STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9911	A. BUILDING _____ B. WING _____	11/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE QUAIL HOUSE	3695 E QUAIL AVE, LAS VEGAS, NEVADA ,89120

(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 a State Licensure annual grading survey completed in your facility on 11/14/23, in accordance with Nevada Administrative Code, Chapter 449, Requirements for Residential Facilities for Groups. The facility is licensed for ten Residential Facility for Group beds for elderly or disabled persons, and/or persons with Alzheimer's disease, and/or persons with mental illness, and/or persons with chronic illness, Category II. The census at the time of the survey was nine. Nine resident records and eight employee records 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 regulatory deficiencies were identified:	0000		
0878 SS= F	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)	0878	This plan of correctionis not to be construed as anadmission of or agreement with thefindings and conclusions in theStatement of Deficiencies, or theproposed administrative penalty(with right to correct) on thecommunity. Rather, it is submitted as confirmationof our ongoing efforts tocomply with all statutory and regulatoryrequirements. Inthis document, we have outlined specific actions in response to each allegationor finding. We have not presented allcontrary factual or legal arguments, nor have we identified all mitigatingfactors.	12/11/2023

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	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 observation, interview, and record review, the facility failed to ensure medications ordered by the physician were available for 4 of 9 residents (Resident #1, #4, #7, #9) and to ensure a medication was administered according to physician orders for 1 of 9 residents. (Resident #6). Findings include: Resident #1 (R1) R1 was admitted to the facility on 01/10/21 with diagnoses including dementia and protein calorie malnutrition. Lactase, 900 units, 1 tablet before breakfast as needed, was ordered by the physician on 04/16/21, was not available at the facility. On 11/14/23 at 12:30 PM, the Caregiver and the Consultant acknowledged the Lactase was not available. Resident #4 (R4) R4 was admitted to the facility on 06/11/21 with diagnoses including advanced dementia, atrial fibrillation, and depression. -Melatonin, 10 milligrams (mg), take one tablet each day, was ordered by the physician on 07/10/23. The only Melatonin available for R4 was a 3 mg bottle. -The Medication Administration Record (MAR) for November 2023 documented Temazepam, 7.5 mg, 1 capsule each night at bedtime, ordered by the physician on 10/27/23. On 11/14/23 at 12:30 PM, the Temazepam was not available at the facility. On 11/14/23 at 12:30 PM, the Caregiver and the Consultant verified the 3 mg dosage of the Melatonin		The facilitydesires that this plan of correction be considered the facility's allegation ofcompliance. **Y0878 Medication/OTCS, Supplements,Change Order** **I. HOW TO IDENTIFYOTHER RESIDENTS** A100% medication audit will be performed for each resident. **II. SYSTEMIC CHANGES** FacilityManager, Administrator and Consultants will work to ensure that the process forfollowing medication orders and making sure that medications ordered areavailable will be streamlined and communicated to all Medication Technicians tofollow. **III. MONITORING PROCESS** Thisprocess will be monitored by the Facility Manager by conducting on-going randomreview of Medication Administration. **IV. DATE COMPLETION** Thisplan of correction will be completed by 12/15/2023 and ongoing.	

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	was being administered instead of the 10 mg. The Caregiver acknowledged the Temazepam was not available. Resident #6 (R6) R6 was admitted to the facility on 01/13/22 with diagnoses including dementia and hypertension. -Acetaminophen, 650 mg extended release, 1 tablet every 8 hours, was ordered by the physician on 11/23/22. The MAR for November 2023 documented Acetaminophen was only administered once daily from 11/01/23 through 11/13/23. On 11/14/23 at 12:30 PM, the Caregiver verified the Acetaminophen was administered once daily. Resident #7 (R7) R7 was admitted to the facility on 07/17/23 with diagnoses including congestive heart failure and atrial fibrillation. The Hospice Physician's Orders dated 08/17/23 documented Atropine Sulfate, give 2 drops sublingually every 4 hours as needed for increased secretions; and Albuterol 0.5 mL (milliLiters), administer 3 mL via nebulizer every 6 hours as needed. The Atropine Sulfate and the Albuterol were not available at the facility. On 11/14/23 at 12:30 PM, the Caregiver and the Consultant acknowledged the Atropine Sulfate and the Albuterol were not available. Resident #9 (R9) R9 was admitted to the facility on 06/28/21 with diagnoses including cerebrovascular accident, bipolar disorder, and hypertension. The following medications ordered by the physician on 10/27/23 were not available at the facility: -Quetiapine, 50 mg, 1 tablet 3 times daily as needed. -Robafen Liquid, 200/10 mL, give 10 mL every six hours as needed. -Triamcinolone cream 0.5%, apply to affected areas topically 3 times a day as needed. -Acetaminophen, 325 mg, 1 tablet every 6 hours as needed. On 11/14/23 at 12:30 PM, the Caregiver and the Consultant acknowledged the Quetiapine, Robafen, Triamcinolone, and Acetaminophen were not available. Severity: 2 Scope: 3			

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0999 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: (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure toxic substances were not accessible to residents. Findings include: On 11/14/23 at 1:00 PM, there were bottles of paint supplies in the Living Room. On 11/14/23 in the afternoon, a Caregiver indicated the paint supplies had been stored on the corner shelf in the Living Room since the previous day. On 11/14/23 in the afternoon, the Consultant and a Caregiver acknowledged the paints should have been secured and not accessible to residents. Severity: 2 Scope: 3	0999	**Y0999 Alzheimer's Care Standards forSafety** **I. HOW TO IDENTIFYOTHER RESIDENTS** Acomplete facility safety check will be performed to check in every residentroom , as well as every common area for toxic substances to be kept in a secureplace away from residents. **II. SYSTEMIC CHANGES** FacilityManager, Administrator and Consultants will work to ensure that the entirestaff is in serviced now, upon hire, and at least annually on safety of Alzheimer'sresidents and the keeping of all toxic substances in an area inaccessible tothe residents. **III. MONITORING PROCESS** Thisprocess will be monitored by the Facility Manager by conducting on-going randomwalkthrough of the facility. **IV. DATE COMPLETION** Thisplan of correction will be completed by 12/15/2023 and ongoing.	12/11/2023