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
	8700	A. BUILDING _____ B. WING _____	11/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELKHORN JONES MEMORY CARE, LLC	6017 ELKHORN ROAD, LAS VEGAS, NEVADA ,89131

(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 the State Licensure Annual Grading and Infection Control survey conducted at your facility on 11/16/21, in accordance with Nevada Administrative Code, Chapter 449, Residential Facilities for Groups. The facility is licensed for 24 beds for persons with Alzheimer Disease, Category II residents. The census at the time of the survey was 24. Ten resident files were reviewed and five employee files were reviewed. The facility received a grade of A. The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of antidiscrimination policy; posting of nondiscrimination statement and certain other information, NRS 449.102 - Duties of licensed facility to protect privacy of patient or resident, and LCB File No. R016-20 - Cultural competency training; complaint policy; development of gender identity/expression policy; designated person responsible for compliance with these regulations. Failure to comply with NRS 449.101, NRS 449.102 and LCB File No. R016-20 may result in future deficiencies. 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		

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: NICHOLE SCHMAL Title: Adminstrator Date: 12/08/2021

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0051 SS= C	Administrator's Responsiblities - Designation - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 2. Designate one or more employees to be in charge of the facility during those times when the administrator is absent. Except as otherwise provided in this subsection, employees designated to be in charge of the facility when the administrator is absent must have access to all areas of and records kept at the facility. Confidential information may be removed from the files to which the employees in charge of the facility have access if the confidential information is maintained by the administrator. The administrator or an employee who is designated to be in charge of the facility pursuant to this subsection shall be present at the facility at all times. The name of the employee in charge of the facility pursuant to this subsection must be posted in a public place within the facility during all times that the employee is in charge. Inspector Comments: Based on observation and interview, the facility failed to have a written designation of the employee in charge during the Administrator's absence, posted in a public place. Findings include: On 11/16/21 in the morning, the business office manager and executive director acknowledged there was no document posted in a public place identifying who was the designee to be contacted in the Administrator's absence. The executive director verbalized the posting was taken down from the wall while the facility was being renovated. Severity: 1 Scope: 3	0051	1. We have corrected this by posting on the wall the employee to be in charge 2. We have mounted it to the wall not to be removed 3. We will check daily to make sure frame has not been removed or changed 4. Med Tech is in charge daily so they will be checking 5. 12/2/21 6. See previous form 7. The med tech have a list of items to be checked daily	12/02/2021

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0895 SS= D	Administration of Medication Maintenance - NAC 449.2744 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; and (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident ' s physician. Inspector Comments: Based on interview and document review, the facility failed to ensure the Medication Administration Record (MAR) was accurate for 1 of 10 sampled residents (Resident #6). Resident #6 (R6) was admitted on 07/12/21 with a diagnosis of Alzheimer's Disease. On 11/16/21, in the morning, a review of R6's medication container revealed a blister packet labeled Ondansetron 4 milligrams (mg) tablet take 1 by mouth every 6 hours as needed for nausea. The physician order revealed the medication was prescribed on 08/23/21. The blister packet revealed the medication was ordered on 8/26/21. The medication was not listed on the MAR for the months of August 2021, September 2021, October 2021, and November 2021. On 11/16/21, in the morning, the executive director, business office manager, and health care coordinator acknowledged the medication was not listed on the August, September, October and November 2021 MAR's. The health care coordinator verbalized the facility needed to follow up with R6's physician for an update on the medication. Severity: 2 Scope: 1	0895	1. All logs are completed on docuwhiz.com we will print the MAR for the surveyor so they can see all the meds are in there and current 2. For the next survey we will print all MARs requested and have the surveyor compair medicaiton to the MAR printed. 3. When the survey occurs the staff will be directed to print the MAR requested at the time of survey 4. The Administrator 5. 12/2/2021 6. attached is the completed MAR for this resident and incident report stating she did not need the medication 7. When next survey occurs Med tech is instructed to print out all MARs and any thing requested for proof in writing not on computer.	12/02/2021