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
	432	A. BUILDING _____ B. WING _____	11/29/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
V. NICHOLAS ADULT CARE HOME #2	4304 EL CAMINO AVENUE, LAS VEGAS, NEVADA ,89102

(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 a State Licensure annual survey completed at your facility on 11/29/2023, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for six Residential Facility for Group beds for elderly or disabled persons, Category I residents. The census at the time of the survey was six. Six resident files and two 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 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		
0878 SS= E	Medication/OTCS, Supplements, Change Order - NAC 449.2742 - 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 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)	0878	TAG Y 0878 1) The Nurse Practioner that comes and visit resident #2 came to see him on 12/02/2023 on which he made a new order due to the fact that said resident don't really need the use of continuous oxygen. Hereto attached and marked as exhibit "A" TAG Y 0878 copy of said document. And during the survey; administrator contacted the physician office for resident #6 to obtain a new order for the accucheck checking and hereto attached and marked as exhibit "B" TAG Y 0878 of said document. 2) Administrator should review residents files regularly and see to it that all Physician Orders are being followed to avoid discrepancies. 3) Administrator should monitor for compliance. 4) Person responsible: Administrator. 5) Completion date: 12/02/2023	12/02/2023

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	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 interview and record review, the facility failed to ensure physician's orders were followed for 2 of 6 residents (Resident #2 and #6). Findings include: Resident #2 (R2) R2 was admitted to the facility on 11/02/23 with diagnoses including heart failure and diabetes mellitus II. The physician's order included in the physician's statement dated 11/07/23 documented, Oxygen, 2 liters per minute, continuous. On 11/29/23 at 12:00 PM, R2 was not receiving Oxygen. R2 and the Administrator confirmed R2 was on Oxygen at bedtime only. On 11/29/23 in the afternoon, the Administrator acknowledged the physician's statement documented R2 was to receive continuous Oxygen. Resident #6 (R6) R6 was admitted to the facility on 01/01/22 with diagnoses including diabetes mellitus II, chronic kidney failure, and hypertension. The physician's order in the Physician's Health Visit dated 08/16/23 documented, Monitor blood glucose and keep daily log. On 11/29/23 at 12:00 PM, the Administrator acknowledged R6's blood glucose was not being monitored, and indicated not being aware the physician ordered R6 to monitor their blood glucose daily and to keep a daily log. The Administrator verbalized R6 did not have a blood glucose monitoring device from 08/16/23 through 11/29/23. The Administrator indicated filing the physician's statements in R2's and R6's charts before reading them. Severity: 2 Scope: 2			

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0910 SS= D	Administration of Medication Restrictions - NAC 449.2746 Administration of medication: Restrictions concerning medication taken as needed by resident; written records. (NRS 449.0302) 2. A caregiver who administers medication to a 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; (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. Inspector Comments: Based on interview and record review, the facility failed to ensure medications administered as pro re nata (PRN) (as needed), had the reasons and results documented on the Medication Administrator Record (MAR) for 1 of 6 residents (Resident #3). Findings include: Resident #3 (R3) R3 was admitted on 02/02/2008, with diagnoses including chronic pain, hypertension, and type 2 diabetes. R3's physician's order dated 10/24/2023 documented Pregabalin 50 milligram (mg) 1 capsule per day by mouth, if needed (PRN), for neuropathic pain. The MAR for November 2023 listed Pregabalin 50 milligram (mg) as a PRN medication. The MAR for November 2023 documented Pregablin 50mg was administered once daily from 11/01/2023 through 11/23/2023. The MAR lacked documentation of the reasoning and results of the administration of the PRN medication. On 11/29/2023 in the afternoon, the Administrator acknowledged R3's MAR lacked documentation of the reasoning and results for the administration of Pregabalin 50mg. Severity: 2 Scope: 1	0910	TAG Y 0910 1) On 11/29/2023; Administrator contacted the Primary Care Physician for resident #3 regarding the order for the Pregabalin on its administration due to the fact that said resident is taking these medication regularly due to chronic neuropathic pain; of which a new order on said medication is hereto attached and marked as exhibit "C" TAG Y 0910 indicating it to be taken regularly. 2) Administrator should see to it that on prn medications; always document and specify the reason its being taken and the results of its administration. 3) Administrator should monitor for compliance. 4) Person responsible: Administrator 5) Completion date: 11/30/2023	11/30/2023