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 _____	**09/17/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER HORIZON-HICKAM	**8280 HICKAM AVENUE, LAS VEGAS, NEVADA ,89129**

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual and a complaint State Licensure survey completed at your facility on 09/17/24, 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 mental illness, Category II residents. The census at the time of the survey was ten. Ten resident files and five employee files were reviewed. The facility received a grade of A. There was one complaint investigated. Substantiated without deficient practice. 1. Complaint #NV00071941 was substantiated with no deficient practice. The investigation of the Complaint included: Observation of residents behaviors and cognitive levels and current activity and menu posted. Interviews were conducted with residents, family members, a Physician, and a Manager. Clinical Record Review of five records, which included the resident of concern. Document Review included menus and activity calendar. 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 was/were identified:	0000		
0527 SS= F	Activities for Residents - NAC 449.260 Activities for residents. (NRS 449.0302) 1. The caregivers employed by a residential facility shall: (b) Provide group activities that provide mental and physical stimulation and develop creative skills and interests; Inspector Comments: Based on observation, interview and document review, the facility failed to ensure activities	0527	1) We will correct the specific findings by identifying additional interests our residents may have that are not currently being addressed. We have developed a Survey form that we are going through with residents and families that will enhance their Care Plans and expand the activities starting in November. 2) While we are gathering more detailed	09/23/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: CONNIE GRAVES Title: Manager Date: 10/07/2024

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.

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	in accordance with resident interests, were provided. Findings include: On 09/17/24 at 9:15 AM, two residents were observed in the living room watching TV, four were in rooms in bed, two were asleep and two were in recliners in their rooms. On 09/17/24 in the morning, a resident indicated they do not have activities at the facility and the home was very quiet. The resident indicated they would like to see activities done that stimulated them and helped with memory and cognition. On 09/17/24 in the morning, a resident's family member indicated the facility doesn't do anything special with the residents, including social interaction. Residents have to leave with family to do any activities or otherwise they were in their rooms or watching TV. On 09/17/24, a resident indicated they just stay in their room all day and watch TV, there wasn't anything else really going on at the facility. On 09/17/24, a bedbound resident indicated all they do was lay in bed watching TV all day. The resident mentioned they would love to have other things to do, including going places outside of the facility. Review of September 2024 Activity Calendar documented an exercise activity was scheduled from 10:00 AM to 10:30 AM. Additionally, the Activity Calendar listed activities such as watching movies or free time. On 09/17/24 at 10:35 AM, the scheduled exercise activity did not take place. Residents were observed to be doing the same thing as observed upon entry to the facility. The two residents in the living room were now asleep in their chairs. Caregivers did not ask residents to participate in the exercise activity. On 09/17/24 in the morning, a Manager confirmed the scheduled activity did not take place as scheduled and acknowledged not all residents were afforded activity opportunities. Severity: 2 Scope: 3		information from family and residents concerning their activity needs, our goal is to make a concerted effort to see that all residents participate in a least one of the daily activities we have in October. 3) We will monitor the corrective action by both the Administrator and Ownership being more involved during the week in encouraging the residents to participate in the activities we offer, and to continue to add new outdoor activities and outings to the calendar during those months of milder weather coming up as we are trying to gain access to ownerships passenger bus at least once monthly to take our residents to more exiting destinations outside of the facility. 4) The Manager will be responsible for ensuring the POC is implemented. 5) 9/23/24 6) (see attached pictures of activities and current calendar and Resident Survey Form)	
0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver	0878	1) We will correct the specific findings by having Med Techs place correct change order labels on Medications which have been modified in Dosage or Schedule use.	09/18/2024

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	and employees of facility. 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 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		2) We will make the following changes in our Medication Audits to have the Manager spot check daily instead of weekly, and the Administrator check weekly for medication errors instead of monthly during their visits. 3) We will monitor the corrective action by not only adjusting Medications/MAR Audit scheduling but also to do a more through monthly audit with both the Manager and the Administrator going through each resident's medications, MAR and the medication orders with the lead Med Tech in attendance. 4) The Manager will be responsible for ensuring the POC is implemented. 5) 9/18/24	

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	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, interview and record review, the facility failed to ensure a change label was placed on a medication, following an order change, for 1 of 10 residents (Resident #3). Findings include: Resident #3 (R3) was admitted on 12/09/21 with diagnosis including Guile Barre Syndrome. Physicians order dated 06/25/24 documented Emsam, take one patch every 24 hours as needed for depression. The label on the medication listed to take Emsam daily. There was no change label on the medication. On 09/17/24 in the morning, a Manager confirmed an updated label, indicating the current orders, was not placed on the medication. Severity: 2 Scope: 1			