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
	9685	A. BUILDING _____ B. WING _____	02/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VN SENIOR CARE FACILITY INC	2621 HOMESTEAD RD, PAHRUMP, NEVADA ,89048

(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 and infection control survey conducted at your facility on 02/22/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for 10 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 seven. Seven resident files and five 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 investigation, 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		

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0876 SS= D	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 interview and record review, the facility failed to ensure an ultimate user agreement was provided for 1 of 7 sampled residents (Resident #5) Findings include: Resident #5 (R5) R5 was admitted to the facility on 02/12/23 with diagnoses including dementia and anxiety. R5's file lacked documented evidence of an ultimate user agreement. On 02/22/23 at 11:30 AM, the Manager confirmed there was no ultimate user agreement documented for R5. Severity: 2 Scope: 1	0876	The ultimate user agreement of resident #5 was misfiled in the resident #5 files. I have a meeting with the owner and employees to make sure all paperwork are complete and current. I will check all paperwork every month to ensure compliance. Administrator is in charge.	03/13/2023
0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver 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 has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. 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 must be administered as prescribed by the physician. If a physician orders a change in	0878	The medication advair for resident #5 was not delivered until February 25, 2022. The doctor was informed about the late delivery. I have a meeting with the owner and employees to make sure all medications are filled correctly and delivered on time. I will check all medications of residents every 15th of each month to ensure compliance. Administrator is in charge of compliance.	03/13/2023

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	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 (Previously Y 0879) (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 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, the 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 interview and record review, the facility failed to ensure medications were administered as ordered by the physician for 1 of 7 sampled residents (Resident #5). Findings include: Resident #5 (R5) R5 was admitted to the facility on 02/12/23 with diagnoses including dementia, anxiety, and hypertension. The Physician's Order dated 02/12/23 documented Advair, 160 micrograms, 1 puff two times a day. The Medication Administration Record (MAR) for February 2023 did not list the Advair. On 02/22/23 at 11:30 AM, the Manager confirmed the Advair was never delivered by the pharmacy and was not administered to R5 for the period of 02/12/23 through 02/22/23. Severity: 2 Scope: 1			

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0995 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (f) The facility has an area outside the facility or a yard adjacent to the facility that: (1) May be used by the residents for outdoor activities; (2) Has at least 40 square feet of space for each resident in the facility; (3) Is fenced; and (4) Is maintained in a manner that does not jeopardize the safety of the residents. All gates leading from the secured, fenced area or yard to an unsecured open area or yard must be locked and keys for gates must be readily available to the members of the staff of the facility at all times. Inspector Comments: Based on observation and interview the facility failed to ensure a gate to the outside was locked. Findings include: On 02/22/23 at 10:00 AM, the front gate was not locked. At 10:20 AM, Resident #4 (R4) walked out the front door. The two Caregivers did not attempt to stop R4 from leaving. The Caregivers indicated not being aware the front gate was not locked. On 02/22/23 at 11:30 AM, the Manager indicated the front gate should always be locked, and the Caregivers should have stopped R4 when the door alarm went off before the resident walked outside. Severity: 2 Scope: 3	0995	The gate to the front door of the facility have been fixed. I have a meeting with the owner and employees to make sure all locks inside and outside of the facility are in working order. I will visit the home every 15th of the month to ensure compliance.	03/13/2023