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
	6324	A. BUILDING _____ B. WING _____	08/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEVADA MEMORY CARE	2299 MONTESSOURI ST, LAS VEGAS, NEVADA ,89117

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 08/19/24, 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 Alzheimer's disease, Category II residents. The census at the time of the survey was eight. Eight resident files and four employee files were reviewed. The facility received a grade of B. 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		
0040 SS= D	Supervision of AGC - NRS 449.186 Supervision of residential facility for groups. A residential facility for groups must not be operated except under the supervision of an administrator of a residential facility for groups or a health services executive licensed pursuant to the provisions of chapter 654 of NRS. Inspector Comments: Based on record review and interview, the facility failed to submit an application for a new Administrator within 10 days after the former Administrator resigned. Findings include: On 08/19/24 in the morning, the Owner reported the Administrator of record's file was not on site as they were no longer employed at the facility as of 08/09/24. The owner verbalized the new Administrator started on 08/19/24. The new Administrator's application was pending, and would submit the new Administrator's file by the end of the day and submit an application for change of Administrator. As of 09/03/24, there was no application for a change of Administrator submitted. Severity: 2 Scope: 1	0040	1.The new Administrator's license has been submitted to B.E.L.T.C.A. 2.The owner and/or designee will submit the Administrator's license to the state upon hire. 3.The owner and/or designee will audit administrator's file annually and/or at the time of licensure transfer. 4.Caprice Benson 5. Oct 1st, 2024	10/01/2024

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: CAPRICE BENSON Title: AMINISTRATOR Date: 10/09/2024

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0104 SS= D	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 interview and record review, the facility failed to ensure background checks through the Nevada Automated Background Check System (NABS) was completed for 2 of 4 employees (Employee #1 and #3). Findings include: Employee #1 (E1) E1 was hired on 08/19/24 as the Administrator. Review of E1's record revealed no documentation of completed fingerprints or a background clearance letter. Employee #3 (#3) was hired on 03/01/24 as a Caregiver. Review of E3's record revealed no documentation of completed fingerprints or a background clearance letter. NABS did not list a completed background check for E1 and E3. On 08/19/24 in the afternoon, the owner confirmed E1 and E3's file did not contain a background clearance letter. Severity: 2 Scope: 1	0104	1.The administrator and/or designee will complete the background check of all new hires before start date. 2.The administrator and/or designee will audit employee files annually to ensure that all background checks are current. 3.The administrator and/or designee will audit employee files annually to ensure that all background checks are current. 4.Caprice Benson 5.October 9th, 2024	10/09/2024
0515 SS= C	Supervision and Treatment of Residents - NAC 449.259 & R043-22 Supervision and treatment of residents generally. (NRS 449.0302) 1. A residential facility shall ensure that the staff of the facility collaborate with each resident of the facility, the family of the resident and other persons who provide care for the resident, including, without limitation, a qualified provider of health care, as interpreted by section 8 of this regulation, to: (a) Develop a person-centered service plan for the resident; and (b) Review the person-centered service plan at least once each year.; Inspector Comments: Based on interview and record review, the facility failed to develop a person-centered service plan for 8 of 8 residents (Resident #1, #2, #3, #4, #5, #6, #7, and #8). Findings include: Resident #1 (R1) R1 was admitted to the facility on 07/30/24, with diagnoses including dementia and hypertension. R1's	0515	1.The administrator and/or designee will complete a person-centered service plan for all residents upon admission, every 6 months and/or at time of significant change. 2.The administrator and/or designee will audit each resident chart every 6 months or at time of significant change to ensure that each service plan is still appropriate. 3.The administrator and/or designee will audit each resident chart every 6 months or at time of significant change to ensure that each service plan is still appropriate. 4.Caprice Benson 5.October 31st,2024	10/31/2024

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	file lacked a person-centered service plan. Resident #2 (R2) R2 was admitted to the facility on 07/02/24 with diagnoses including dementia. R2's file lacked a person-centered service plan. Resident #3 (R3) R3 was admitted to the facility on 10/19/22, with diagnoses including dementia. R3's file lacked a person-centered service plan. Resident #4 (R4) R4 was admitted to the facility on 11/01/23, with diagnoses including Alzheimer's disease. R4's file lacked a person-centered service plan. Resident #5 (R5) R5 was admitted to the facility on 04/01/24, with diagnoses including dementia. R5's file lacked a person-centered service plan. Resident #6 (R6) R6 was admitted to the facility on 04/15/23, with diagnoses including dementia. R6's file lacked a person-centered service plan. Resident #7 (R7) R7 was admitted to the facility on 04/18/23, with diagnoses including Alzheimer's disease. R7's file lacked a person-centered service plan. Resident #8 (R8) R8 was admitted to the facility on 03/28/24, with a diagnoses including dementia. R8's file lacked a person-centered service plan. On 07/201/24 in the afternoon, the Owner acknowledged person-centered service plans were not developed for R1, R2, R3, R4, R5, R6, R7, and R8. Severity: 1 Scope: 3			

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0874 SS= D	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 six-month Medication Reviews were initialed and dated by the Administrator within 72 hours for 2 of 8 residents (Residents #3 and #4). Findings include: Resident #3 (R3) R3 was admitted to the facility on 10/19/22, with diagnoses including dementia. R3's file revealed a medication review dated 08/08/24 and lacked the initials of the Administrator and date of review. Resident #4 (R4) R4 was admitted to the facility on 11/01/23, with diagnoses including Alzheimer's disease. R4's file revealed a medication review dated 08/01/24 and lacked the initials of the Administrator and date of review. On 08/19/24 in the afternoon, the Administrator acknowledged the six-month Medication Reviews should have been initialed and dated by the previous Administrator within 72 hours. Severity: 2 Scope: 1	0874	1.The administrator and/or designee will complete a six-month medication review for all residents. 2.The administrator and/or designee will audit each resident chart every 6 months to ensure that the medication review is completed. 3.The administrator and/or designee will audit each resident chart every 6 months to ensure that the medication review is completed. 4.Caprice Benson 5.October 31st, 2024	10/31/2024
0895 SS= D	Administration of Medication Maintenance - NAC 449.2744 and R043-22 Administration of medication: Maintenance and contents of 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	0895	1.The administrator and/or designee will complete a med audit review for all residents. 2.The administrator and/or designee will audit each resident's MAR every quarter (3 months) to ensure meds are accurately documented and accounted for. 3.The administrator and/or designee will audit each resident's MAR every quarter (3 months) to ensure meds are accurately documented and accounted for. 4.Caprice Benson 5.October 31st, 2024	10/31/2024

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	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 interview, observation and record review, the facility failed to ensure the Medication Administration Record (MAR) included accurate documentation for 2 of 8 resident's medications (Resident #1 and #2). Findings include: Resident #1 (R1) R1 was admitted to the facility on 07/30/24, with diagnoses including dementia and hypertension. R1's file revealed a physician's order dated 07/30/24 documented duloxetine 20 milligram capsule, take 1 capsule by mouth at bedtime. R1's medication container revealed a bottle of medication labeled duloxetine 20 milligram capsule, take 1 capsule by mouth at bedtime. R1's MAR documented duloxetine 25 milligram capsule, take 1 capsule by mouth at bedtime. R1's file revealed a physician's order date 07/30/24 documenting Melatonin 5 milligram tablet by mouth at night daily. R1's medication container revealed a bottle of medication labeled Melatonin 5 milligram tablet by mouth at night daily. R1's MAR documented Melatonin 2 milligram tablet by mouth at night daily. On 08/19/24 in the morning, the owner acknowledged R1's MAR did not match R1' physician's order and the medication that was available for R1. The Owner verbalized the MAR was inaccurate but R1 was administered the correct medication and dosage as ordered by the physician. Resident #2 (R2) R2 was admitted to the facility on 07/02/24 with diagnoses including dementia. R2's file revealed a physician's order date 07/30/24 documenting diclofenac 2 grams topically to			

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	affected area four times a day. R2's medication container revealed a tube of medication labeled diclofenac 2 grams topically to affected area four times a day. R2's MAR lacked documentation of diclofenac 2 grams topically to affected area four times a day. On 08/19/24 in the morning, the Owner verbalized R2 was receiving diclofenac 2 grams topically to affected area four times a day but was not documented on R2's MAR. On 08/19/24 in the morning, R2 was unable to verbalize if the were administered the diclofenac 2 grams four times a day related to cognitive deficits. On 08/19/24 in the morning, the Owner acknowledged R1 and R2's MAR was inaccurate. Severity: 2 Scope: 1			
1825 SS= F	I C Program Responsible Person and Designee - IC Program Responsible Person and Designee LCB File No. R048-22 Sec. 5 3. The program to prevent and control infections within the facility for the dependent developed pursuant to paragraph (a) of subsection 1 must provide for the designation of: (a) A primary person who is responsible for infection control; and (b) A secondary person who is responsible for infection control when the primary person is absent to ensure that someone is responsible for infection control at all times. Inspector Comments: Based on interview and record review, the facility failed to ensure a primary and secondary person responsible for the facility's infection control program were identified. Findings include: There was no documentation the facility had designated who would be in charge of their infection control program. On 08/19/24 in the afternoon, the Owner was unable to produce documentation identifying the primary and secondary persons responsible for the facility's infection control program. Severity: 2 Scope: 3	1825	1.The administrator and secondary person on staff will complete the infection control and prevention program. 2.The administrator and/or designee will audit the personnel files to ensure the infection control and prevention program has been completed. 3.The administrator and/or designee will audit the personnel files to ensure the infection control and prevention program has been completed. 4.Caprice Benson 5. October 31st, 2024	10/31/2024