

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295084	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/24/2024
NAME OF PROVIDER OR SUPPLIER Neurorestorative		STREET ADDRESS, CITY, STATE, ZIP CODE 7690 Carmen Blvd Las Vegas, NV 89128	
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)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>50289</p> <p>Based on observation, interview, record review, and document review, the facility failed to ensure expired medications were removed from the active supply and discarded. The deficient practice had the potential to compromise the effectiveness of the medication treatment.</p> <p>Findings include:</p> <p>On 05/24/2024 at 12:44 PM, an inspection of the facility's medication room with the Assistant Director of Nursing (ADON)(E2). The Narcotic (Narc) Box in the medication refrigerator stored expired Lorazepam 2mg/1ml oral, with an expiration date of 03/2024.</p> <p>On 05/24/2024 at 1:05 PM, the ADON confirmed the Lorazepam 2mg/1ml oral was expired and should have been removed from the active supply to prevent administration. The ADON indicated the expired medication should have been taken out of the refrigerator and placed in the designated area for disposal.</p> <p>On 05/24/2024 at 2:11 PM, the Director of Nursing (DON)(E1) explained the Pod 3 nurse holds the Refrigerator Narc Box key and therefore was responsible for checking the expiration dates daily upon shift change and discarding the expired medication appropriately.</p> <p>On 05/24/2024 at 2:36 PM, the Pod 3 Nurse (E3) explained the Pod 3 Nurse was responsible for checking the expiration dates and discarding expired medications appropriately at shift change. However, E3 was confused about what was the expiration date and what was the delivery date based on E3's understanding of the medication sheet.</p> <p>A facility policy titled 5.3 Storage and Expiration Dating of Medications, Biologicals, with the revision date of 01/01/22, revealed the facility should ensure medications and biologicals which had an expiration date on the label and had been retained longer than recommended by the manufacturer or supplier's guidelines were to be stored separate from other medications until destroyed or returned to the pharmacy or supplier.</p>		

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
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