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 _____	11/05/2024

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 an annual State Licensure survey completed at your facility on 11/05/24, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 36 Residential Facility for Group beds for elderly and disabled persons, and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 32. Ten resident files and eight 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 deficiencies were identified:	0000		
0255 SS= E	Permits-Comply with NAC 446 on Food Service - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 6. A residential facility with more than 10 residents shall: (a) Comply with the standards prescribed in chapter 446 of NAC; and (b) Obtain the necessary permits from the Division. Inspector Comments: Based on observation on 11/05/2024, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Critical Violations: a. The low temperature dish machine reached a maximum of 109 degrees Fahrenheit (F) for the wash and rinse cycles and did not reach the minimum 120 degrees F for the final rinse cycle based on the manufacturer's specifications for the machine. Severity: 2 Scope: 2	0255	1) A plumbing company will be contacted to address deficiency 2) A booster heater has been requested for installation from Cassaro Plumbing 3) Monthly Maintenance will be completed to include temperature checks on dishwasher machine 4) The inspection will be completed by the contracted maintenance person 5) The corrective action will take place when Cassaro Plumbing responds with options to increase the temperature 6) Company information attached 7) Monthly maintenance will be conducted and reviewed by Administrator	11/13/2024
0870 SS= F	Medication Administration-Accuracy & Report - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 1. The administrator of a residential facility that provides assistance to residents	0870	1) The findings will be corrected by the Administrator signing and reviewing the residents medication reviews. 2) The measures and changes taken to ensure that deficient practice does not happen again will be to review and	11/05/2024

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	in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility. (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). Inspector Comments: Based on interview and record review, the facility failed to ensure six month medication reviews were signed off and reviewed, by the Administrator, for 8 of 10 residents (Resident #1, Resident #2, Resident #3, Resident #4, Resident #7, Resident #8, Resident #9, Resident #10). Findings include: Resident #1 (R1) R1 was admitted on 10/27/17 with diagnosis including dementia and osteoarthritis. Medication reviews for R1 dated 05/15/24 and 08/12/24 were not reviewed or signed off by the Administrator. Resident #2 (R2) R2 was admitted on 07/03/23 with diagnosis including dementia and type 2 diabetes. Medication reviews for R2 dated 12/30/23 and 05/02/24 were not reviewed or signed off by the Administrator. Resident #3 (R3) R3 was admitted on 02/03/23 with diagnosis including dementia and chronic kidney disorder. Medication reviews for R3 dated 01/09/24 and 06/04/24 were not reviewed or signed off by the Administrator. Resident #4 (R4) R4 was admitted on 11/27/19 with diagnosis including dementia. Medication reviews for R4 dated 01/10/24 and 05/15/24 were not reviewed or signed off by the Administrator. Resident #7 (R7) R7 was admitted on 03/03/23 with diagnosis including dementia and type 2 diabetes.		implement medication changes and review them every 6 months 3) The corrective actions will be monitored every 6 months 4) The person responsible will be the Healthcare Coordinator and the Administrator 5) The corrective action was made immediately 11/5/2024 6) Supporting documents attached 7) Administrator will stay on top of Regulations and changes made	

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	Medication reviews for R7 dated 01/10/24 and 05/15/24 were not reviewed or signed off by the Administrator. Resident #8 (R8) R8 was admitted on 08/18/23 with diagnosis including dementia and type 2 diabetes. Medication reviews for R8 dated 02/18/24 and 08/18/24 were not reviewed or signed off by the Administrator. Resident #9 (R9) R9 was admitted on 04/10/19 with diagnosis including dementia. Medication reviews for R9 dated 01/10/24 and 05/15/24 were not reviewed or signed off by the Administrator. Resident #10 (R10) R10 was admitted on 06/16/22 diagnosis including dementia. Medication reviews for R10 dated 02/22/24 and 06/04/24 were not reviewed or signed off by the Administrator. On 11/05/24 in the morning, a Health Services Coordinator confirmed the Administrator had not reviewed or signed off on six month medication reviews for R1, R2, R3, R4, R7, R8, R9 and R10. Severity: 2 Scope: 3			
0876 SS= E	Medication Administration - NRS 449.0302 - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of: (a) Controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.0302 are met. (b) Insulin using an auto-injection device only if the conditions prescribed in NRS 449.0304 and NAC 449.1985 are met. Inspector Comments: Based on observation, record review, and interview, the facility failed to clarify 3 of 10 residents' physician's orders which required the facility to assess when to hold and/or give a medication for blood glucose levels (Resident #2, #4, and #8) Findings include: Resident #2 (R2) R2 was admitted on 07/03/23, with diagnoses including dementia and type 2 diabetes. R2's file revealed a physician's order dated 10/20/23 for Lantus Solostar pen (100unit/ML - subcutaneous injection), inject 6 units	0876	1) The findings will be corrected by having Medications discontinued and new orders written by physician without parameters. 2) The measures that will be put in place are that orders with parameters will not be accepted 3) The corrective actions will be monitored by Health Care Coordinator and Administrator by reviewing MAR monthly 4) The person responsible will be the Health Care Coordinator and Administrator 5) Action will be put into effect immediately 11/07/2024 6) Documents attached 7) MAR audits will be done monthly to correct any other incorrect orders that may be written	11/07/2024

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	subcutaneously every night at bedtime, hold if blood glucose is less than 100. R2's medication order was not clarified and required the Medication Technician to make an assessment for when to hold R2's medication based on R2's blood glucose level. Resident #4 (R4) R4 was admitted on 11/27/19, with diagnoses including dementia and type 2 diabetes. R4's file revealed a physician's order dated 03/21/24 for Lantus Solostar (100unit/ML - subcutaneous injection), inject 12 units subcutaneously every every morning before breakfast for diabetes, check blood glucose prior to administration, hold for blood glucose less than 90. R4's medication order was not clarified and required the Medication Technician to make an assessment for when to hold R4's medication based on R4's blood glucose level. Resident #8 (R8) R8 was admitted on 08/18/23, with diagnoses including dementia and type 2 diabetes. R8's file revealed a physician's order dated 09/15/23 for insulin Lispro Kwikpen (100unit/ML - subcutaneous injection), inject 4 units subcutaneously before lunch and dinner as needed if blood glucose is above 200. R8's medication order was not clarified and required the Medication Technician to make an assessment for when to administer R8's medication based on R8's blood glucose level. On 11/05/24 in the morning, the Medication Technician acknowledged they check R2's, R4's, and R8's blood glucose level and administer their insulin per their physicians order based on their blood glucose level. On 11/05/24 in the morning, the Administrator acknowledged R2, R4 and R8 required an assessment indicating when to hold and/or give a medication for blood glucose levels. Severity: 2 Scope: 2			