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
	5679	A. BUILDING _____ B. WING _____	06/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
V N SENIOR CARE INC AT WINERY ROAD	3281 WINERY RD, PAHRUMP, NEVADA ,89048

(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 06/03/25 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was seven. Seven 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 regulatory deficiencies were identified:	0000		

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0276 SS= F	Service of Food-Nutritious Meals;Frequency - NAC 449.2175 Service of food 7. Meals must be nutritious, served in an appropriate manner, suitable for the residents and prepared with regard for individual preferences and religious requirements. At least three meals a day must be served at regular intervals. The times at which meals will be served must be posted. Not more than 14 hours may elapse between the meal in the evening and breakfast the next day. Snacks must be made available between meals for the residents who are not prohibited by their physicians from eating between meals. Inspector Comments: Based on observation and interview, the facility failed to ensure food was stored appropriately. Findings include: On a facility tour on 06/03/25 in the morning, the following observations were made: - The kitchen pantry contained two open jars of jelly which had not been stored in the refrigerator, as directed on the packaging. - The walk-in pantry contained a bag of potatoes which were wrinkly and growing multiple buds, some very advanced. - The walk-in pantry contained a large bottle of soybean oil for cooking. Stuck in the oil on top of the bottle were several black bugs and a few larvae, none of them moving. On 06/03/25 in the morning, the Manager acknowledged the jelly should have been kept in the refrigerator after opening, the potatoes were old and inedible, and the bugs shouldn't be present in the pantry. Severity: 2 Scope: 3	0276	Administrator conducted a meeting with the manager of the facility and its employees. During the meeting, Administrator emphasized the importance of making the facility clean especially the kitchen pantry should be inspected daily to ensure all the food are properly stored and fresh. Administrator had instructed manager of the facility to make sure the kitchen pantry should be inspected daily to ensure compliance. Administrator will inspect the facility weekly as well.	07/12/2025

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0874 SS= F	Medication Administration-Report Received - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 2. Within 72 hours after the administrator of the facility receives a report submitted pursuant to paragraph (a) of subsection 1, a member of the staff of the facility shall notify the resident's physician, physician assistant or advanced practice registered nurse of any concerns noted by the person who submitted the report. The report must be reviewed and initialed by the administrator. Inspector Comments: Based on record review and interview, the facility failed to ensure 6-month medication reviews were initialed as reviewed by the Administrator for 4 of 7 residents (Residents #2, #3, #6 and #7). Findings include: Resident #2 (R2) R2 was admitted on 12/05/22 with diagnoses including left-sided cerebrovascular accident deficits, Foley catheter and dementia. R2's most recent medication reviews were performed on 04/22/25 and 02/25/25. There was no documentation of the Administrator's initials on R2's medication reviews. Resident #3 (R3) R3 was admitted on 01/17/22 with a diagnosis of Alzheimer's Disease. R3's most recent medication reviews were performed on 10/15/24 and 03/26/25. There was no documentation of the Administrator's initials on R3's medication reviews. Resident #6 (R6) R6 was admitted on 09/20/23 with diagnoses including diabetes, dementia, and hypertension. R6's most recent medication review was performed on 02/11/25. There was no documentation of the Administrator's initials on R6's medication review. Resident #7 (R7) R7 was admitted on 09/21/23 with a diagnosis of dementia. R7's most recent medication review was performed on 04/18/25. There was no documentation of the Administrator's initials on R7's medication review. On 06/03/25 in the afternoon, the Manager acknowledged the Administrator should have reviewed and initialed R2, R3, R6 and R7's medication reviews within 72 hours. Severity: 2 Scope: 3	0874	All medication reviews have been initialed by administrator. Administrator will make sure to review all documents on a weekly basis to ensure all are current and signed if necessary. Administrator is in charge to compliance.	07/12/2025

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1036 SS= E	Care to Persons with Dementia - NAC 449.2768 and R043-22 Residential facility which provides care to persons with dementia: Training for employees. (NRS 449.0302, 449.094) 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that: (a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer ' s disease, successfully completes: (2) In addition to the training requirements set forth in subparagraph (1), within 3 months after such an employee is initially employed at the facility, at least 8 hours of tier 2 training. Inspector Comments: Based on interview and record review, the facility failed to ensure 2 of 4 employees received an additional 8 hours of Tier 2 Alzheimer's/Dementia training within 3 months of employment (Employees #2 and #3). Findings include: Employee #2 (E2) E2 was hired on 09/12/24 as a Caregiver. E2 received 8 hours of Alzheimer's Disease/Dementia training on 07/01/24. The certificate of completion of training in E2's file lacked documented evidence of Tier 2 training. E2's file lacked documented evidence of a total of ten hours of Tier 2 training (2 hours of training within 40 hours of hire and an additional 8 hours of training by 90 days of employment). Employee #3 (E3) E3 was hired on 04/01/25 as a Caregiver. E3 received 3 hours of Alzheimer's Disease/Dementia training on 03/06/25. The certificate of completion of training in E3's file lacked documented evidence of Tier 2 training. E3's file lacked documented evidence of a total of ten hours of Tier 2 training (2 hours of training within 40 hours of hire and an additional 8 hours of training by the 90 days of employment). On 06/03/25 in the afternoon, the Administrator acknowledged the Alzheimer's/Dementia training certificates in E2 and E3's files did not document the topics covered in the Tier 2 training, and E2 and E3 did not have the sufficient number of hours of Tier 2 training within 90 days. Severity: 2 Scope: 2	1036	Employee #2 and #3 have already completed their training on 6/10/2025. Exhibit #2. Administrator a have a meeting with the manager and all employees to ensure that all documents needed are complete before being hire. Administrator and manager are in charge to ensure compliance.	07/13/2025

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