DRIVE, LAS VEGAS, NEVADA ,89103

(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 and infection control survey conducted at your facility on 02/03/22, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons, and/or persons with chronic illness and/or persons with mental illness, Category II residents. The census at the time of the survey was ten. Ten resident files and four employee files were reviewed. The facility received a grade of A. The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of non-discrimination policy; posting of nondiscrimination statement and certain other information, NRS 449.102 - Duties of licensed facility to protect privacy of patient or resident, and LCB File No.R016-20 - Cultural competency training; complaint policy; development of gender identity/expression policy; designated person responsible for compliance with these regulations. Failure to comply with NRS 449.101, NRS 449.102 and LCB File No. R016-20 may result in future deficiencies. 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		
0920 SS= E	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	0920	Medication Storage 1. Residents #4,#5, #7,#8 and #10- The external use medications were separated from the oral medications. 2. Medications for external use will be kept in a locked area, they will be separate from other medications. This will ensure the deficient practice does not recur. 3. The corrective action will be monitored by the Administrator when visits are done. Medications will for oral and external will be	02/07/2022

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	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, interview, and record review, the facility failed to ensure medications for external use were separated from oral medications for five of ten sampled residents (Resident #4, #5, #7, #8, and #10). Findings include: On 02/04/22 in the afternoon, the following residents' medication boxes contained medications for both external use and oral use: Resident #4 (R4): A tube of Zinc Ointment was in R4's medication box with oral medications. Resident #5 (R5): A bottle of Nystatin powder was in the same bag with a cough medicine and other oral medications. Resident #7 (R7): A tube of Triamcinolone Acetonide cream was in R7's medication box with oral medications. Resident #8 (R8): A container of Diclofenac Sodium topical medicine, a tube of Hydrocortisone cream, and a tube of Banophen cream was in R8's medication box with oral medications. Resident #10 (R10): A tube of Hydrocortisone Ointment was in R10's medication box with oral medications. The Caregiver acknowledged the external medications should have been maintained separately from the oral medications for Residents #4, #5, #7, #8 and #10. Severity: 2 Scope: 2		checked. This will ensure the deficient will not recur. 4. The Administrator will be responsible for ensuring the plan of correction is implemented. 5. Date of Compliance: 2/7/22	