DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**12/19/2024**

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 survey and complaint investigation completed in your facility on 12/31/24 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facilities for Groups. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illnesses, Category II residents. The census at the time of the survey was nine. Nine resident files and five employee files were reviewed. The facility received a grade of D. One complaint was investigated. Substantiated Without Deficient Practice: 1. Complaint #NV00072085 was substantiated with no deficient practice. The investigation into the complaint included: Interviews with residents, Caregivers, the Owner and the Administrator. Clinical record review of resident records, including the resident of concern. Document review of facility policies and procedures. 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		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: SUSAN SOWERS Title: RFA Date: 01/31/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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0104 SS= F	Personnel Files - Background Checks - NAC 449.200 Personnel files. (NRS 449.0302) 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: (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. Inspector Comments: Based on document review, record review and interview, the facility failed to ensure 4 of 5 employees had a background check clearance through the Nevada Automated Background Check System (NABS) for this facility. (Employee #1, #2, #4 and #5) Findings include: Employee #1 (E1) E1 was hired as the Administrator. E1's record documented a NABS Clearance letter dated 03/10/22 and another letter dated 07/22/22, both for other facilities. E1's record lacked documented evidence of a NABS Clearance letter for this facility. Employee #2 (E2) E2 was hired on 05/29/24 as a Caregiver. E2's record documented a NABS Clearance letter dated 06/26/24 for another facility. E2's record lacked documented evidence of a NABS Clearance letter for this facility. Employee #4 (E4) E4 was hired on 12/01/11 as a Caregiver. E4's record documented a NABS Clearance letter dated 12/06/21 for another facility. E4's record lacked documented evidence of a NABS Clearance letter for this facility. Employee #5 (E5) E5 was hired on 08/16/21 as a Caregiver. E5's record documented a NABS Clearance letter dated 08/19/21 for another facility. E5's record lacked documented evidence of a NABS Clearance letter for this facility. On 12/19/24 in the afternoon, the Caregiver confirmed the NABS Clearance letters for E1, E2, E4 and E5 were for another facility. On 12/19/24 in the afternoon, E1, E2 and E4 were not listed in the NABS database as having completed fingerprinting and background check clearance for this facility. Severity: 2 Scope: 3	0104	1 Facility admin/manager will ensure the employee of each facility will have NABS background check for each facility 2 Upon hiring, Nabs will be run for each employee under the facility's name 3 Admin/Manager will monitored that NABS will be run for each employee that work for the specific facility. 4 Admin/Manager is responsible for ensuring the plan of correction is implemented 5 date of corrective action 1/10/2025 6 employee#1 spring nab clearance 3/10/2022 employee#2 -no longer employed at this facility employee#3 -spring nab clearance 1/25/2024 employee #4- spring nab clearance 1/10/2025 employee #5-spring nab clearance 1/25/2024	01/17/2025

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0174 SS= D	Health& Sanitation-odors-hazards-insects-dirt - NAC 449.209 Health and sanitation. (NRS 449.0302) 4. To the extent practicable, the premises of the facility must be kept free from: (a) Offensive odors; (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility; (c) Insects and rodents; and (d) Accumulations of dirt, garbage and other refuse. Inspector Comments: Based on observation and interview, the facility failed to ensure the facility bathrooms were free of sanitary hazards. Findings include: On 12/19/24 at 10:05 AM, observed a sign posted on the wall in the bathroom by Room 7 and on the wall in the bathroom in the common hallway that read, "Do not put toilet paper, napkin, tissues on the toilet bowl. It can cause the toilet bowl to clog." Next to the toilets were small wastebaskets. Each wastebasket had unidentified discarded materials in them. Neither wastebasket was covered. On 12/19/24 in the morning, the Caregiver acknowledged the two signs on the wall in the bathrooms. On 12/31/24 at 12:00 PM the Owner reported the sign should not have said toilet paper, but should have said wipes. Severity: 2 Scope: 1	0174	1. The administrator immediately addresses all staff regarding sanitation of the facility. 2. The administrator instructed staff to remove all unnecessary posting on the wall including the bathrooms and administrator will ensure staff are emptying waist baskets regularly as necessary and will make sure rooms and bathrooms are free from offensive odors soiled materials and any hazardous obstacles that will be harmful to all residents. 3. Facility in charge will ensure to check the premises regularly. 4. Facility Administrator and Manager will ensure to facility is in compliance in regards to health and sanitation. 5. Actions is corrected on 1/4/25	01/04/2025

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0250 SS= F	Kitchens- Equipment Works; Clean And Sanitary - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition. Inspector Comments: Based on observation and interview, the facility failed to ensure kitchen equipment was in working order. Findings include: On 12/19/24 at 10:11 AM, observed a black oven door in the kitchen that was broken. On 12/19/24 at 10:12 AM, the Caregiver confirmed the observation of the oven door and reported the dishwasher and oven did not work. The Caregiver reported they could not recall how long the dishwasher and oven had not worked. On 12/19/24 in the morning and afternoon, observed Caregivers washing dishes from breakfast and lunch by hand. This is a repeat deficiency from the 01/25/24 annual State Licensure survey. Severity: 2 Scope: 3	0250	1. The facility will ensure to remove and will replace any unuseful or broken appliances. 2. The dishwasher was replaced The one wall oven has been removed. 3. The administrator will ensure to monitor of any broken equipment will be replace immediately as possible and no broken kitchen equipment will be stored or kept thereafter. 4. Administrator and manager will ensure to update or monitor of the facility functioning equipment. 5. Action completed on 1/11/2025	01/11/2025
0690 SS= D	Residents Requiring Use of Oxygen - NAC 449.2712 Residents requiring use of oxygen. (NRS 449.0302) 1. A person who requires the use of oxygen must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless he or she: (a) Is mentally and physically capable of operating the equipment that provides the oxygen; or (b) Is capable of: (1) Determining his or her need for oxygen; and (2) Administering the oxygen to himself or herself with assistance. 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician; and (b)	0690	1. The Administrator will ensure that facility will have an available O2 racks at all times. 2. The Administrator instructed the in charge staff to get O2 rack for every resident that are using O2 tank. 3. The administrator will ensure to check admitted residents using O2 will require to order a tank with an extra rack as protocol. Staff should monitor that all tanks, (filled or empty) must be kept and stored in rack at all times. 4. Administrator and manager will monitor the availability of the O2 rack is at the facility.	01/17/2025

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	Ensure that: (1) The resident ' s physician evaluates periodically the condition of the resident which necessitates his or her use of oxygen; (2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored; (3) Persons do not smoke in those areas where smoking is prohibited; (4) All electrical equipment is inspected for defects which may cause sparks; (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; (6) The equipment used to administer oxygen is in good working condition; (7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and (8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident. Inspector Comments: Based on observation and interview, the facility failed to ensure oxygen tanks were secure. Findings include: On 12/19/24 at 10:09 AM, observed three large oxygen tanks and three small oxygen tanks on the floor unsecured in Room #4. On 12/19/24 at 10:09 AM, Resident #3 confirmed R3 used oxygen. On 12/19/24 in the morning, the Caregiver confirmed the oxygen tanks in Room #4 were not secured as they should have been and that R3 used oxygen. Severity: 2 Scope: 1		5. The action is completed on 1/6/25	

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0876 SS= D	Medication Administration - NRS 449.0302 - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of: (a) Controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.0302 are met. (b) Insulin using an auto-injection device only if the conditions prescribed in NRS 449.0304 and NAC 449.1985 are met. Inspector Comments: Based on record review and interview, the facility failed to ensure an Ultimate User Agreement (UUA) was completed for 1 of 9 residents, prior to administering medications. (Resident #8) Findings include: Resident #8 (R8) R8 was admitted on 11/17/24 with diagnoses including hypertension, diabetes, end stage renal disease, congestive heart failure and arthritis. On 12/19/24 at 10:36 AM, R8's file documented an UUA dated 11/17/24 without the signature of R8 or a family representative. The document was signed by a facility representative. On 12/19/24 in the afternoon, the December 2024 Medication Administration Record documented medications were administered to R8 between 12/01/24 and 12/18/24. On 12/19/24 in the afternoon, the Caregiver confirmed the UUA for R8 was not signed by R8 or a family representative. Severity: 2 Scope: 1	0876	1. The Administrator will ensure to check the Ultimate User Agreement must be signed upon admission of the residents. 2. The staff and in charge of the facility that assisting medication to all residents will make sure to double check that the Medication User Agreement signed as required by NRS 449. for a better understanding of residents to avoid harmful used of medications. 3. Staff of the facility will make sure to explain the reason of the Medication Agreement. Administrator will ensure to check files regularly on routine visits for all current and new admitted residents signed the User Agreement. 4. Administrator and manager will ensure that regulation is implemented. 5. Corrective action completed on 01/09/25 6 Patient has been deceased and family is unavailable to sign	01/17/2025
0878 SS= F	Medication/OTCS, Supplements, Change Order - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of 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 , physician assistant or	0878	1. The administrator will ensure to regularly check all resident's have correct orders and are logged into the MAR. This includes order changes, discontinued/destructions/expired medication. All of the ordered OTC, PRN, supplements and scheduled medications are logged and labeled accordingly.	01/17/2025

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	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 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		2. The administrator will ensure to monitor that staff are following the correct order, logging the right order to the right resident, giving the right medicine, and the right frequency, changes of orders must be kept in records, right and correct documentation of order change, the discontinue must be destructed and the communication of clarification should always be implemented between provider, pharmacy and in charge of the facility. 3. The administrator will ensure that staff responsible for administering medications will comply with the correct order of providers. 4. The administrator and manager will continue every day to monitor and supervise the medication administration 5. Corrections implemented on 1/4/25 6 Destruction methods was used by putting in used coffee grounds and put in a diaper.	

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	(b) of subsection 1 of NAC 449.2744. Inspector Comments: Based on observation, record review and interview, the facility failed to ensure: -Medications were administered as prescribed for 2 of 9 residents (R5 and R8); -Medications were on site to administer for 2 of 9 residents (R4 and R5); and -Medication packages had a change label and/or a resident name and physician name on the package for 2 of 9 residents. (R1 and R5) Findings include: On 12/19/24 at 9:53 AM, observed a tube of Calmoseptine Ointment, a container of Zinc Oxide Cream, Selan+ Zinc Oxide Cream and USP Normal Saline on top of a clothes drawer in Room #1. There were no resident or physician names on any of the packages. On 12/19/24 at 9:57 AM, observed a bottle of One a Day Men's Multivitamins and a bottle of Anti-Fungal Liquid on a bedside table in a resident room. There were no resident or physician names on any of the bottles. Resident #1 (R1) R1 was admitted on 08/19/24 with diagnoses including cerebrovascular accident, hypertension, type II diabetes, coronary artery disease and falls. A physician order dated 11/29/24 documented discontinuing Potassium Chloride ER 10 MEQ tablet 1 tablet daily for R1. A new physician order dated 11/29/24 for R1 documented Potassium Chloride ER 10 MEQ tablet 1 tablet every other day. The medication bottle dispensed 12/13/24 documented Potassium Chloride ER 10 MEQ 1 tablet daily. The medication bottle lacked a change label. Resident #4 (R4) R4 was admitted on 12/03/21 with diagnoses including atrial fibrillation, hypertension and anemia. A physician order dated 10/16/24 documented Docusate Sodium 100 milligrams (mg), take 1 capsule daily. The December 2024 Medication Administration Record (MAR) documented the medication was last dispensed on 11/17/24 and had been administered between 12/01/24 and 12/18/24 AM. On 12/19/24 at 1:30 PM, the medication was not on site to administer on			

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	12/19/24. On 12/19/24 at 1:30 PM, the Caregiver confirmed the Docusate Sodium was not on site to administer on 12/19/24 and the hospice agency for R4 had not been contacted for a refill. Resident #5 (R5) R5 was admitted on 04/21/20 with diagnoses including heart failure, cerebral palsy and major depression disorder. A physician order for Acetaminophen 500 mg take 2 tablets three times daily was dispensed on 11/15/24. A second physician order dated 11/15/24 for Acetaminophen 650 mg take 1 tablet every 6 hours as needed for fever was dispensed on 12/10/24. On 12/19/24 at 2:45 PM, the Acetaminophen 500 mg was not listed on the December 2024 MAR and there was no discontinue order. The medication bottles for the Acetaminophen 500 mg and the Acetaminophen 650 mg were observed in R5's medication bin. On 12/19/24 at 2:45 PM, the Caregiver confirmed the discrepancies and acknowledged there had been no clarification of the order. A physician order dated 11/15/24 for Amlodipine Besylate 10 mg take 1 tablet daily for hypertension was listed on the December 2024 MAR. The medication was documented as administered between 12/01/24 and 12/10/24, then crossed out with a "DC" written on the December 2024 MAR. The medication bottle dispensed on 11/15/24 had "D/C" written on the label. The November 2024 MAR documented the Amlodipine was discontinued on 11/15/24, however the November 2024 MAR documented the Amlodipine was administered on 11/16/24 and 11/17/24. The medication was dispensed on 11/15/24 and 12/10/24. On 12/19/14 in the afternoon, the Caregiver reported they were not administering the Amlodipine to R5, per directions from the facility manager. There was no discontinue order or documentation of communication with the physician for clarification provided at the time of survey for the Amlodipine. Resident #8 (R8) R8 was admitted on 11/17/24 with diagnoses			

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	including hypertension, diabetes, end stage renal disease, congestive heart failure and arthritis. A physician order dated 12/04/24 documented Vitamin D3 125 micrograms (mcg) 1 capsule daily. The medication was dispensed on 12/11/24 and delivered on 12/12/24. On 12/19/24 in the afternoon, the December 2024 MAR documented the Vitamin D3 had not been administered between the delivery on 12/12/24 and 12/16/24, when R8 was transferred to the hospital. On 12/19/24 in the afternoon, the Caregiver acknowledged the December 2024 MAR reflected the Vitamin D3 had not been administered between 12/12/24 and 12/16/24, per the physician's order. Severity: 2 Scope: 3			

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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 and interview, the failed to ensure medications had been destroyed once they expired. Findings include: On 12/19/24 in the morning, observed the following resident medications that had expired: -Albuterol Sulfate (2.5 milligrams 9 ml)/3 milliliters (ml) 0.083% nebulizer, inhale 1 vial via nebulizer every 4 hours as needed for shortness of breath in R5's medication bin with a 08/04/24 expiration date. -USP Normal Saline 0.9% Sodium Chloride, located in an unoccupied resident room on a clothes dresser, had a 08/21/21 expiration date. There was no resident or physician name on the bottle. -One a Day Men's Multivitamins located in a resident room had a 08/20/24 expiration date. There was no resident or physician name on the bottle. On 12/19/24 in the morning, the Caregiver acknowledged the observation of the expired medications and acknowledged the medications had not been destroyed per the requirement. Severity: 2 Scope: 1	0885	1 The administrator will ensure if the medication is discontinued, or if the medications is expired, or of the resident who has passed or discharged from the facility or does not claim the medication, an employee of the facility will destroy the medication by acceptable destruction methods in the presence of a witness and note the destruction in the destruction log and the record is maintained. 2. The administrator will ensure that staff in charge of medications will follow orders correctly regarding discontinue, expired and proper destruction of the medications by an acceptable destruction method, and in the presence of a witness and keeping records. 3. The administrator will ensure that all discontinued and expired medications will be properly destructed by using an acceptable method of destructions and properly maintaining the record 4. Administrator will ensure to be responsible in monitoring all medications records are correctly recorded and all expired, discontinued, or of a resident has passed or resident no longer with facility will be destructed by an acceptable method, with a witness present and properly record the destruction. 5. Corrections are implemented on 1/4/25. (Please note that there are 2 pages attached in the bottom attachment which show the D/C order and the destruction log page for #R5.)	01/17/2025
0895 SS= F	Administration of Medication Maintenance - NAC 449.2744 and R043-22 Administration of medication: Maintenance and contents of	0895	1. The Administrator will ensure that Medications Administration Record must be completed at all times. Staff that are	01/17/2025

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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		A. BUILDING _____ B. WING _____	**12/19/2024**

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	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 otherwise misses, an administration of medication; (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. Inspector Comments: Based on record review and interview, the facility failed to ensure the Medication Administration Record (MAR) was complete and accurate for 9 of 9 residents. (Resident #1, #2, #3, #4, #5, #6, #7, #8 and #9) Findings include: On 12/19/24 in the morning, the medication administration times written on the December 2024 MAR were AM, PM and HS for all 9 residents. Specific times were not listed on when the medications were to be administered. On 12/19/24 at 9:30 AM, review of the December 2024 MAR documented medications were not documented as administered for all 9 residents on 12/18/24 and the morning of 12/19/24. On 12/19/24 at 9:10 AM, the Caregiver confirmed they administered the medications to all 9 residents on 12/18/24 and the morning of 12/19/24, and had not		responsible of administering medication, will make sure that records are accurate according to the orders of each resident's medications. 2. The administrator will ensure to oversee that the Medication Administration Record is accurate according to providers order including the date, time, frequency, the missed or refusal of the resident, and the scheduled as needed. Any supplements ordered by a physician for a resident are to be recorded and the bottle labeled according to the provider's order instructions. 3. The administrator will ensure to verify that staff accurately administers and logs each resident's medication in a timely manner. 4. The administrator will continue to monitor every day that Medication Administration records are updated. 5. Corrective actions completed 1/3/25(Please note that some attachments have multiple pages.)	

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	documented the medications as administered on the December 2024 MAR on 12/18/24 and the morning of 12/19/24 for any of the 9 residents. Resident #5 (R5) R5 was admitted on 04/21/20 with diagnoses including heart failure, cerebral palsy and major depression disorder. On 12/19/24 in the afternoon, observed Albuterol Sulfate (2.5 milligrams 9 ml)/3 milliliters (ml) 0.083% nebulizer, inhale 1 vial via nebulizer every 4 hours as needed for shortness of breath in R5's medication bin. The Albuterol was listed on the November 2024 MAR, but was not listed on the December 2024 MAR. There was no discontinue order for the Albuterol. This was a repeat deficiency from the 01/25/24 annual State Licensure survey. Severity: 2 Scope: 3			
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, document review and interview, the facility failed to ensure medications were secure. Findings include:	0920	1. The administrator will ensure that all medications including OTC and supplements must be kept and locked away in a designated storage of the facility. (Medicine Cabinet) 2. The Administrator will ensure that staff responsible administering medications to the residents must be administering right drugs to the right resident according to the provider's order, and must secure in the locked cabinet after each administration. And also must be recorded accurately 3 The administrator will monitor to make sure staff follows the medication storage rule for residents for all medications to be locked in the medication cabinet 4 Administrator will ensure staff implemented the plan of corrections for proper medication storage for all medications must be locked up in medication cabinet 5 date of correction 1/3/2025	01/03/2025

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	On 12/19/24 at 9:15 AM, observed the medication closet open. On 12/19/24 at 9:51 AM, observed medications for Resident #7 sitting on a bed in Room #1 (no resident presently in the room). On 12/19/24 at 9:53 AM, observed two bottles of Nystatin Topical Powder for Resident #6 on top of a clothes drawer in Room #1. On 12/19/24 at 9:53 AM, observed a tube of Calmoseptine Ointment, a container of Zinc Oxide Cream, Selan+ Zinc Oxide Cream and USP Normal Saline on top of a clothes drawer in Room #1. On 12/19/24 at 9:57 AM, observed a bottle of One a Day Men's Multivitamins and a bottle of Anti-Fungal Liquid on a bedside table in a resident room. On 12/19/24 at 10:12 AM, observed a bottle of Pepto Bismol in a refrigerator in the kitchen on a shelf on the door. The facility's Facility Policies document (undated), documented medication will be protected from unauthorized use. On 12/19/24 at 10:30 AM, the Caregiver confirmed the observations of the unsecured medications and acknowledged the medication closet and all medications in resident rooms were supposed to be secure. The Caregiver reported the medication on the bed in Room #1 was for Resident #7, who was currently in the hospital. Severity: 2 Scope: 3			