

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11039	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/05/2025
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NAME OF PROVIDER OR SUPPLIER AZALEA GARDEN	STREET ADDRESS, CITY, STATE, ZIP CODE 3300 N PIONEER WAY, LAS VEGAS, NEVADA ,89129
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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey completed at your facility on 02/05/25 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 10 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 five employee files were reviewed. The facility received a grade of B. 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= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 and R043-22 - 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 , physician assistant or advanced practice registered nurse has approved the 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	0878	1. The medication was delivered later the day of inspection. Proof was provided via email in the form of a photo. 2. The resident file checklist has been updated to add a monthly inspection of the medications on hand to verify all are available. 3. Corrected actions will be verified via the resident checklist 4. The administrator is responsible for this as well as communication and education given to caregivers regarding proper refill timelines. 5. The corrective action was taken the same day as the survey. 6. See attached.	02/05/2025

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: DEVIN LEES Title: Administrator Date: 02/20/2025

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	<p>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.</p> <p>Inspector Comments: Based on observation, interview, and record review, the facility failed to ensure a medication was on site for 1 of 6 residents (Resident #1). Findings include: Resident #1 (R1) R1 was admitted to the facility on 04/12/24 with diagnoses including diabetes, peripheral artery disease, and gangrene of left second, third, and fourth toes status post amputation. R1's PRN (as needed) Medication Administration Record documented Oxycodone 5 milligram (mg) tablet, take one tablet by mouth every four hours as needed for pain. On 02/05/25 in the afternoon, Oxycodone was not available and on site for R1. Neither a physician order nor a discontinue order for Oxycodone could be located by the Caregiver. Hospice documentation dated 12/04/24 documented Oxycodone HCL 5 mg tablet, take one tablet every four hours as needed for pain. On 02/05/25 at 2:53 PM, the Caregiver, who had been in contact with the hospice nurse</p>			

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	via phone, reported the hospice nurse had just ordered the Oxycodone and the medication would arrive soon. On 10/18/23 in the afternoon, the Caregiver confirmed the Oxycodone was not on site, and acknowledged the Oxycodone should have been available at the facility for R1. This was a repeat deficiency from the 02/13/24 annual survey. Severity: 2 Scope: 1			
0895 SS= E	<p>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 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.</p> <p>Inspector Comments: Based on observation, interview, and record review, the facility failed to ensure the Medication Administration (MAR) was accurate for 6 of 6 residents (Residents #1, #2, #3, #4, #5, and #6). Findings include: Resident #1 (R1) R1 was admitted on 04/12/24 with diagnoses including diabetes, peripheral artery disease, and gangrene of left second, third, and fourth toes status post amputation. On 02/05/25 in the afternoon, R1's 02/05/25 February MAR documented</p>	0895	<p>1) The MAR documentation was updated to reflect the true medication administration schedule. 2) The MAR be reviewed by the administrator on a bi-weekly basis to ensure it is properly filled out and that all medication administration dates are filled out and that all medications prescribed are in the residents bins. 3) The corrective actions will be monitored by the administrator bi-weekly as mentioned and an inservice will be held to encourage all caregiving staff that are medication certified to review the MAR daily and check each others work. 4) The administrator is the responsible party for implementation and maintenance of this policy. 5) The corrective action was taken on the date of the survey and the Inservice is to be held on 2/22/2025 6) n/a</p>	02/05/2025

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	<p>Carvedilol 12.5 milligrams (mg), take one tablet by mouth twice a day with meals. There were no Caregiver initials on the MAR to indicate the Carvedilol had been administered. R1's medication bin contained a bottle of Carvedilol 12.5 mg, generic for COREG, Take one tablet by mouth twice a day with meals. In an interview at 2:29 PM, the Caregiver said they had given R1 the Carvedilol and they meant to sign the MAR, but acknowledged the Caregiver had not signed. Resident #2 (R2) R2 was admitted on 07/01/23 with diagnoses including tremor right hand and schizophrenia stable, well-managed. R2's medication bin contained Fluoxetine 20 mg capsule, take two capsules by mouth every morning for anxiety. R2's Medication Review signed by the advanced practitioner registered nurse (APRN) and initialed by the Administrator on 12/19/25 documented Fluoxetine 20 mg, two capsules daily. R2's February 2025 MAR documented Fluoxetine HCl 40 mg, take two capsules (80 mg) by mouth every morning for anxiety. On 02/05/25 in the afternoon, the Caregiver acknowledged the MAR did not reflect the physician order documented in the Medication Review, and they confirmed they had been administering two 20 mg capsules daily to R2, as per the order. Resident #3 (R3) R3 was admitted on 01/07/25 with a diagnosis of malignant neoplasm of unspecified site of right female breast. On 02/05/25 in the afternoon, the following medications were found in R3's medication bin: 1) Furosemide tablet 20 mg, take one tablet by mouth once daily as needed for swelling at legs. 2) Bisacodyl Suppository 10 mg, unwrap and insert one suppository per rectum every day as needed if no bowel movement for 3 days. A hospice physician order dated 01/08/25 documented a Change to Furosemide to be 20 mg by mouth daily. A medication list dated 01/08/25 documented Furosemide by mouth/orally tablet 20 mg every AM oral; start date 01/07/25, and Bisacodyl Rectal Suppository 10 mg, one SUPP.RECT daily PRN RECTAL, special instructions: if no bowel movement (BM) times three days; start date 01/05/25. Review of the February 2025 MAR lacked evidence the Furosemide and Bisacodyl were documented. On</p>			

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	<p>02/05/25 in the afternoon, the Caregiver acknowledged Furosemide and Bisacodyl were not on the February 2025 MAR, and should have been included on the MAR. Resident #4 (R4) R4 was admitted on 07/01/24 with a diagnosis of Alzheimer's Disease. R4's medication bin contained Hydroxyzine HCl 25 mg oral tablet, take two tablets (50 mg) by mouth three times a day. A physician order dated 01/20/25 documented Hydroxyzine HCl 25 mg by mouth, take two tablets by mouth three times daily; -Hydroxyzine HCl 25 mg by mouth 3 tablets three times daily-- discontinue this current order. R4's February 2025 MAR documented Hydroxyzine 25 mg, take 3 tablets (75 mg) by mouth three times daily. On 02/05/25 in the afternoon, the Caregiver acknowledged the February MAR did not accurately document the most current physician order for R4 to take two 25 mg tablets three times daily. Resident #5 (R5) R5 was admitted on 01/20/25 with diagnoses of Dementia and Alzheimer's Disease. On 02/05/25 in the afternoon, R5's medication bin contained: 1) Senna Plus 8.6 mg-50 mg tablet, give two tablets twice a day for constipation-hold for loose stools. 2) Morphine 20 mg/ml solution, give 0.5 milliliter (10 mg) by mouth every four hours as needed for pain or shortness of breath. A physician order dated 10/15/24 documented Start Senna S 8.6/50 mg, take two tablets by mouth twice a day for constipation. Hold for loose stools. A physician order dated 01/20/25 documented Roxanol dispense 30 milliliters (ml) - give 0.5 ml (=10 mg) by mouth/ sublingually every four hours as needed for pain. (Roxanol is a brand of Morphine.) R5's February 2025 MAR did not document Senna Plus or Morphine. On 02/05/25 in the Afternoon, the Caregiver acknowledged Senna Plus and Morphine were not documented on the February 2025 MAR, and that the MAR should have contained entries for these medications. Resident #6 (R6) R6 was admitted on 07/02/24 with diagnoses including end-stage prostate cancer with bone metastases and coronary artery disease. R6's medication bin contained Carvedilol 3.125 mg tablet, take one tablet by mouth twice a day. A</p>			

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	<p>physician order dated 11/16/24 documented Carvedilol 3.125 mg by mouth, one tablet twice a day for blood pressure. R6's February 2025 MAR documented Carvedilol 3.125 mg, take one tablet by mouth twice daily. There were no initials on the MAR to indicate the medication had been administered. On 02/05/25 in the afternoon, the Caregiver explained they had administered the medication and were not aware they had not documented it on the MAR. On 02/05/25 in the afternoon, the following medications were present in R6's medication bin: 1) Milk of Magnesia Suspension 1200/15, take 10 ml by mouth once daily as needed if no bowel movement for three days for constipation. 2) Amiodarone HCl 200 mg tablet, take one tablet by mouth every day. A physician order dated 11/16/24 documented Milk of Magnesia 10 ml by mouth daily as needed if no bowel movement in three days for constipation. A prescription packaging label from the pharmacy documented Amiodarone HCl 200 mg tablet, take one tablet by mouth every day. The prescription had been filled and delivered the day before, on 02/04/25. R6's February 2025 MAR did not document Milk of Magnesia and Amiodarone. On 02/05/25 in the afternoon, the Caregiver acknowledged Milk of Magnesia and Amiodarone were not documented on the MAR. This was a repeat deficiency from the 10/16/24 complaint investigation. Severity: 2 Scope: 3</p>			
1825 SS= E	<p>Designation/Training persons for IC Program - NAC 449.0109 Designation and training of person responsible for infection control. 3. The program to prevent and control infections within the facility for the dependent developed pursuant to paragraph (a) of subsection 1 must provide for the designation of: (a) A primary person who is responsible for infection control; and (b) A secondary person who is responsible for infection control when the primary person is absent to ensure that someone is responsible for infection control at all times. 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and</p>	1825	<p>1) The findings will be corrected (have been) by ensuring two of the staff take the CDC course deemed acceptable by the state. 2) The systematic change will be ensuring the two staff members renew this training yearly. 3) The changes will be monitored by ensuring the items are added to the employee file checklist. 4) The administrator is responsible for monitoring the changes 5) The changes have already been implemented 6) See attached.</p>	02/09/2025

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	<p>prevention of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training.</p> <p>Inspector Comments: Based on record review and interview, the facility failed to ensure the primary and secondary infection control staff completed 15 hours of infection control training annually (Employees #4 and #1). Findings include: Employee #4 (E4) E4 was hired as the Administrator 02/24/23. On 02/05/25 in the afternoon, E4 was identified as the current primary infection control person for the facility. E4's file contained documentation of initial infection control training completed in September of 2023. E4's file lacked documented evidence of 15 hours of annual infection control training regarding the control and prevention of infections from an approved organization. Employee #1 (E1) E1 was hired as a Caregiver on 07/29/23. On 02/05/25 in the afternoon, E1 was identified as the current secondary infection control person for the facility. E1's file contained documentation of infection control training completed on September of 2023. E1's file lacked documented evidence of 15 hours of annual infection control training regarding the control and prevention of infections from an approved organization. On 02/05/25 in the afternoon, the Administrator explained they were unaware the infection control training was required annually, and acknowledged E1 and E4 had not met the annual requirement of 15 documented hours of</p>			

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	approved infection control training required of the primary and secondary infection control staff. Severity: 2 Scope: 2			
1840 SS= F	<p>UNL Caregiver Training - R063-21 Sec. 4 1. An unlicensed caregiver who provides care to residents, patients or clients at a facility described in section 3 of this regulation shall annually complete evidence-based training provided by a nationally recognized organization concerning the control of infectious diseases. The training must include, without limitation, instruction concerning: (a) Hand hygiene; (b) The use of personal protective equipment, including, without limitation, masks, respirators, eye protection, gowns and gloves; (c) Environmental cleaning and disinfection; (d) The goals of infection control; (e) A review of how pathogens, including, without limitation, viruses, spread; and (f) The use of source control to prevent pathogens from spreading. 2. Each unlicensed caregiver who completes the training required by subsection 1 must provide proof of completion of that training to the administrator or other person in charge of the facility in which the unlicensed caregiver provides care.</p> <p>Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 5 employees completed the annual required infection control training (Employees #2 and #3). Findings include: Employee #2 (E2) E2 was hired on 04/16/23 as a Caregiver. E2's employee file contained documented evidence of approved infection control training completed in September of 2023. E2's file lacked documented evidence of annual infection control training in 2024. Employee #3 (E3) E3 was hired on 09/15/23 as a Caregiver. E3's employee file contained documented evidence of approved infection control training completed in September of 2023. E3's employee file lacked documented evidence of annual infection control training in 2024. On 02/05/25 in the afternoon, the Administrator confirmed E2 and E3 did not complete the required annual infection control and prevention training. Severity: 2 Scope: 2</p>	1840	<p>1) All unlicensed caregivers completed HCQC course for infection control 2) HCQC course for infection control will be added to employee checklist. 3) The corrective actions will be enforced and monitored using the employee checklist 4) The corrective action will be monitored by the administrator 5) The corrective action has already been implemented 6) See attached certificates for the unlicensed caregivers</p>	02/20/2025