DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | | A. BUILDING _____ B. WING _____ | **07/28/2023** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **FAMILY HOME CARE RHL** | **975 CORDONE AVENUE, RENO, NEVADA ,89502** |

| (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 |
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| 0000 | Initial Comments<br><br>Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey and complaint investigation completed at your facility on 07/28/23. This State Licensure Survey was conducted in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for nine Residential Facility for Group beds for elderly and disabled persons, and/or persons with mental illness, and/or persons with chronic illness, Category II residents. The census at the time of the survey was eight. Eight resident files, and three employee files were reviewed. The facility received a grade of A. There was one complaint investigated. Complaint# NV00068809 with the allegation an employee left residents unattended in the facility was substantiated (see Y tag 0515). 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 investigation, 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 | | |
| 0515 SS= D | Supervision and Treatment of Residents - NAC 449.259 Supervision and treatment of residents generally. (NRS 449.0302) 1. A residential facility shall: (a) Provide each resident with protective supervision as necessary; (b) Inform all caregivers of the required supervision;<br><br>Inspector Comments: Based on interview and clinical record review, the facility failed to provide protective supervision for 8 of 8 residents (Residents #1, #2, #3, #4, #5, #6, #7, and #8). Findings include: Resident #1 Resident #1 was admitted to the facility on 10/08/21, with diagnoses including dementia with behaviors and history of falls. Resident #2 Resident #2 was admitted to | 0515 | 0515<br>A<br>(1).Resident #8 fell on the floor and another resident called 911 (2)Resident #8 was taken to the hospital and few hour she was send back home with only little bruise on her head (3) The Police was looking for the caregiver but the caregiver was not in the group home<br>(4) The caregiver was out of the group home to buy food at the next block and left the group with out a caregiver (5) The administrator asked the caregiver why she left the group , she said she was just craving to eat hamburger burgers place is only one block away from the group. (6) The administrator told her that she can not leave | 10/25/2023 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | Name: FLORENTINO LEANILLO | Title: Administrator | Date: 10/25/2023

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.

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| | the facility on 08/30/21, with diagnoses including paranoid schizophrenia, and depression. Resident #3 Resident #3 was admitted to the facility on 12/08/11, with diagnoses including mood disorder, and hyperlipidemia. Resident #4 Resident #4 was admitted to the facility on 03/27/18, with diagnoses including stroke, and seizures. Resident #5 Resident #5 was admitted to the facility on 02/08/21, with diagnoses including schizoaffective disorder, and insomnia. Resident #6 Resident #6 was admitted to the facility on 02/08/21, with diagnoses including schizophrenia, and insomnia. Resident #7 Resident #7 was admitted to the facility on 07/06/19, with diagnoses including vascular dementia with behaviors. Resident #8 Resident #8 was admitted to the facility on 05/04/19, with diagnoses including senile dementia and generalized osteoarthritis. On 07/28/23 at 10:06 AM, Resident #6 verbalized Resident #8 had fallen in their room and sustained a cut above the eye. Resident #6 called the ambulance because the caregiver was not in the facility. Resident #6 explained the Caregiver had left the facility and had been gone for a few hours prior to Resident #8 falling. On 07/28/23 at 10:14 AM, the Owner verbalized a Caregiver left the residents alone in the facility. While the Caregiver was out of the facility, Resident #8 fell and was bleeding. Another resident called the ambulance. The Owner confirmed the Caregiver left the residents unattended in the home. The Owner explained the residents required protective supervision and should not have been left unattended in the home. Resident #8's Activities of Daily Living assessment dated 02/23/23, documented Resident #8 required protective supervision. Severity 2 Scope 1 Complaint NV00068809 | | the group home any time, all the time (7) The caregiver was 8 months pregnant and she said that she was really craving to eat burger, and she said that this problem will not happen again (8) All caregivers are aware that resident can not be left with out the presence of another caregiver. (9) Caregiver can not leave the group home with out proper indorsement to another caregiver. (10) All caregiver are given a lecture and training that focus on the duties and responsibilities of caregiver (11) The Administrator will ensure that this problem will not happen again. | |
| 1700 SS= E | Annual Assessment of History of Each Resident - NRS 449.1845 Administrator of residential facility for groups to conduct annual assessment of history of each resident and cause provider of health care | 1700 | 1700<br>A. Please find the standard Placement Determination of Resident #1, #7 and #8 Attachment A<br>B. The facility will ensure that qualified | 10/25/2023 |

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| | to conduct certain examinations and assessments; placement based on assessment. 1. The administrator of a residential facility for groups shall: (a) Annually cause a qualified provider of health care to conduct a physical examination of each resident of the facility; (b) Annually conduct an assessment of the history of each resident of the facility, which must include, without limitation, an assessment of the condition and daily activities of the resident during the immediately preceding year; and (c) Cause a qualified provider of health care to conduct an assessment of the condition and needs of a resident of the facility to determine whether the resident meets the criteria prescribed in paragraph (a) of subsection 2: (1) Upon admission of the resident to the facility; and (2) If a physical examination, assessment of the history of the resident or the observations of the administrator or staff of the facility, the family of the resident or another person who has a relationship with the resident indicate that: (I) The resident may meet those criteria; or (II) The condition of the resident has significantly changed. 2. If, as a result of an assessment conducted pursuant to paragraph (c) of subsection 1, the provider of health care determines that the resident: (a) Suffers from dementia to an extent that the resident may be a danger to himself or herself or others if the resident is not placed in a secure unit or a facility that assigns not less than one staff member for every six residents, any residential facility for groups in which the resident is placed must meet the requirements prescribed by the Board pursuant to subsection 2 of NRS 449.0302 for the licensing and operation of residential facilities for groups which provide care to persons with Alzheimer's disease or other severe dementia. (b) Does not suffer from dementia as described in paragraph (a), the resident may be placed in any residential facility for groups. 3. As used in this section, "provider of health care" has the meaning | | provider of Health care will conduct a yearly assessment of all the conditions and needs of all resident of the facility (c) The facility will ensure that yearly assestment is done to all resident (4) Please find the yearly Physician Placement determination (D) Attachment B (5) Physician Placement Determination is attached.(6) All caregiver are given a lecture that all resident can not be left un attended all the time (6) The facility will ensure that this problem will not happen again (E) The facility will ensure that Annual Standard Placement Assesstment is done on all resident . Attachment ADL (F) The facility and the administrator of this group home will see to it that the yearly ADL activities of the daily living is done every year (G) The The facility and the administrator of this facility will ensure that this problem will not happen again. | |

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| | ascribed to it in NRS 629.031. (Added to NRS by 2019, 2594)<br><br>Inspector Comments: Based on record review and interview, the facility failed to obtain a Standard Placement Determination annually for 3 of 8 residents (Resident #1, #7, and #8). Findings include: Resident #1 Resident #1 was admitted to the facility on 10/08/21, with diagnoses including dementia with behaviors and history of falls. Resident #1's clinical record contained a Standard Placement Determination dated 09/27/21. The clinical record lacked documented evidence of an annual Standard Placement Determination completed annually. Resident #7 Resident #7 was admitted to the facility on 07/06/19, with diagnoses including vascular dementia with behaviors. Resident #7's clinical record contained a Standard Placement Determination dated 09/12/19. The clinical record lacked documented evidence of an annual Standard Placement Determination completed annually. Resident #8 Resident #8 was admitted to the facility on 05/04/19, with diagnoses including senile dementia and generalized osteoarthritis. Resident #8's clinical record contained a Standard Placement Determination dated 09/09/19. The clinical record lacked documented evidence of an annual Standard Placement Determination completed annually. On 07/13/23 at 10:44 AM, the Owner verbalized Residents #1, #7, and #8 had diagnoses of dementia. The Owner confirmed Standard Placement Determinations had not been completed annually for those residents and the facility did not have an Alzheimer's/dementia endorsement. Severity 2 Scope 2 | | | |