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 |
|---|---|---|---|
| | 9397 | A. BUILDING _____ B. WING _____ | 03/14/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **AMERICAN SENIOR HOME GABRIEL** | **2372 GABRIEL DRIVE, 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: This Statement of Deficiencies was generated as a result of a annual and infection control State Licensure survey conducted at your facility on 03/14/22, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten 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 survey was nine. Nine resident files and five employee files were reviewed. The facility received a grade of A. The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of non-discrimination 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 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: | 0000 | | |

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: DORA VALENTIN Title: Administrator Date: 04/01/2022

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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| AMERICAN SENIOR HOME GABRIEL | 2372 GABRIEL DRIVE, LAS VEGAS, NEVADA ,89119 |

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| 0885 | Medication - Destruction - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744.<br><br>Inspector Comments: Based on observation, record review and interview, the facility failed to remove and destroy expired medications for 2 of 9 sampled residents (Resident #6 and Resident #7). Findings include: On 03/14/22 in the morning, as needed (PRN) medications were stored in the refrigerator and were expired. Expired medications included: Resident #6: Morphine - expiration date: 11/30/21 Resident #7: Morphine - expiration date: 02/26/22 Employee #1 acknowledged Resident #6 and Resident #7's medications were expired and should have been destroyed. Employee #2 indicated new medications should have been ordered. Severity: 2 Scope: 1 | 0885 | Plan of Correction: Administrator re-trained Med Techs on checking for expiring medications and re-ordering as well as destroying expired medications. Please see checklist attached which Med Techs will be required to submit to Owner monthly. Training held for owner and Caregivers on 3/26/22. Completed 3/28/22. Corrected on 3/26/22 | 03/26/2022 |