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 _____	**05/19/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HASTINGS HOUSE	**3253 HASTINGS AVENUE, LAS VEGAS, NEVADA ,89107**

(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 at your facility on 05/19/25 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 Intellectual Disabilities and/or persons with Mental Illness, three Category I and seven Category II residents. The census at the time of the survey was eight. Seven resident files and four employee files were reviewed. The facility received a grade of A. There was one complaint investigated. 1. Complaint #NV00074028 was substantiated. (See TAG 0878). The investigation of the complaint included: Observations of staff interacting with residents, medication administration, and a tour of the facility. Interviews were conducted with the Resident of Concern, Residents, Caregivers, Medication Technicians, the Services Specialist and Administrator. Clinical Record Review of 7 records, which included the residents of concern. Document review included facility policy 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 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		
0878 SS= D	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	0878	1) Documentation of medication error was completed, and omission was reported to the ordering physician. No correction of the error is possible as it took place in 1/2025. There have been no further omissions since this incident occurred. 2) ASI has redeveloped its admission	06/01/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | Name: SHELLE LYNN SPONSELLER | Title: Administrator | Date: 06/01/2025

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.

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 _____	**05/19/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HASTINGS HOUSE	**3253 HASTINGS AVENUE, LAS VEGAS, NEVADA ,89107**

(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
	resident's physician , physician assistant or 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		protocols surrounding medications. Prior to move-in date, ASI now requires a comprehensive list of all medications and copies of their prescriptions/orders so that a MAR can be created prior to arrival. Admissions will be delayed without this information in advance. This will allow administration to assure that all medications are on site on Day 1; and if there are any missing medications remediation can be immediate to eliminate errors. 3) Services Supervisor will assure that medication list and prescriptions are on site prior to admission arrival; administrator will review documentation to assure compliance 4) Services Supervisor and Administrator 5) 2/15/2025 new policy was put into place 6) N/A 7) Administrator will be in the home weekly and will complete impromptu audits on medications to assure availability	

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 _____	**05/19/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HASTINGS HOUSE	**3253 HASTINGS AVENUE, LAS VEGAS, NEVADA ,89107**

(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
	record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. Inspector Comments: Based on observation, interview and record review the facility failed to ensure 1 of 7 sampled residents' prescribed medications were administered per the physician's order. (Resident #2) Findings include: Resident #2 (R2) was admitted to the facility on 01/28/25 with a diagnosis of Type 2 Diabetes and seizure disorder. Review of a physician's order dated 01/27/25, documented R2 was prescribed Risperidone 1 milligram (MG) tablets, take one tablet by mouth in the AM, take one tablet by mouth at noon and two tablets in the PM. The January and February 2025 Medication Administration Records (MARs) documented Risperidone 1 mg was not administered to R2 per the physician's order on 01/29/25, 01/30/25, 01/31/25 and 02/01/25. The first time Risperidone 1 MG was administered to R2 was on 02/02/25. On 05/21/25 at 1:12 PM, the Administrator explained the facility ordered the medication and it was delivered on 01/28/25. The Administrator confirmed although the medication was on site, the staff did not administer the Risperidone to R2 due to a communication error as the medications were delivered and put in the medication cabinet, but the staff did not know the medication was there. The Administrator acknowledged R2 had not received the 01/29/25, 01/30/25, 01/31/25 and 02/01/25 doses of medication per the physician's order. Severity: 2 Scope: 1 Complaint #74028			