STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295091	A. Building B. Wing	02/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Neurorestorative 4kids -Buffalo	3391 N Buffalo Drive Las Vegas, NV 89129

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50289 Based on observation, interview, record review, and document review, the facility failed to ensure expired medications were removed and discarded from the active supply in the medication storage room and 1 of 3 medication carts. The deficient practice had the potential to compromise the effectiveness of the medication. Findings include: On 02/25/2025 at 03:15 PM, an inspection of the facility's medication room with a Registered Nurse (RN) was completed. A box of disposable single-dose prefilled tip-lok syringes, each containing one 10 mcg/0.5 mL Hepatitis B vaccine for use from birth through [AGE] years of age was stored on the top shelf inside the medication refrigerator, with an expiration date of 02/17/2025. On 02/25/2025 at 03:27 PM, the RN confirmed the box of disposable single-dose prefilled tip-lok syringes each containing one 10 mcg/0.5 mL Hepatitis B vaccine for use from birth through [AGE] years of age was expired and should have been removed from the active supply to prevent administration. On 02/25/2025 at 03:40 PM, in the presence of an RN on Oasis-hall, the medication cart was inspected. A punch card which contained the as needed medication, Ondansetron HCL F/C 4mg tablets for R1 was observed stored with the active medications. The medication had expired on 01/23/2025. On 02/25/2025 at 03:46 PM, the Registered Nurse (RN), confirmed the Ondansetron HCL F/C 4mg tablets were expired and should have been discarded for resident safety. On 02/25/2025 at 03:58 PM, the RN explained the expired medication, Ondansetron HCL F/C 4mg tablet, had not been given to R1 in January or February per the medication administration record. On 02/26/2025 in the afternoon, the DON and the Administrator explained the nurses and the pharmacist had just checked for expired medications the week before and thought all expired medications had been appropriately removed and discarded. (continued on next page)

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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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 02/27/2025 at 03:03 PM, the Director of Nursing (DON), also verified the Ondansetron HCL F/C 4mg tablets and the box of disposable single-dose prefilled tip-lok syringes each containing one 10 mcg/0.5 mL Hepatitis B vaccine for use from birth through [AGE] years of age were expired and should have been discarded for resident safety. The facility pharmacy policy titled 5.3 Storage and Expiration Dating of Medications and Biologicals, with the revision date of 08/01/24, revealed the facility would ensure medications and biologicals with an expiration date on the label and 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.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement a program that monitors antibiotic use. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40142 Based on interview, record review, and document review, the facility failed to ensure 1) justification for off-label (the practice of prescribing a drug for a different purpose other than the condition for which the drug was approved) antibiotic use was documented and prolonged antibiotic regimen was re-evaluated by the inter-disciplinary team (IDT) for 4 of 12 sampled residents (Residents 1, 7, 5 and 10) and 2) facility staff and providers were educated on the facility's antibiotic stewardship program (ASP). The deficient practice had the potential to place residents at risk for antimicrobial resistance. Findings include: Implementation of ASP Resident 1 (R1) R1 was admitted on [DATE] and readmitted on [DATE], with diagnoses including cerebral palsy and Lennox-Gastaut syndrome with status epilepticus. A physician's order dated 03/23/2024, documented to give Erythromycin Ethyl succinate reconstituted suspension 200 milligrams (mg) per 5 milliliters (ml) or 200 mg/5 ml, give 5 ml via gastrostomy tube (G-tube) every eight hours for gastrointestinal (GI) motility. No stop date. Resident 7 (R7) R7 was admitted on [DATE], with diagnoses including cerebral palsy and congenital hydrocephalus. A physician's order dated 03/14/2024, documented to give Erythromycin Ethyl succinate 200 mg/5 ml reconstituted suspension, give 10 ml via G-tube four times a day for GI motility. No stop date. Resident 5 (R5) R5 was admitted on [DATE] and readmitted on [DATE], with diagnoses including spastic quadriplegic cerebral palsy and other seizures. A physician's order dated 09/02/2024, documented to give Erythromycin Ethyl succinate 200 mg/5 ml reconstituted suspension, give 5 ml four times a day for GI motility. No stop date. Resident 10 (R10) R10 was admitted on [DATE] and readmitted on [DATE], with diagnoses including anoxic brain damage related to asphyxiation due to hanging. A physician's order dated 04/17/2024, documented to give Erythromycin Ethyl succinate 200 mg/5 ml reconstituted suspension, give 7.5 ml four times a day for GI motility. No stop date. (continued on next page)

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 02/25/2025 at 2:36 PM, the Director of Nursing (DON)/Infection Preventionist (IP) indicated the facility utilized the Mc Geer criteria (a set of evidence-based guidelines used to determine appropriate antibiotic therapy use) for its antibiotic stewardship program (ASP). The medical record reflected Residents 1, 7, 5 and 10 did not have active infections, antibiotic orders did not meet the Mc Geer criteria, and the medical record lacked documented justification for the non-recommended antibiotic starts for Residents 1, 7, 5 and 10. The medical record lacked documented evidence the prescriber provided a documented purpose for the off-label use of Erythromycin (an antibiotic) for Residents 1, 7, 5 and 10. The medical record lacked documented evidence the IDT which included nursing staff, pharmacist and physicians, re-evaluated the prolonged and off-label antibiotic regimen for Residents 1, 7, 5 and 10 such as evaluating risks versus benefits. On 02/25/2025 at 3:12 PM, the IP indicated it had been the long-time practice of the pediatrician to order Erythromycin to improve GI motility to facilitate bowel movements (BM) for residents with vomiting issues. The IP indicated the pediatrician preferred Erythromycin to an enema (a procedure which involved introducing a solution into the rectum to stimulate BM). On 02/25/2025 at 3:22 PM, the IP acknowledged the following: 1) Erythromycin was an antibiotic which was being used off-label for Residents 1, 7, 5, and 10; 2) antibiotic orders for Residents 1, 7, 5 and 10 had an indefinite duration or no stop date; 3) the antibiotic regimen for Residents 1, 7, 5 and 10 were considered prolonged spanning several months; 4) antibiotic starts for Residents 1, 7, 5 and 10 did not meet the Mc Geer criteria and 5) the IDT which included the IP, pharmacist, and physician had not discussed, mentioned nor questioned the pediatrician's practice of prescribing Erythromycin for GI motility during IDT or quality assurance and performance improvement (QAPI) meetings. On 02/25/2025 at 3:30 PM, the IP indicated needing time to review the medical record for Residents 1, 7, 5 and 10 to determine whether there was evidence of nurse-physician discussions, re-evaluation of the residents' antibiotic regimen by the IDT which included examining risks versus benefits or whether the physician had written a justification for the off-label, prolonged, non-recommended use of Erythromycin for Residents 1, 7, 5 and 10. On 02/26/2025 at 8:36 AM, Registered Nurse 1 (RN1) indicated being employed for [AGE] years and RN 2 for more than [AGE] years. RN1 and RN 2 indicated being familiar with Residents 1, 7, 5 and 10 and were likewise familiar with the pediatrician's practice of off-label use of Erythromycin for residents with BM issues. RN1 and RN 2 explained the facility had a bowel protocol wherein a stool softener was used first, progressing to a laxative and resorting to a rectal suppository when a BM had not been achieved. The RNs indicated the pediatrician rarely ordered an enema but preferred to use Erythromycin to stimulate GI motility. The RNs indicated never questioning the pediatrician's orders. (continued on next page)

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 02/26/2025 at 8:45 AM, the IP indicated having reviewed the medical record for Residents 1, 7, 5 and 10 and confirmed there was no evidence the prescribing physician provided a written justification for the off-label, prolonged, non-recommended (does not meet Mc Geer criteria) prescribing of Erythromycin for Residents 1, 7, 5 and 10. According to the IP, 12 months' worth of pharmacy regimen review documents reflected the pharmacist had not addressed nor questioned the physician's antibiotic orders. Finally, the IP confirmed there was no documentation the IDT had re-evaluated the antibiotic regimen which included discussions regarding benefits outweighing risks for Residents 1, 7, 5 and 10. Education and Training On 02/26/2025 at 8:40 AM, RN1 and RN 1 indicated not being familiar with the facility's ASP. The RNs indicated not being well-versed on the Mc Geer criteria and verbalized not receiving training regarding Mc Geer criteria and the facility's ASP. On 02/26/2025 at 11:53 AM, the DON/IP indicated being responsible for providing education and training to nurses and providers. The IP indicated staff were provided infection control in-services on admission and annually, but the in-service did not include antibiotic stewardship. The IP corroborated the RNs interview regarding staff not been educated on the facility's ASP. On 02/26/2025 at 1:04 PM, the Administrator indicated there were four physicians with prescribing privileges in the facility. The Administrator indicated the General Orientation for Independent Contractors listed all topics the physicians were provided education on which included the ASP program. The Administrator indicated the Medical Director signed the orientation form on 07/12/2013, the pediatrician signed the orientation form on 01/16/2014, the physician assistant signed the orientation form on 01/03/2014 and the pulmonologist had no signed orientation form. On 02/26/2025 at 1:16 PM, the Administrator and the IP indicated being hired after 2014 so the Administrator and IP could not speak to the content, level and depth of ASP education the physicians were provided in 2013 and 2014. The IP indicated it was fair to say the education provided to the physicians on the facility's ASP was outdated and should have been re-done. On 02/26/2025 at 1:20 PM, the IP indicated the facility's current ASP was not being fully implemented and should be tightened and improved through education particularly with regards to following Mc Geer criteria and documentation requirements when antibiotic orders do not align with the Mc Geer criteria. The IP indicated the non-implementation of the ASP placed residents at risk for developing antimicrobial resistance and receiving unnecessary medications. The ASP policy dated 01/01/2017, documented the ASP would promote appropriate use of antibiotics at the same time reducing adverse effects associated with antibiotic use. The policy was designed to limit antibiotic resistance while improving treatment efficacy and resident safety. The core elements of stewardship include leadership, drug expertise, action to implement recommended practices, and education for clinicians, nursing staff and families regarding antibiotic resistance. The facility used the Mc Geer revised guidelines to determine if the resident's status met the minimum criteria for initiating antibiotics.