STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7637	A. BUILDING _____ B. WING _____	10/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT CARE GROUP HOME III	795 SIENNA STATION WAY, RENO, NEVADA ,89512

(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
RFG 0001-Deficiencies	The Statement of Deficiencies was generated as a result of a state licensure survey conducted in your facility, in accordance with Nevada administrative code, chapter 449, and Nevada revised statutes chapter 449- Residential Facility for Groups (RFG), medical facilities and other related entities. The findings and conclusions of any investigation by the Division of Health Care Purchasing and Compliance shall not be construed as prohibiting any criminal civil investigation, actions or other claims for reliefs that may be available to any party under applicable federal, state or local law. Based on an inspection conducted, the items marked below identify the violation in operation of the RFG which must be corrected by the revisit/compliance date specified in writing by the health authority. Failure to comply with this notice and immediately correct the identified deficiencies may result in the suspension or termination of your provider agreement, funding, or future authorization as a provider authorized by the State	RFG 0001-Deficiencies		

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	of Nevada pursuant to NAC 433.384, and other applicable local and state laws. Inspector Comments: This Statement of Deficiencies was generated as a result of an annual survey and complaint (CPT) investigation completed at your facility on 10/28/2025. The facility is licensed for five Residential Facility for Group beds for elderly and disabled persons, Category II residents, and one Resident Facility for Group beds for elderly and disabled persons, Category I resident. The census at the time of the survey was six. Six resident files and three employee files were reviewed. The facility received a grade of C. There was one complaint investigated. Complaint #NV00073785 was substantiated. (See Tag Y0172)			

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Y 0102 SS= D	NAC 449.200 and R043-22 (d) The health certificates required pursuant to Chapter 441A of NAC for the employee. Inspector Comments: Based on personnel record review and interview, the facility failed to ensure a pre-employment physical examination was completed timely for 1 of 3 employees (Employee #2). Findings include: Employee #2 Employee #2 was hired as a Medication Technician on 01/16/2025. Employee #2's personnel record lacked documentation a physical examination was completed prior to or upon the start date of 01/16/2025. On 10/28/2025 at 11:45 AM, the Administrator verbalized physical examinations were required to be obtained prior to or upon the start date to ensure staff were physically and mentally fit to work at the facility. The Administrator confirmed Employee #2's personnel record lacked a physical examination completed prior to or on 01/16/2025. Severity:2 Scope:1	Y 0102	Y 0102 NAC 449.200 and RO43-22 The Facility failed to ensure a pre-employment physical examination was completed timely prior to start date. The facility administrator had updated its hiring and onboarding policy to clearly state that a pre-employment compliance checklist was created and must be completed by the administrator before any new hire is scheduled. A tracking system was implemented to monitor required pre - employment documents including physical examination, TB testing, background checks and trainings. The administrator will ensure all requirements are met before hire. The administrator will do a full audit of all current employee/new hire files to verify that every staff member has a completed and timely pre -employment physical exams prior to start date. Audits will be completed monthly by the administrator so any identified issues will be corrected immediately and address and have it completed prior to start date. The administrator will ensure all pre - employment physical examination is completed before starting to work in the facility.	01/07/2026
Y 0172 SS= D	NAC 449.209 2. Containers used to store garbage outside of the facility must be kept reasonably clean and must be covered	Y 0172	Y 0172 (NAC 449.209) The administrator of the residential facility shall ensure the premises are clean and that the interior and exterior and landscape of the facility is well maintained. The administrator of the facility will ensure the interior of the facility is well maintained by frequent random visits and monitoring	01/07/2026

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	in such a manner that rodents are unable to get inside the containers. At least once each week, the containers must be emptied, and the contents of the containers must be removed from the premises of the facility. 3. Containers used to store garbage in the kitchen and laundry room of the facility must be covered with a lid unless the containers are kept in an enclosed cupboard that is clean and prevents infestation by rodents or insects. Containers used to store garbage in bedrooms and bathrooms are not required to be covered unless they are used for food, bodily waste or medical waste. 4. To the extentpracticable, the premises of the facility must be kept free from: (a) Offensive odors; (b) Hazards, including obstacles that impede the freemovement of residents within and outside the facility; (c) Insects and rodents; and (d) Accumulations of dirt, garbage and other refuse. 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation		the facility's indoor and outdoor vicinity. Findings include as follows: A) The dual flush toilet in the hall bathroom was not flushing well. The administrator had replaced the toilet valve, and it was repaired immediately after the findings. The administrator instructed all the caregivers and in-service was given, to call the administrator immediately if there is delay and weak toilet flush in the toilet or leaks for cleanliness and sanitation of the facility. B) The damage and worn base board at the entrance of the master bathroom was repaired and painted immediately after the findings. The Administrator will do frequent rounding's of the facility to monitor the interior of the house. Again, instructed all the caregivers for prompt reporting of discovered broken parts or areas like base board for immediate repair by the administrator. See attachment Tag 0172 (B) C) The grease dark in color built up on the tiles adjacent to the bathtub in the hall bathroom has been scrubbed and cleaned. The administrator will do frequent rounding of the interior lay out of the facility which includes the bathroom to check for any hardened discolored grease in the corner of tiles in the bathroom. The administrator will monitor the dark discoloration of tiles of the bathroom to evaluate for cleanliness and proper cleaning daily so no build up dirt will accumulate and the caregivers was instructed on daily cleaning of the end corners of the bathroom tiles. Please see attachment tag 0172 (C) D)The door between the laundry room and the garage, the door-knob lever shaped hole was repaired immediately after the findings. The administrator had installed a rectangular PVC paneling to cover the hole and to prevent other indentation hole for the future from the doorknob. The administrator will make a frequent rounding's of the facility to ensure the indoor of the facility is well kept and free from other damages which needed repairs. The caregivers were instructed to report to the administrator any small damages to the walls or doors or any	

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	and interview, the administrator failed to ensure the interior of the facility was maintained. Findings include: On 10/28/2025, during the initial tour of the facility, the following were observed: -At 10:20 AM, the dual flush toilet in the hall bathroom was not in working order. The large flush button was wedged and could not be moved. When the small flush button was pressed the flush cycle took approximately three minutes to complete. -At 10:29 AM, a base board at the entrance of the master bathroom was worn exposing a sharp wood edge. -At 10:38 AM, grease dark in color was built up on the tiles adjacent to the bathtub in the hall bathroom. -At 12:04 PM, behind the door between the laundry room and the garage was a doorknob lever-shaped hole with insulation visible. On 10/28/2025 the following events occurred in sequential order: -At 10:40 AM, the Administrator and a Medication Technician confirmed the dual flush toilet in the hall bathroom did not flush. The Administrator verbalized the broken toilet could spread infections among residents in the facility. -At 10:42 AM, a Medication Technician verbalized the facility should be cleaned once daily. The Medication Technician confirmed the grease built up on the hall bathroom tiles and explained the Medication Technician “must have missed it.” -At 10:50 AM, the Administrator acknowledged the base board in the master bathroom was not maintained and explained the sharp edge could injure a resident if the resident hit the corner. -At 12:15 PM, the Administrator acknowledged the hole behind door in the laundry room and explained the hole posed a risk for rodents and other pests. Complaint #NV00073785 Severity: 2 Scope: 1		areas that needed repair to the administrator once it is discovered. Please see attachment Tag 0172(D).	

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Y 0250 SS= E	NAC 449.217 1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition. 2. Perishable foods must be refrigerated at a temperature of 40 degrees Fahrenheit or less. Frozen foods must be kept at a temperature of 0 degrees Fahrenheit or less. 3. Sufficient storage must be available for all food and equipment used for cooking and storing food. Food that is stored must be appropriately packaged. 4. The administrator of a residential facility shall ensure that there is at least a 2-day supply of fresh food and at least a 1-week supply of canned food in the facility at all times. 5. Pesticides and other toxic substances must not be stored in any area in which food, kitchen equipment, utensils or paper products are stored. Soaps, detergents, cleaning compounds and similar substances must not be stored in any area in which food is stored. Inspector Comments: Based on observation and interview, the facility failed to ensure kitchen equipment was in good working condition and food was properly stored. Finding include: On 10/28/2025, during the initial tour of the kitchen, the following was observed: -At 9:06 AM, the door of the lower cabinet second from the left fell off the hinges upon opening. -At 9:10 AM, when the sink was turned on,	Y 0250	Y 0250(NAC 449.217) The equipment in the kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. the kitchen and the equipment must be clean and must allow for the sanitary preparation of food. Findings: A) The lower cabinet kitchen door had upper hinges that are loose and may impose to hurt a resident. The cabinet hinges were fixed and repaired immediately after the findings. The caregiver was informed to notify the administrator of any broken or malfunctioning equipment in the facility for immediate repair to prevent preventable injuries to the patient and the caregiver. Please see attachment A) B) The food remnants in and around the kitchen sink drain and in around the dishwasher pipe was cleaned. The smell under the sink was investigated by the administrator and the finding was from the plastic cover under the sink with moist and scant drainage of water dripping from top sink in between the connection of the sink and the tile. Silicone sealant was applied around the sink to secured in the edges so sink water will not leak at the top of the sink to the bottom. The wood lining under the sink was checked for any rotten wood and the administrator had replaced with a new cut wood and repainted it.The repaired was done immediately and no more smell was noticeable since it was replaced. The administrator will do frequent indoor rounds including under kitchen sinks and other sinks to ensure no leaking water at base of the sink is present to the facility. The facility administrator instructed all the caregivers to check the bottom of sink for any pungent odor or water accumulation or moisture and any malfunctioning equipment of sink to report to the administrator for immediate repair. Please see attachment Tag Y0250 (B). C)The black soot and charred food built up in the bottom unit of a double stacked oven	01/07/2026

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	food remnants drained into the dishwasher. When the dishwasher was run, the food remnants bubbled into the sink from the drain. Both had a pungent odor of rotten food. -At 9:15 AM, black soot and charred food was built up in the bottom unit of a double stacked oven. On 10/28/2025 the following events occurred in order: -At 9:07 AM, a Medication Technician confirmed the cabinet door had fallen off the hinges and could hurt a resident. The Medication Technician explained the cabinet door had been broken for approximately two weeks. -At 9:10 AM, a Medication Technician confirmed the food remnants in and around the kitchen sink drain and in and around the dishwasher pipe. The Medication Technician confirmed the odor coming from the drainage and explained the facility was previously unaware of the food remnants and odor. -At 9:15 AM, a Medication Technician confirmed the soot and charred food in the bottom of oven. The Medication Technician explained the staff should clean the facility daily and verbalized a dirty oven could be a fire hazard. Severity: 2 Scope: 2		was cleaned. The second unit of oven was cleaned by caregivers right away post findings. The administrator will add this on her checklist on her daily rounds, to check the stove cleanliness, to maintain and to keep the area free from grease and grimes. The caregivers were instructed to clean the oven after use to prevent grease and soot build-up. Please see attachment Tag (C).	
Y 0526 SS= F	NAC 449.260 and RO43-22 Activities for residents. 1. The caregivers employed by a residential facility shall: (a)Ensure that the residents are afforded an opportunity to enjoy their privacy, participate in physical activities, relax and associate with other residents; (b)Provide group activities that provide mental and physical stimulation and develop creative skills and interests;	Y 0526	Y0526 (NAC449.260 andR0430-22) The caregivers employed by the residential facility shall a)ensure the resident had the opportunity to enjoy the privacy, participation in physical activities, relax and associate with other residents b) provide group activities that provide mental and physical stimulation and develop creative skills and interest c)plan recreational opportunities that are suited to the interest and capacities of the residents)provide each resident	01/07/2026

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	(c) Plan recreational opportunities that are suited to the interests and capacities of the residents; (d) Provide each resident with a written program of activities; (e) Provide for the residents at least 10 hours each week of scheduled activities that are suited to their interests and capacities; (f) Encourage each resident to participate in the activities scheduled pursuant to his or her person-centered service plan; and (g) Post, in a common area of the facility, a calendar of activities for each month that notifies residents of the major activities that will occur in the facility. The calendar must be: (1) Prepared at least 1month in advance; and (2) Kept on file at the facility for not less than 6 months after it expires Inspector Comments: Based on observation, document review and interview, the facility failed to ensure residents received daily activities per the activities calendar posted in the facility. Findings include: On 10/28/2025 at 9:02 AM, the activities calendar was posted in the primary hallway of the facility. The following activities were documented: -Monday, Wednesday, and Friday: morning news, lunch scrabble, and afternoon movies and popcorn. -Tuesday, Thursday, and Saturday: morning walking, lunch bingo, and afternoon trivia. On 10/28/2025 from 9:00 AM to 2:30 PM, no activities occurred. On 10/28/2025 at 11:38 AM, a Medication		with written programmed d) provide the residents at least 10 hours each week of scheduled activities that are suited to their interest and capacities e) encourage each residents to participate in activities scheduled pursuant to his /her person cantered service plan and f)post in a common area on the facility, a calendar of activities for each month that notifies the residents of the major activities that will occur in the facility, the calendar must be prepared at least 1 month in advance and kept on the file of the facility for not least than 6 months. At the time of the observation, the caregivers involved had been employed for a year and required additional guidance in documenting and offering activities according to the facility's activity plan. Two of the residents attend an adult day care program MWF from 0900 am to 4 pm during the day and one of the female residents has a private escort to go out every TTHS for recreations outside the facility like shopping and dining out. Another private caregiver is with the other resident MWF for 4 hours for some personal activities that the resident enjoys most. The other resident also goes out for pass and being taken by her sister and niece twice or thrice a week. The remaining residents in the facility have varying preferences, some choose to stay in their rooms to watch television, rest, or engage in the quiet activities. A few residents occasionally decline offered activities due to personal preferences, mood or medical conditions. While resident choice is always respected, it is the facility's responsibility to ensure that activities	

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	Technician confirmed the activities posted in the hallway and verbalized activities were not offered to residents according to the activities calendar. The Medication Technician explained no activities were offered to residents. On 10/28/2025 at 11:42 AM, Resident #2 verbalized the resident was unaware activities were offered at the facility. Resident #2 verbalized the resident would be interested in participating in some of the activities posted on the activities calendar. On 10/28/2025 at 11:45 AM, Resident #4 verbalized none of the activities posted on the activities calendar occurred in the facility, and none of the activities listed were of interest to the resident. Severity: 2 Scope: 3		are offered and adapted to each resident's abilities and preferences. The administrator recognize that the expectation was not consistently met by the facility. The administrator of the facility had given staff immediate retraining and re-educating about the importance of offering the scheduled activities of the facility to provide mental and physical stimulation of each resident and residents are given recreational opportunities. The staff will offer the daily activities to all residents and document resident's refusal. To provide individualized activities to residents who prefer to stay in their rooms. The caregivers were re- educated about patient's rights including choice of participation. The Administrator had revised the daily activity schedule, and it will be posted in common areas of the facility. The activities now include one to one engagement to resident who do not attend the day care program. A short, simple activities appropriate for residents with cognitive decline. The administrator will conduct a weekly audit of activity logs for the next 30 days. Direct observation rounds will ensure activities are being offered and documented. The resident who prefers to stay in their room will still be offered a social interaction, music or sensory stimulation and light activities. The resident will be assisted to join the group activities if interested and refusal will be documented to reflect resident's choice. The caregiver was given in-service about activities of resident and to have a total of 10 hours /week and to keep the activity files for 6 months. Please see new activity	

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			schedules and activity of residents in the facility signed by care givers. Please see attachments Tag 0526.	
Y 0515 SS= F	NAC 449.259 **Supervision of residents.** 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. 2. A person-centered service plan developed pursuant to this section must include, without limitation: (a) Provisions concerning activities of daily living, medication management, cognitive safety, assistive devices, special needs, social and recreational needs and involvement of ancillary services; (b) Protective supervision as necessary for the resident; (c) The manner in which all caregivers will be informed of the required supervision of the resident;	Y 0515	Tag 0515 (NAC 449.259) A resident facility shall ensure that the staff of the facility collaborate with each resident of the facility, the family of the resident and the other persons who provide care for the resident including without limitation, a qualified provider of health care, to develop a person centered- service plan for the resident and review person centered plan at least once each year. The findings noted, the records of resident # 1, resident# 2, Resident#3, Resident#4, resident #5, resident #6 lacks the person-centered service plan of all residents about laundry services. The administrator was doing the laundry services of all the residents in the facility since the beginning but not knowing that it should be added to the service plan for the residents in the facility. The caregiver' s of the facility washes the resident's clothes and linen everyday unless the resident or family elects to make other arrangement. The administrator will ensure the residents clothes are clean, comfortable and presentable all the time and every day. The Administrator ensures also that resident's blankets and linens are wash daily and ensures linens and blankets are clean and	01/07/2026

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	(d) The manner in which the facility will ensure that the resident has the opportunity to attend the religious service of his or her choice and participate in personal and private pastoral counseling; (f) Permission for the resident to enter or leave the facility at any time if the resident: (1) Is physically and mentally capable of leaving the facility; and (2) Complies with the rules established by the administrator of the facility for leaving the facility; (g) Laundry services for the resident unless the resident elects in writing to make other arrangements; (h) The manner in which the facility will ensure that the resident's clothes are clean, comfortable and presentable; (i) A requirement that the facility must inform the resident or his or her representative of the actions that the resident should take to protect the resident's valuables; (j) A written program of activities for the resident that includes scheduled and unscheduled activities that are suited to his or her interests and capacities; Inspector Comments: Based on clinical record review and interview, the facility failed to develop a Person-Centered Service Plan addressing all required focus areas and interventions for 6 of 6 residents (Residents #1, #2, #3, #4, #5, #6). Findings include: Resident #1 Resident #1 was admitted to the facility on 10/04/2018 with diagnoses including chronic respiratory distress and diabetes. Resident #2 Resident #2 was admitted to the facility on 06/16/2025 with diagnoses including kidney disease and hyperlipidemia.		free from foul odor. The Administrator had added the laundry in the individual centered service plan of each resident. Please see individual -centered service plan for each resident from resident 1,2,3,4,5,6 service plan attachments.	

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	Resident #3 Resident #3 was admitted to the facility on 01/25/2018 with diagnoses including schizophrenia and hypothyroidism. Resident #4 Resident #4 was admitted to the facility on 01/25/2017 with diagnoses including benign prostatic hyperplasia, hyperlipidemia, and constipation. Resident #5 Resident #5 was admitted to the facility on 08/29/2024 with diagnoses including benign prostatic hyperlipidemia and dementia. Resident #6 Resident #6 was admitted to the facility on 10/26/2023 with diagnoses including diabetes myelitis II, chronic obstructive pulmonary disease, and dementia. Residents #1, #2, #3, #4, #5, and #6's clinical records lacked documented evidence of a person-centered service plan related to laundry services. On 10/28/2025 at 10:45 PM, the Administrator explained all residents received laundry services from the facility. The Administrator confirmed person-centered service plans were required to outline the laundry services provided and explained the facility did not complete service plans related to laundry services for any resident in the facility. Severity:2 Scope:3			
Y 0990 SS= D	NAC 449.2756	Y 0990	Y990 (NAC 449.2756) The facility failed to ensure a resident's medication record was complete and accurate for resident #6. A physician order as of 08/09/25 to give divalproex 125 one	01/07/2026

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	7637	A. BUILDING _____ B. WING _____	10/28/2025

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	Residential facility which provides care to persons with Alzheimer's disease: Standards for safety; personnel required; 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (a) Swimming pools and other bodies of water are fenced or protected by other acceptable means. Inspector Comments: Based on observation, clinical record review and interview, the facility failed to ensure a resident's Medication Administration Record (MAR) was complete and accurate for 1 of 6 residents (Resident #6). Findings include: Resident #6 Resident #6 was admitted to the facility on 10/26/2023 with diagnoses including type II diabetes myelitis, chronic obstructive pulmonary disease, and dementia. A physician's order dated 08/19/2025 documented Divalproex Sodium 125 milligrams (mg) sprinkle capsule. Take one capsule at 4:00 PM. Resident #6's October 2025 MAR documented the Divalproex 125 mg, take one capsule by mouth at 4:00 PM. The Divalproex was documented as administered daily at 2:00 PM from 10/01/2025 through 10/27/2025. On 10/28/2025 at 11:45 AM, a Medication Technician confirmed Resident #6's Divalproex physician's order indicated to administer Divalproex at 4:00 PM while the MAR documented the Divalproex was administered at 2:00 PM. The Medication		capsule at 4 pm, The facility documented to give meds daily at 2 pm from 10/1/27 to 10/27/25 There was error on the time documented on MAR about what time medication should be given. The Divalproex Medication due at 4 pm was immediately changed in the MAR by the medication technician instead of 2pm and it was corrected right away upon finding. The Administrator of the facility will do monthly medication order review of MAR and medication for accuracy for carrying the doctor's orders and the scheduled time for medication to be given properly by med tech. The caregivers were re-instructed about to be careful when medications were recopied each beginning of each month for accuracy and to compare and verify doctor's orders for comparison of accuracy of the time medication is to be given as ordered by the provider. Please see Attachment Tag 0990 A	

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	Technician verbalized it was a clerical error and the MAR should have indicated to administer Divalproex at 4:00PM. Severity: 2 Scope: 1			
Y 0920 SS= D	**NAC 449.2748** **Medication Storage.** 1. Medication including, without limitation, any over-the-counter medication stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medications for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator including, without limitation, any over-the-counter medication must be kept in a locked box unless the refrigerator is locked or is located in a locked room. 3. Medication including, without limitation, any over-the-counter-medication or dietary supplement, must be: (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing	Y 0920	Y0920 (NAC 449.2748) Medication including without limitation any over-the counter-medication or dietary supplements must be: plainly labeled as to its contents, the name of the resident from whom is prescribed and the name of the prescribing physician and kept in its original container original container until its administered. Findings as follows: a) The resident#1 has OTC glucosamine chondroitin in resident medication storage that were incompletely labeled and lacked the physician's name. The Glucosamine /chondroitin medication bottle was labeled to take one tablet by mouth daily. The prescribing MD's name was lacking on the labeled of the OTC bottle. The identified medication with incomplete labeled was immediately removed from medication storage and added the physician's name, or prescribing MD's name immediately on medication label during the survey by the medication technician. Please see attachment TAG Y 0920A. b) The resident #2 has OTC medication of vitamin B12, Vitamin C and Vitamin D3 in resident medication storage that were incompletely labeled and lacked the physicians name in the medication bottles. The identified medications with incomplete labeling of prescribing doctor's name were immediately removed in the resident storage container and the name of prescribing doctor was added immediately on above OTC bottles labeling. The labels of above OTC bottles were corrected and immediately added the name of the prescribing doctor's name during the survey by the medication technician. Please see attachment TAG The Administrator of the facility will review every week, each medication especially	01/07/2026

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	physician; and (b) Kept in its original container until it is administered. Inspector Comments: Based on observation, clinical record review, and interview, the facility failed to ensure an over the counter (OTC) medication was labeled with the name of the prescribing physician for 2 of 6 residents (Residents #1 and #2). Findings include: Resident #1 Resident #1 was admitted to the facility on 10/04/2018 with diagnoses including chronic respiratory distress and diabetes. A physician's order, dated 07/28/2025, documented Chondroitin/Glucosamine. Take one tablet by mouth once a day. On 10/28/2025 at 12:45 PM, during a review of Resident #1's medications, an OTC container of Glucosamine Chondroitin lacked a label with the prescribing physician's name. On 10/28/2025 at 12:45 PM, a Medication Technician verbalized all OTC medications were to be labeled with the resident's name and the name of the physician. The Medication Technician confirmed the Glucosamine Chondroitin container was not labeled with the prescribing physician's name. Resident #2 Resident #2 was admitted to the facility on 06/16/2025, with diagnoses including kidney disease and hyperlipidemia. A list of Resident #2's physician's orders, dated 06/19/2025, documented the following: -Vitamin B-12 1000 micrograms (mcg) oral tablet. Take one tablet by mouth daily.		over the counter medication for proper labeling which includes resident name, medication name, dosage route, frequency, expiration date and physician authorization. The administrator of the facility had retrained all new and current employees of all mandatory labeling requirements of all OTC medication including physician name, prohibition of storing OTC medication without a valid physician order and complete pharmacy labeling. The proper labeling requirements of all medications including OTC and the necessity of physician authorization for all OTC medications administered or stored in the facility. All new staff will receive this training during onboarding process. The training completed by staff with documentation maintained in personnel files. The administrator of the facility is responsible for ensuring implementation and ongoing compliance with this plan of Correction. The Administrator of the facility had given in-service about Compliance for all Over the Counter medication to the staff. Please see attachment Tag Y0920 C.	

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	-Vitamin C 1000 milligram (mg) oral tablet. Take one tablet by mouth daily. -Vitamin D 50 mcg oral tablet. Take one tablet by mouth daily. On 10/28/2025 at 1:03 PM, during a review of Resident #2's medications, the following OTC medication containers of Vitamin B-12, Vitamin C Ascorbic Acid, and Vitamin D3 lacked the name of the prescribing physician. On 10/28/2025 at 1:03 PM, a Medication Technician confirmed the prescribing physician's name was not present on Resident #2's Vitamin B-12, Vitamin D3, or Vitamin C. Severity: 2 Scope: 1			
Y 0878 SS= D	NAC 449.2742 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the 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	Y 0878	Tag Y 0878 (NAC 449.2742) The medication prescribed by the physician, or physician assistant or advanced practice Registered Nurse must be administered as prescribed to the resident. The caregiver who is responsible for assisting the administration of the medication shall comply with the order, ensure the medication in the container indicates the changed that has occurred and the change of order should be in patient file with in 5 days after the changed is ordered. If the label prepared by pharmacist does not match the order prescribed by the primary provider, The caregiver should reach out to the pharmacist for clarification and to relabel the medication container post order was clarified with correct order. The finding as follows: a) The resident #3 Albuterol sulfate 90 mcg inhaler order as inhale 2 puffs every 4 hours as needed, the medication container documented albuterol sulfate 90 mcg inhale 1-2 puffs by mouth ever 4 hours as needed which is mismatch or not same. The administrator will do weekly rounding's of the facility for confirmation of any new order received or arrived and verification of medication orders and medication containers will be checked by the	01/07/2026

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	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 record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. Inspector Comments: Based on observation, clinical record review and interview, the facility failed to ensure a medication label prepared by a pharmacist did not match the physician's order for 1 of 6 residents (Resident #3). Resident #3 Resident #3 was admitted to the facility on 01/25/2018, with diagnoses including schizophrenia and hypothyroidism. A physician's order, dated 08/05/2024, documented Ventolin HFA (Albuterol Sulfate). Inhale two puffs by mouth every four hours as needed. On 10/28/2025 at 12:16 PM, during a		administrator for correct doctor's orders and medication labeling for correct medication matching and compliance of correct administration of medications to residents in the facility. The current staff and new boarding staff was given a training of verification of doctor's orders / provider's order to the pharmacy labeling of each medication containers to ensure matching orders is current and updated to both medication containers labeled by the pharmacy and current doctor's medication record. The caregiver was educated to reach out to the pharmacy for mismatched labeling for clarification or to ask the administrator to be involved to resolve the problem. The caregivers were instructed to reach out to the administrator for any concerns or issues with the medications any time 24 hours a day. (Please see attachment Tag YO878.) The administrator had notified the pharmacy to issue new labels of the albuterol sulfate 90 mcg for the current order of 2 puffs prn every 4 hours and had not arrived yet to the facility. The administrator had changed the label of the albuterol sulfate 90 mcg 2 puff as needed every 4 hours and attached this label to the medication albuterol container. (Please see attached tag Y 0878 B)	

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	review of Resident #3's medications, a medication container documented Albuterol Sulfate 90 mcg. Inhale 1-2 puffs by mouth every four hours as needed. On 10/28/2025 at 12:16 PM, the Administrator confirmed the medication container label did not match the physician's order, and the facility should have reached out for clarification. Severity: 2 Scope: 1			
Y 1045 SS= C	**NAC 449.27704 (2)** **Placard: Issuance and display;** 2. The administrator shall, within 24 hours after receipt of the placard, display or cause the placard to be displayed conspicuously in a public area of the residential facility. Inspector Comments: Based on observation and interview, the administrator failed to ensure the current facility grade placard was posted in a conspicuous public area in the facility. Findings include: On 10/28/2025 at 9:00 AM, a grade placard was posted at the entrance of the facility and in the dining room. Both grade placards were dated 09/28/2023. On 10/28/2025 at 9:00 AM, a Medication Technician verbalized the current grade placard should always be posted. The Medication Technician confirmed the grade placard posted was not current. Severity: 1 Scope: 3	Y 1045	Y 1045 NAC 449.27704 (2) The administrator shall post within 24 hours after receipt of the placard, display the placard conspicuously in a public area of the residential facility. The administrator of the facility had missed to display the placard from last year survey. The new grade from last year was handed to the caregiver who was working at the facility at that time and thinking that the posted grade was current from last year 's survey since the facility placard was A also from 2023 and 2024. The Administrator will ensure not give and relied on the posting of placard to someone or the caregiver and it's the administrator responsibility to display the placard herself and display it. The administrator of the facility will take this responsibility to ensure the placard will be displayed immediately with in 24 hours after receipt of placard in a conspicuous in a public area of the residential facility. The administrator had immediately displayed the placard upon receipt in the facility. Please see Placard attachment display photo Tag Y 1045.	01/07/2026