

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 9685	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/24/2025
NAME OF PROVIDER OR SUPPLIER VN SENIOR CARE FACILITY INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2621 HOMESTEAD RD, PAHRUMP, NEVADA ,89048		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 02/24/2025, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is 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 ten. Ten 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 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:			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

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(X4) ID PREFIX TAG 0876 SS= D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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 a medication did not have range orders for 1 of 10 residents (Resident #1) Findings include: Resident #1 (R1) R1 was admitted to the facility on 01/09/2025 with of diagnosis of dementia. A physician's order dated 01/03/2025 documented Amlodipine 10 milligrams (mg) take one tablet daily, hold if Systolic Blood Pressure (SBP) was less than 110 or heart rate was less than 60. A physician's order dated 01/03/2025 documented Hydralazine 10 milligrams (mg) take two tablets daily hold if SBP was less than 110. There was no documented evidence in the medical record of blood pressure monitoring for R1. On 02/24/2025 at 11:17 AM, the House Manager indicated they were unaware of the order for blood pressure monitoring for R1 and confirmed blood pressures and heart rates were not taken prior to administration of medications. Severity: 2 Scope: 1	ID PREFIX TAG 0876	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Resident #1 is taking 2 medications: Hydralazine 10 MG and Amlodipine 10 MG with instructions of monitoring the blood pressure of such resident. Please be informed that such orders have been stopped by Resident #1 physician. A new prescription for Hydralazine 10 MG was given to Resident # to be taken one tablet twice a day. A new prescription for Amlodipine 10 MG is to be taken once daily. I have a meeting with the manager and caregivers to make sure that no medication will be given to any residents that requires their decision to give it or not. The administrator and manager will be in charge to monitor for compliance.	(X5) COMPLETION DATE 03/15/202 5