STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5432	A. BUILDING _____ B. WING _____	07/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAINBOW CONNECTIONS GROUP CARE HOME	820 ANTIGUA ST, LAS VEGAS, NEVADA ,89145

(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 conducted in your facility on 07/06/23. This State Licensure survey was conducted in accordance with NAC 449, Residential Facilities for Groups. The facility is licensed for ten Residential Facility for Group beds for persons with Alzheimer's disease, Category II residents. The census at the time of the survey was nine. Nine resident files and four 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 deficiencies were identified:	0000		
0305 SS= D	Bedrooms - Storage Space - NAC 449.218 Bedrooms: Floor space; windows and doors; privacy; storage space; bedding; personal furnishings; lighting. (NRS 449.0302) 5. Each resident must be provided: (a) At least 10 square feet of space for storage in a bedroom for each bed in the bedroom; and (b) At least 24 inches of space in a permanent or portable closet for hanging garments. Inspector Comments: Based on observation and interview, the facility failed to provide at least 10 square feet of space for storage in a bedroom for each resident. Findings include: On 07/06/23 in the morning, a resident room with two residents contained a closet and a small dresser measuring a combined total of 11.9 square feet of storage space for both residents. On 07/06/23 in the afternoon, the administrator acknowledged the resident room lacked the minimum 10 square feet of storage per resident. Severity: 2 Scope 1	0305	1. The facility made a second measurements on the existing storage and will put an additional storage space to be in compliance. 2. The facility will consult with the BHCQC and review the applicable NRS before implementing any changes regarding the storage. 3. The facility will monitor and strictly adhere to the NRS regarding the storage size requirements by reviewing the applicable NRS 4. The Administrator of the facility. 5. The corrective action will be completed on 8/10/2023 or earlier. 6. The facility will provide photos and measurements of the completed corrective action. 7. The facility will measure storage space for each resident/bed.	07/23/2023
0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of	0878	1. The facility called the Nurse practitioner and Pharmacy. The medication was re-ordered and delivered 7/06/2023 and was administered as directed by the NP the	07/06/2023

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	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) 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 a medication was onsite and given as prescribed for 1 of 9 residents (Resident #1). Findings include: Resident #1 (R1) R1 was admitted on 06/24/23, with diagnoses including dementia and hypertension. R1's physician's order dated 10/31/22 documented Alendronate, take one tablet by mouth once every week in the morning at least before first food, beverage, or		following morning. 2. The facility will do a constant review of the list of medications. Caregivers were reeducated about regulations on medication clarification with providers. It will actively monitor and call the prescriber for such concern. 3. The facility will actively review the medication orders, MAR and medicines to make sure that all medications are onsite. 4. The Administrator of the facility. 5. The corrective action was completed on 7/6/2023. 6. The facility has the photo of the medication delivered onsite. 7. The facility will actively monitor the medication administration record of all residents and constantly review the applicable NRS with the caregivers.	

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	medication of the day. R1's medication administration record (MAR) for June 2023 and July 2023 documented Alendronate, take one tablet by mouth once every week in the morning at least before first food, beverage, or medication of the day. The MARs lacked documented evidence the medication was administered since the resident was admitted. The medication delivery log documented the medication was on site when R1 was admitted. On 07/14/23 in the morning, the medication was not on-site. On 07/06/23 in the morning, a caregiver was unable to locate the medication and confirmed the medication was not on site and available to R1. Severity: 2 Scope: 1			