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 _____	**08/11/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE SPRINGS ASSISTED LIVING & MEMORY CARE	**8720 W FLAMINGO RD, LAS VEGAS, NEVADA ,89147**

(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 08/11/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facilities for Groups. The facility is licensed for 127 Residential Facility for Group beds, which provide assisted living services for 100 elderly and disabled persons, 27 beds for persons with Alzheimer's disease and/or persons with chronic illnesses, Category II residents. The census at the time of the survey was 42. Fifteen resident files were reviewed and 10 employee files were reviewed. The facility received a grade of A. One complaint was investigated. Complaint #NV00062856 with one allegation was not substantiated: Allegation #1: A resident was discharged to a hospital with COVID-19 and was not allowed to return to the facility although the resident's family member wanted the resident to return to the facility was not substantiated based on interview with the Administrator and the Wellness Coordinator, who revealed the facility followed Centers for Disease Control and Prevention (CDC) Guidelines for COVID-19 positive residents, which recommended residents who required nebulizer breathing treatments receive their treatment at a facility which specialized in prevention of the spread of COVID-19. Record review revealed the resident had COVID-19 and required nebulizer breathing treatments, and was therefore discharged to the hospital. 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	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | Name: E MONICA DE LA TORRE | Title: Executive Director | Date: 08/30/2021

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.

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	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:			
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 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	0878	On 08/11/2021 - During facility inspection Nitrostat 1tablet sublingual as needed for chest pain was immediately ordered. The medication arrived the same day, August 11, 2021. On 08/12/2021 - Administrator and Wellness Directorconducted an in-service with MedTech's to ensure that all routine and as neededmedication are available at all times. Reviewed citied deficiency as well. (See attached record) Med.Tech will audit cart during noc shift once a week on Tuesdays. Wellness Director and/or designee will audit Med Carts toensure that all routine and as needed medications are available at all times monthly. Administrator will do random audit of all carts once a month.	08/11/2021

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	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 observation, interview, and record review, the facility failed to ensure medication ordered on an as-needed basis was available for 1 of 15 sampled residents (Resident #1). Findings include: Resident #1 (R1) R1 was admitted to the facility on 06/20/18 with a diagnosis including malignant neoplasm pyloric with metastasis. The physician's order dated 01/27/21 documented Nitrostat, 1 tablet sublingual as needed for chest pain. On 08/11/21 at approximately 12:00 PM, there was no Nitrostat available at the facility. The Medication Technician (Med Tech) indicated not knowing how long the Nitrostat was missing from the cart. The Med Tech acknowledged the Nitrostat was not available at the facility and should have been available to the resident. On 08/12/21, the Administrator acknowledged the Nitrostat was not available at the facility on 08/11/21 at 12:00 PM at the time of the survey, and should have been available to the resident. Severity: 2 Scope: 1			