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
	10313	A. BUILDING _____ B. WING _____	07/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEACHPORT VILLA	3321 BEACH PORT DRIVE, LAS VEGAS, NEVADA ,89117

(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 survey initiated at your facility on 07/21/25. The facility is licensed for nine 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 six. Six resident files and four employee files were reviewed. The facility received a grade of A.			
Y 0890 SS= F	NAC 449.2744 **Administration of medication: Maintenance of logs and records; contents.** 1. The administration of a residential facility that provides assistance to residents in the administration of medications shall maintain: (a) A log for each medication received by the facility for use by a resident of the facility. The log must include: (1) The type and quantity of medication received by the facility; (2) The date of its delivery; (3) The name of the person who accepted the delivery; (4) The name of the resident for whom the medication is prescribed; and (5) The date on which any unused medication is removed from the facility or destroyed. (b) A record of the medication administered	Y 0890	1) In the future, the medication administration record (MAR) for all residents will include the time medications were administered as required by regulation. The med techs immediately reviewed all residents' (Resident #1, #2, #3, #4, #5 and #6) MAR and corrected them by providing a specific time for the administration of medications (See attachment). On the 1st day of the month, the employees will review the MAR to make sure all medications are accurately documented and recorded when administered. 2) The owner and the employees will review the MAR more closely to make sure a specific time for the administration of medications are accurately documented and recorded when administered. 3) The owner and the administrator will review the MAR every week or as needed for a routine check or when there are changes in residents' medications to make sure all are accurate and in compliance. 4) The owner and the administrator will be responsible for monitoring this corrective	10/23/2025

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	to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (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. (Cross-reference to NAC 449.2742(5)) 2. The administrator of the facility shall keep a log of caregivers assigned to administer medications that indicates the shifts during which each caregiver was responsible for assisting in the administration of medication to a resident. This requirement may be met by including on a resident's medication sheet an indication of who assisted the resident in the administration of the medication, if the caregiver can be identified from this indication. Inspector Comments: Based on interview and record review, the facility failed to ensure the Medication Administration Record (MAR) included the time medications were to be administered, per the requirement for 6 of 6 resident (Resident #1, #2, #3, #4, #5, and #6).		action. 5) 10/23/2025	

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	Findings include: Record review of the MARs for Resident #1, #2, #3, #4, #5, and #6 did not provide a specified time for the administration of medications. The MARs for the Resident #1, #2, #3, #4, #5, and #6 only documented AM and PM as indicators for when medication was administered. On 07/21/25 in the morning, the Administrator acknowledged the MARs for the Resident #1, #2, #3, #4, #5, and #6 only documented AM and PM as indicators of when medication was administered. The Administrator acknowledged there were no specified times documented on the MAR because the facility followed what the physician orders documented, and the physician orders did not indicate specified times. Severity: 2 Scope: 3			