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 _____	**11/04/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAS VEGAS ALZHEIMER AND MEMORY CARE 2	**3225 BRAZOS STREET, LAS VEGAS, NEVADA ,89169**

(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 an Annual State Licensure survey and complaint investigation completed in your facility on 11/04/24, in accordance with Nevada Administrative Code (NAC), Chapter 449, Residential Facilities 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 nine. Ten resident files and three employee files were reviewed. The facility received and grade of A There was one complaint investigated. Unsubstantiated: Complaint #NV00072251 could not be substantiated. No regulatory deficiencies could be identified. The investigation of complaint included: Observation of grooming and physical appearance for residents, and a tour of the facility. Interviews were conducted with Caregivers and the Administrator. Record Review of ten records, which included the resident of concern. 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:	0000		
0895 SS= D	Administration of Medication Maintenance - NAC 449.2744 and R043-22 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: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the	0895	1. Medication-in-charge caregiver wrote down in the MAR for documentation the medication missing in the MAR but being administered as ordered by physician. 2. Main caregiver/Medication-in-charge caregiver must check MAR for complete documentation of all of resident's medication. 3. Main caregiver/Medication-in-charge caregiver will monitor to ensure that all of the resident's medication are documented	11/04/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: CHRIS C. TAN Title: ADMINISTRATOR Date: 11/14/2024

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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	medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician, physician assistant or advanced practice registered nurse, including, without limitation, whether the medication is to be administered according to a routine schedule or as needed; (5) Any change in an order or prescription of a resident ' s physician, physician assistant or advanced practice registered nurse,including, without limitation, the discontinuation of the medication; (6) Any time when the resident is out of the facility; and (7) Any mistakes made in the administration of medication. Inspector Comments: Based on interview and record review, the facility failed to ensure the Medication Administration Record (MAR) was accurate for 1 of 9 residents (Resident #8). Findings include: Resident #8 (R8) R8 was admitted to the facility on 06/10/22 with a diagnosis of dementia. R8's medication bin contained Midodrine 10 Milligrams (mg) A physician's order dated 10/09/24 documented Midodrine 10 mg, take one tablet three times a day. The November 2024 MAR lacked documented evidence of the medication. On 11/04/2024 at 10:42 AM, both the Caregiver and Administrator confirmed the medication had not been documented on R8's MAR and should have been. The Caregiver was unsure why the medication had not been documented on the MAR, but the medication had been administered. Severity: 2 Scope: 1		in the MAR. 4. Main caregiver/Medication-in-charge employee. 5. 11/04/2024 6. Copy of NOV 2024 MAR.	