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
	8683	A. BUILDING _____ B. WING _____	11/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MASTER CARE GROUP HOMES, LLC	**6562 W. MESA VISTA, LAS VEGAS, NEVADA ,89118**

(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 11/05/2024 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for five 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 five. Five 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		
0895 SS= E	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 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	0895	A) Immediately after the survey of November 05, 2024; Administrator called for a staff meeting; reiterating the importance of proper documentation on the medication administration record. That who ever is on duty should see to it that the MAR is properly signed; review the proper order; enter the right doses; the right administration time and the right person ; to avoid any mistake. Hereto is attachment Exhibit "A" TAG Y 0895 the previous MAR for resident #1; and Exhibit "A-1" TAG Y 0895; the corrected MAR of resident #1 for the month of November. B) Administrator should check the MAR regularly to avoid mistakes and that the facility complies with the regulation to avoid deficiencies. C) Administrator should monitor for compliance. D) Person responsible: Administrator. E) Completion date: 12/01/2024	12/01/2024

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	is out of the facility; and (7) Any mistakes made in the administration of medication. Inspector Comments: Based on interview and record review, the facility failed to ensure the Medication Administration Record (MAR) was accurate for 1 of 5 residents (Resident #1). Findings include: Resident #1 (R1) R1 was admitted on 10/08/2024 with diagnoses of gastroesophageal reflux disease, dysphagia, diabetes-II, hemiplegia, a history of a cerebral infraction and muscle weakness. R1's medication bin contained Gabapentin 100 milligrams (mg) capsule, take one capsule by mouth twice a day and Lisinopril 20 mg tablet, take one tab by mouth once a day at bedtime. Physician's orders dated 07/17/2024 documented Gabapentin 100 mg, take one capsule by mouth twice a day and Lisinopril 20 mg tablet, take one tab by mouth once a day at bedtime. The November 2024 MAR listed Gabapentin 100 mg capsule, take one capsule by mouth twice a day with an 8:00 PM medication administration time listed and lacked documented evidence of a second administration time. The November 2024 MAR listed Lisinopril 20 mg tablet, take one tablet by mouth once a day with 8:00 AM and 8:00 PM medication administration times listed. Both 8:00 AM and 8:00 PM medication administration times were initialed from 11/01/2024 to the date of the survey. On 11/05/2024 in the afternoon, the Owner confirmed the November 2024 MAR did not list a secondary administration time for Gabapentin 100 mg capsule and had an extra administration time for Lisinopril 20 mg tablet. The Owner revealed medications were administered per the prescription instructions. Severity: 2 Scope: 2			