STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295017	A. Building B. Wing	05/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Horizon Health and Rehabilitation Center	660 Martin Luther King Blvd Las Vegas, NV 89106

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, record review and document review, the facility failed to ensure prescribed medication was ordered timely, available, and administered, which resulted in a four-day delay in medication administration for 1 of 43 sampled residents (Resident 129). The deficient practice had the potential to result in interruption of prescribed medication therapy and adverse clinical outcomes related to delayed medication administration. Findings include:Resident 129 (R129) was admitted [DATE], with diagnoses including malignant neoplasm of prostate, acute kidney failure, and secondary malignant neoplasm of bone. R129 expired on [DATE].A physician order dated [DATE], documented Erleada (a medication used for prostate cancer treatment) 60 milligrams (mg), give 4 tablets once a day.A nursing progress note dated [DATE], documented the cancer center was contacted to refill the medication and delivery was expected on [DATE]. R129's medical record review revealed the medication was placed on hold from [DATE] through [DATE] due to medication unavailability.R129's medical record documented R129 was hospitalized from [DATE] through [DATE].An Oncology Pharmacy Delivery Ticket documented, Erleada 60 mg tablet, quantity 120. Shipped date [DATE], to arrive [DATE] via overnight service. Upon R129's return to the facility from hospitalization, a physician order dated [DATE] documented, Erleada 60 mg, give 4 tablets once a day.A Medication Administration Record for [DATE] documented the medication was not administered from [DATE] through [DATE].On [DATE] at 10:12 AM, a Licensed Practical Nurse (LPN), explained Erleada was obtained from the cancer center rather than the facility's routine pharmacy provider and delays in delivery occasionally occurred. The LPN acknowledged the medication should have been ordered prior to running out on [DATE] to ensure continued availability for R129.On [DATE] at 12:52 PM, the Assistant Director of Nursing (ADON), confirmed the medication was delivered to the facility on [DATE] and should have been available upon the resident's return to the facility from the hospital. The ADON explained staff did not locate the medication and placed another order, resulting in delayed administration. The ADON confirmed the medication was not available to be administered to the resident from [DATE] through [DATE]. The ADON acknowledged the medication should have been ordered timely, located upon the resident's return from the hospital, and administered as prescribed.A facility policy titled Mediation Management revised [DATE], documented the Interdisciplinary Team will ensure that each resident's drug/medication regimen is developed, managed, monitored, and modified to promote or maintain the resident's highest practicable mental, physical, and psychological wellbeing.

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE