DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | | A. BUILDING _____ B. WING _____ | **10/07/2025** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **ASI SPENCER** | **4148 SPENCER STREET, LAS VEGAS, NEVADA ,89119** |

| (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<br><br>Inspector Comments: The Statement of Deficiencies was generated as a result of an annual State Licensure survey and complaint investigation conducted in your facility on 10/07/25, in accordance with Nevada Administrative Code, Chapter 449, and Nevada Revised Statutes Chapter 449-Residential Facility for Groups. The facility is licensed for 40 Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness, and/or persons with intellectual disabilities, 10 Category I and 30 Category II residents. The census at the time of the survey was 40. Ten resident records and ten employee records were reviewed. The facility received a grade of A. There was one complaint investigated. Unsubstantiated: 1. Complaint #NV00074697 could not be substantiated. No regulatory deficiencies could be identified. The investigation of complaints included: Observation of the resident's room and mobility. Interviews were conducted with the resident of concern, Caregivers, Medication Technician, Service Manager, and Site Supervisor. Clinical Record Review of residents, which included the resident of concern. Document Review included calendar of appointments and incident reports. The findings and conclusions of any investigation by the Division of Health Care Purchasing and Compliance 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 | | |
| 0883 SS= E | Medication - Resident Refusal - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 7. If a resident refuses, or otherwise misses, an administration of medication, a physician, physician assistant or advanced | 0883 | 1) All Medication Staff are scheduled to attend a required training on October 20, 2025. During this retraining all staff will review | 10/20/2025 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | Name: SHELLE SPONSELLER | Title: Administrator | Date: 11/11/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | | A. BUILDING _____ B. WING _____ | **10/07/2025** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **ASI SPENCER** | **4148 SPENCER STREET, LAS VEGAS, NEVADA ,89119** |

| (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 |
|---|---|---|---|---|
| | practice registered nurse must be notified within 12 hours after the dose is refused or missed.<br><br>Inspector Comments: Based on record review and interview, the facility failed to ensure physicians were notified within 12 hours regarding residents' refusal of medications for 2 of 10 sampled residents (Residents #8 and #10) . Resident #8 (R8) R8 was admitted on 02/28/24 with diagnoses including cerebrovascular accident with right side deficits, cancer left breast, and hyperlipidemia. R8's October 2025 MAR documented Dorzolamide/Timolol solution 22.3-6.8, administer one drop into both eyes three times daily. R8's October 2025 MAR documented R8 refused Dorzolamide/Timolol solution on 10/03/25 at 6:00 PM and 10/06/25 at 12:00 PM. Facility Medication Incident Reports lacked documented evidence R8's physician was notified regarding R8's 10/03/25 and 10/06/25 refusals of Dorzolamide/Timolol solution. R8's October 2025 MAR documented Refresh Opti Drops 0.5-0.9%, administer one drop into both eyes four times daily. R8's October 2025 MAR documented R8 refused Refresh Opti Drops on 10/06/25 at 12:00 PM and 12:00 AM. Facility Medication Incident Reports lacked documented evidence R8's physician was notified regarding R8's 10/06/25 refusals of Refresh Opti Drops. R8's October 2025 MAR documented Latanoprost solution 0.005%, administer one drop into both eyes daily at bedtime. R8's October MAR documented R8 refused Latanoprost solution on 10/03/25. The facility lacked documented evidence R8's physician was notified regarding R8's 10/03/25 refusal of Latanoprost solution. R8's October 2025 MAR documented Pravastatin 40 milligrams (mg), take one tablet by mouth every night at bedtime. R8's October 2025 MAR documented R8 refused Pravastatin on 10/01/25 and 10/03/25. Facility Medication | | the procedures outlined in the Medication Administration Policy pertaining to documentation and reporting of any medication incident, including medication refusals. Revised Medication Incident documentation will be introduced and trained at this meeting.<br>2) Medication QA will assure that all new Medication Tech staff are trained in Medication Incident reporting and documentation during their initial on-site training. Site supervisor and administrator will assure that review of medication incidents and documentation takes place at least annually as part of our monthly staff meetings. Revisions have been made to the Medication Incident Report document so that staff can indicate if the follow up was completed as a phone call or a fax to the physician. Staff will receive training on the new documentation on October 20, 2025. | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | | A. BUILDING _____ B. WING _____ | **10/07/2025** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **ASI SPENCER** | **4148 SPENCER STREET, LAS VEGAS, NEVADA ,89119** |

| (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 |
|---|---|---|---|---|
| | Incident Reports lacked documented evidence R8's physician was notified regarding R8's 10/01/25 and 10/03/25 refusals of Pravastatin. Resident #10 (R10) R10 was admitted on 10/28/24 with diagnoses including metabolic encephalopathy, cardiac arrhythmia, and congestive heart failure. R10's October 2025 MAR documented Atorvastatin 20 mg, take one tablet by mouth daily. R10's October MAR documented R10 refused Atorvastatin on 10/04/25 at 6:00 PM. The facility lacked documented evidence R10's physician was notified regarding R10's 10/04/25 refusal of Atorvastatin. R10's October 2025 MAR documented Fluticasone HFA Aerosol 110 micrograms (mcg), inhale two puffs by mouth twice a day. R10's October 2025 MAR documented R10 refused Fluticasone on 10/01/25 at 6:00 AM, 10/02/25 at 6:00 AM, 10/04/25 at 6:00 AM and 6:00 PM, 10/05/25 at 6:00 AM, and 10/06/25 at 6:00 PM. The facility lacked documented evidence R10's physician was notified within 12 hours regarding R10's 10/01/25, 10/02/25, 10/04/25, 10/05/25 and 10/06/25 refusals of Fluticasone. R10's October 2025 MAR documented Metformin 500 mg, take one tablet by mouth twice daily. R10's October 2025 MAR documented R10 refused Metformin on 10/04/25 at 6:00 PM and 10/06/25 at 6:00 PM. The facility lacked documented evidence R10's physician was notified regarding R10's 10/04/25 and 10/06/25 refusals of Metformin. R10's October 2025 MAR documented Carvedilol 3.125 mg, take one tablet by mouth every day. R10's October 2025 MAR documented R10 refused Carvedilol on 10/04/25 at 6:00 PM and 10/06/25 at 6:00 PM. The facility lacked documented evidence R10's physician was notified regarding R10's 10/04/25 and 10/06/25 refusals of Carvedilol. R10's October 2025 MAR documented Gabapentin 100 mg capsule, take two capsules by mouth three times a day. R10's October 2025 MAR documented R10 | | 3) On Call Supervisors will reiterate to all Medication Staff that the prescribing physician must be contacted by phone or fax immediately, but no later than the end of their shift. Medication QA will review all Medication Incident documentation for completion and assure that contact was made. Supervisor/Administrator will review Medication Incidents and complete all necessary follow-up on next day of business.<br>4)Medication QA, Services Supervisor, Administrator<br>5) 10/20/2025 | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | | A. BUILDING _____ B. WING _____ | **10/07/2025** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **ASI SPENCER** | **4148 SPENCER STREET, LAS VEGAS, NEVADA ,89119** |

| (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 |
|---|---|---|---|---|
| | refused Gabapentin on 10/04/25 at 6:00 PM and 10/06/25 at 6:00 PM. The facility lacked documented evidence R10's physician was notified regarding R10's 10/04/25 and 10/06/25 refusals of Gabapentin. R10's October 2025 MAR documented Latanoprost ophthalmic solution 125 mcg/2.5 ml, instill one drop in both eyes at bedtime. R10's October 2025 MAR documented R10 refused Latanoprost on 10/04/25 at 6:00 PM. The facility lacked documented evidence R10's physician was notified regarding R10's 10/04/25 refusal of Latanoprost. In an interview on 10/07/25 in the morning, Employee #3 (E3) explained that the house physician had requested that the facility not contact them so frequently regarding missed medications. In an interview on 10/07/25 in the afternoon, Employee #1 (E1) confirmed the physician expressed overwhelm concerning notifications from the facility regarding missed medications, and had requested fewer notifications. On 10/07/25 in the afternoon, E1 and E3 acknowledged the residents' physicians should be notified within 12 hours of missed medication, regardless of the requests by the providers. Severity: 2 Scope: 2 | | | |
| 0890 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: (a) A log for each medication received by the facility for use by a resident of the facility. The log must include: (1) The type and quantity of medication received by the facility; (2) The date of its delivery; (3) The name of the person who accepted the delivery; (4) The name of the resident for whom the medication is prescribed; and (5) The date on which any unused medication is removed from the facility or destroyed. .<br><br>Inspector Comments: Based on record | 0890 | 1) All Medication Staff are scheduled to attend a required training on October 20, 2025. During this retraining all staff will review the medication administration process and the procedures outlined in the Medication Administration Policy pertaining to documentation of medications upon completion of administration.<br>2) Medication QA will assure that all new Medication Tech staff are trained in the approved Medication Administration policy and procedures, including all steps of the documentation process. Site Supervisor and Administrator will | 10/20/2025 |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | | A. BUILDING _____ B. WING _____ | **10/07/2025** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **ASI SPENCER** | **4148 SPENCER STREET, LAS VEGAS, NEVADA ,89119** |

| (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 |
|---|---|---|---|---|
| | review, observation, and interview, the facility failed to ensure the Medication Administration Record was accurate for 1 of 10 sampled residents (Resident #7). Findings include: Resident #7 (R7) R7 was admitted on 03/31/25 with diagnoses including middle cerebral artery stroke, hypertension, Hepatitis C, liver cirrhosis, major depressive disorder, and peptic ulcer disease. R7's October 2025 MAR documented Ferrous Sulfate 325 milligrams (mg), take one tablet by mouth in the morning, at Noon, and in the evening with meals. On 10/07/25 at 11:20 AM, a review of R7's October MAR revealed the lack of documented evidence of administration of Ferrous Sulfate on 10/07/25 at 6:00 AM. R7's October 2025 MAR documented Atorvastatin 40 mg, take one tablet by mouth nightly. On 10/07/25 at 11:20 AM, a review of R7's October 2025 MAR revealed the lack of documented evidence of administration of Atorvastatin on 10/06/25 at bedtime (HS). R7's October 2025 MAR documented Bupropion 100 mg Sustained Release, take one tablet by mouth twice daily morning and at bedtime. On 10/07/25 at 11:20 AM, a review of R7's October 2025 MAR revealed the lack of documented evidence of administration of Bupropion on 10/07/25 at 6:00 AM. R7's October 2025 MAR documented Metformin 500 mg, take one tablet by mouth twice daily with breakfast and dinner. On 10/07/25 at 11:20 AM, a review of R7's October 2025 MAR revealed the lack of documented evidence of administration of Metformin on 10/07/25 at 6:00 AM. R7's October 2025 MAR documented Tamsulosin 0.4 mg, take one capsule by mouth every day. A review of R7's October 2025 MAR at 11:20 AM revealed the lack of documented evidence of administration of Tamsulosin on 10/07/25 at 6:00 AM. In an interview on 10/07/25 at 11:26 AM, Employee #6 (E6) reported they had administered R7's morning medications, but had overlooked documenting the administration on R7's | | assure that processes are reviewed and reiterated at Medication Tech staff meetings at least annually.<br>3) Medication QA will complete daily review all Medication Administration Records for completion. Any omissions/errors will be reported to the Site Supervisor/Administrator and investigated.<br>4)Medication QA, Services Supervisor, Administrator<br>5) 10/20/2025 | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | | A. BUILDING _____ B. WING _____ | **10/07/2025** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **ASI SPENCER** | **4148 SPENCER STREET, LAS VEGAS, NEVADA ,89119** |

| (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 |
|---|---|---|---|---|
| | MAR. Observation of R7's medication bubble packs, documentation on the bubble packs by medication technicians and the popped bubbles within the packs, and an explanation of facility medication administration documentation practices by Employee #3 (E3), indicated E6 had administered R7's morning medications. In an interview on 10/07/25 at 11:49 AM, R7 confirmed E6 had administered R7's medications to R7 on 10/07/25 in the morning. On 10/07/25 in the morning, E3 and E6 acknowledged R7's October 2025 MAR did not accurately document R7's 10/07/25 medication administration. Severity: 2 Scope: 1 | | | |