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
	9927	A. BUILDING _____ B. WING _____	08/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEE HIVE HOMES OF HENDERSON MEMORY CARE	1000 GREENWAY RD BLDG 1, HENDERSON, NEVADA ,89002

(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
RFG 0001-Deficiencies	The Statement of Deficiencies was generated as a result of a state licensure survey conducted in your facility, in accordance with Nevada administrative code, chapter 449, and Nevada revised statutes chapter 449- Residential Facility for Groups (RFG), medical facilities and other related entities. The findings and conclusions of any investigation by the Division of Health Care Purchasing and Compliance shall not be construed as prohibiting any criminal civil investigation, actions or other claims for reliefs that may be available to any party under applicable federal, state or local law. Based on an inspection conducted, the items marked below identify the violation in operation of the RFG which must be corrected by the revisit/compliance date specified in writing by the health authority. Failure to comply with this notice and immediately correct the identified deficiencies may result in the suspension or termination of your provider agreement, funding, or future authorization as a provider authorized by the State	RFG 0001-Deficiencies		

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	of Nevada pursuant to NAC 433.384, and other applicable local and state laws. Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey completed at your facility on 08/26/25 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for twenty Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was seventeen**.** Ten resident files and ten 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 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:			
Y 0878 SS= D	NAC 449.2742 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident’s physician , physician assistant or advanced practice registered nurse has approved the	Y 0878	During our all staff meeting on 10/16, we reviewed with the med techs their responsibilities as far as making sure we have medications on site, and obtaining refills or d/c orders for PRN meds that aren't being used from providers with house manager approval. Additionally, house managers will conduct monthly cart audits and report to admin during our weekly manager's meeting.	10/18/2025

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	administration of the medication or supplement in writing or the facility is ordered to do so by another physician , physician assistant or advanced practice registered nurse. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician , physician assistant or advanced practice registered nurse. 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, physician assistant or advanced practice registered nurse must be administered as prescribed by the physician, physician assistant or advanced practice registered nurse.. If a physician, physician assistant or advanced practice registered nurse 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 (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, physician assistant or advanced practice registered nurse 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, physician assistant or advanced practice registered nurse, a 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.		Nystatin was obtained for Resident 1, and a d/c order was obtained for Resident 2. See attached.	

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	Inspector Comments: Based on observation, record review, and interview, the facility failed to ensure medications were on site for 2 of 10 sampled residents (Resident #1 and #2). Findings include: Resident #1 (R1) R1 was admitted on 04/26/21, with a diagnosis of dementia. A physician's order dated 07/31/24, and the August 2025 MAR documented Nystatin powder 100000 apply a pea size amount to the affected area (peri area) as needed for rash three times a day. On 08/26/25 in the morning, R1’s Nystatin powder was not on-site. Resident #2 (R2) R2 was admitted on 10/07/24, with a diagnosis of dementia. A physician's order dated 12/19/24, and the August 2025 MAR documented Bisacodyl 5 milligrams (mg) take one tablet by mouth twice a day as needed for constipation. On 8/26/25 in the morning, R2’s Bisacodyl was not on-site. On 08/26/25 in the morning, the Medication Technician was unaware if a refill was requested for the missing medications and believed the medications had expired, were destroyed, and were not replaced.			

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Y 0994 SS= F	**NAC 449.2756** **Residential facility which provides care to persons with Alzheimer's disease: Standards for safety; personnel required;** (e) Knives, matches, firearms, tools, and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. (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 sharp objects were secured. Findings include: On 08/26/25 in the morning, a razor was found on the bathroom counter in Room #5 and #13. On 08/26/25 in the morning, the Manager acknowledged the unsecured razors in the bathrooms and acknowledged it should have been locked up.	Y 0994	Razors were immediately removed during the inspection by the house manager. Admin notified both families that only electric razors are allowed in the memory care facility. Additionally, admin updated the new resident packing list stating that only electric razors are allowed in the memory care facility to prevent future occurrences. Staff has been instructed if they come across any in the future to remove from the resident's room immediately and notify the house manager or admin.	10/18/2025