Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	10646	A. BUILDING _____ B. WING _____	05/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOLANTE OF CARSON VALLEY	1189 KIMMERLING RD, GARDNERVILLE, NEVADA ,89460

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a State Licensure annual survey conducted at your facility on 05/14/2024, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 86 Residential Facility for Group beds, of which 64 beds provided services to elderly or disabled persons and assisted living services, Category II residents, and 22 beds which provided care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 66. Fifteen resident records and ten employee records were reviewed. The facility received a grade of C. NAC 449.27706 Resurvey: Application and fee; failure to comply. 2. If the Bureau issues a placard to a residential facility that includes a grade of "C" or "D," the administrator must submit an application to the Bureau for a resurvey of the facility not later than 30 days after the facility receives the placard. The fee for an application for a resurvey is $600 and must accompany the application. 3. The Bureau may revoke the license of a residential facility that is required to submit an application for a resurvey pursuant to subsection 2 if the facility fails to submit the application in accordance with the provisions of that subsection. 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		

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0104 SS= D	Personnel Files - Background Checks - NAC 449.200 Personnel files. (NRS 449.0302) 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. Inspector Comments: Based on personnel file review, document review, and interview, the facility failed to ensure 1 of 10 sampled employees met the background check requirements of Nevada Revised Statute (NRS) 449.122 to 449.125 (Employee #10). Findings include: On 05/14/2024 at 10:35 AM, the Business Office Manager was provided the Personnel Check List to complete for 10 sampled employees. On 05/14/2024, the Business Office Manager provided the completed form with the following information: Employee #10 Employee #10 was hired as Resident Care Partner with a start date of 09/06/2023. Employee #10's personnel file documented initial fingerprints taken 10/05/2023, greater than within the required 10 days. On 05/14/2024 at 1:48 PM, the Executive Director/Administrator provided the Attestation of Compliance form, signed and dated 05/14/2024, confirming the Business Office Manager had conducted a thorough review of the personnel records to determine compliance and any noncompliance found. The Executive Director verbalized attesting to the accuracy of the Personnel Checklist Form self-attestation. Severity: 2 Scope: 1	0104	5/14/2024 Recognized associate #10's fingerprints were late. 5/20/2024 Business Office Manager and Executive Director/Administrator completed audit of associate files to ensure associate fingerprints were completed on time. 5/20/2024 Moving forward associates will not start until fingerprints are completed within five days of post hire. 5/20/2024 Executive Director/Administrator will re-educate BOM on background, fingerprints, and personnel file requirements. 5/20/2024 Business Office Manager and Executive Director/Administrator will complete new hire associate audits prior to associates starting, post 5 day of hire, and ongoing audits top ensure all personnel requirements are completed on time.	05/20/2024

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0178 SS= D	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility failed to ensure a resident room's blinds were not broken. On 05/14/2024, the following rooms contained broken window blinds: - at 11:26 AM, a window in Room A3 contained bent blinds - at 11:27 AM, a window in Room A13 contained broken blinds On 05/14/2024 at 11:26 AM through 11:27 AM, the Maintenance Director confirmed the blinds were broken. Severity: 2 Scope: 1	0178	5/14/2024 Recognized that resident's blinds in A3 and A13 were damaged. 5/21/2024 Maintenance Director replaced blinds in A3 & A13 5/21/2024 Moving forward Maintenance Director and Executive Director/Administrator will be checking window blinds on a routine basis and will replace immediately if damaged or broken.	05/21/2024
0179 SS= D	Health & Sanitation - Screens - NAC 449.209 Health and sanitation. (NRS 449.0302) 6. All windows that are capable of being opened in the facility and all doors that are left open to provide ventilation for the facility must be screened to prevent the entry of insects. Inspector Comments: Based on observation and interview, the facility failed to ensure all windows capable of being opened in the facility to provide ventilation for the facility were screened to prevent the entry of insects. Findings include: On 05/14/2024, the following resident rooms lacked screens or had defective screens: - at 11:11 AM, a window in Room C8 lacked a screen - at 11:15 AM, a window in Room C11 had a screen detached from the frame - at 11:17 AM, a window in Room C1 had a screen detached from the frame - at 11:21 AM, a window in Room B15 had a screen detached from the frame On 05/14/2024 between 11:11 AM and 11:21 AM, the Maintenance Director confirmed the window screen concerns. Severity: 2 Scope: 1	0179	5/15/2024 Recognized that screens in apartments C8, C1, C11, and B15 were damaged. 5/20/2024 Maintenance Director replaced screens in C8, C1, C11, and B15. 5/20/2024 Moving forward Maintenance Director and Executive Director/Administrator will be checking screens on a routine basis and they will replace immediately if damaged or broken.	05/20/2024

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0450 SS= D	First Aid & CPR - NAC 449.231 First aid and cardiopulmonary resuscitation. (NRS 449.0302) 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training. Inspector Comments: Based on personnel file review and interview, the facility failed to ensure first aid and cardiopulmonary resuscitation (CPR) training was received within 30 days of employment for 1 of 9 sampled employees working in the facility greater than 30 days (Employee #5). Findings include: On 05/14/2024 at 10:35 AM, the Business Office Manager was provided the Personnel Check List to complete for 10 sampled employees. On 05/14/2024, the Business Office Manager provided the completed form with the following information: Employee #5 Employee #5 was hired by the facility as MedTech with a start date of 03/19/2024. Employee #5's personnel file contained a first aid and CPR certificate dated 05/16/2024, after the required 30 days. On 05/14/2024 at 1:48 PM, the Executive Director/Administrator provided the Attestation of Compliance form, signed and dated 05/14/2024, confirming the Business Office Manager had conducted a thorough review of the personnel records to determine compliance and any noncompliance found. The Executive Director verbalized attesting to the accuracy of the Personnel Checklist Form self-attestation. Severity: 2 Scope: 1	0450	5/14/2024 Recognized associate #5's CPR was late. 5/20/2024 Business Office Manager and Executive Director/Administrator completed audit of associate files to ensure associate CPR was completed on time. 5/20/2024 Moving forward all associates to be audited for compliance within day 15 of hire and ensure CPR is scheduled prior to day 30 of hire. As well as ongoing file audits. Executive Director/Administrator will re-educate BOM on CPR and personnel file requirements.	05/20/2024
0874 SS= F	Medication Administration-Report Received - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 2. Within 72 hours after the administrator of the facility receives a report submitted pursuant to paragraph (a) of subsection 1, a member of the staff of the facility shall notify the	0874	5/14/2024 Recognize that Medication reviews for residents #7, #2, #8, #13, #4, #5, #11 and #15 did not have initials that the medication reviews were reviewed and initialed by prior administrator. 5/14/2024 Prior Administrator no longer works four our company. 6/6/2024 New Executive Director/Administrator requested another Medication review/audit to be	06/06/2024

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	resident's physician, physician assistant or advanced practice registered nurse of any concerns noted by the person who submitted the report. The report must be reviewed and initialed by the administrator. Inspector Comments: Based on record review and interview, the Administrator failed to ensure a medication profile review, performed by a physician, pharmacist or registered nurse at least once every six months, was initialed by the Administrator for 8 of 15 residents residing in the facility for longer than six months (Resident #7, #2, #8, #13, #4, #5, #11, and #15). Findings include: Resident #7 Resident #7 was admitted to the facility on 04/01/22, with diagnoses including dementia, heart failure, chronic kidney disease, and chronic obstructive pulmonary disease. Resident #7's clinical record contained a medication profile review dated 02/29/2024 and 11/20/2023, however the medication profile review lacked documented evidence of the Administrator's initials. Resident #2 Resident #2 was admitted on 09/11/23 with diagnoses including diabetes mellitus, vitamin D deficiency, and malignant melanoma of the skin. Resident #2's clinical record contained a medication profile review dated 02/29/24, however the medication profile review lacked documented evidence of the Administrator's initials. Resident #8 Resident #8 was admitted on 04/10/23 with diagnoses including hypertensive urgency, gastroesophageal reflux disease, pneumonia, and type II diabetes. Resident #8's clinical record contained medication profile reviews dated 02/29/24 and 08/04/23, however, the medication reviews lacked documented evidence of the Administrator's initials. Resident #13 Resident #13 was admitted on 01/10/23 with diagnoses including benign essential hypertension, hypothyroidism, and mild intermittent asthma. Resident #13's clinical record contained medication profile reviews dated 02/29/24 and 08/04/23, however, the medication reviews lacked documented evidence of the Administrator's initials. Resident #4 Resident #4 was admitted to the facility on 01/06/23, with diagnoses		conducted so it can be reviewed and initialed. 6/06/2024 Moving forward Executive Director/Administrator will re-educate Wellness Director on medication review requirements. 6/06/2024Wellness Director will ensure medication profile reviews performed by the pharmacy every 6 months are completed and review with Administrator. Administrator to review each pharmacy review that was completed and initial them.	

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	including type II diabetes mellitus, essential hypertension and atrial fibrillation. Resident #4's medication profile reviews dated 02/29/24 and 08/04/23, lacked documented evidence of the Administrator's signature or initials. Resident #5 Resident #5 was admitted to the facility on 06/29/23, with diagnoses including essential hypertension, edema and chronic back pain. Resident #5's medication profile reviews dated 02/29/24 and 08/04/23, lacked documented evidence of the Administrator's signature or initials. Resident #11 Resident #11 was admitted to the facility on 01/13/23, with diagnoses including chronic back pain and generalized pain. Resident #11's medication profile reviews dated 02/29/24 and 08/04/23, lacked documented evidence of the Administrator's signature or initials. Resident #15 Resident #15 was admitted to the facility on 01/24/23, with diagnoses including essential hypertension, hyperlipidemia and hypothyroidism. Resident #15's medication profile reviews dated 02/29/24 and 08/04/23, lacked documented evidence of the Administrator's signature or initials. On 05/14/24 at 10:17 AM, the Director of Wellness confirmed the medication profile reviews dated 02/29/24 and 08/04/23, had not been reviewed and initialed by the Administrator due to the Administrator not having been on-site at the facility. The Director of Wellness verbalized not having been aware of the requirement of medication profile reviews being reviewed and signed off by the Administrator. Severity: 2 Scope: 3			

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0920 SS= D	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medications for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself or herself without supervision may keep the resident ' s medication in his or her room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room. Inspector Comments: Based on observation, document review, and interview, the facility failed to ensure resident medications were kept secured in the facility for 1 of 9 resident rooms with self-administering residents (Room #C4). Findings include: On 05/14/2024 at 11:00 AM, Room C4 was unoccupied, and the corridor door was not locked. A bottle of NyQuil Cold & Flu was on the bathroom counter. On 05/14/2024 at 11:00 AM, the Maintenance Director confirmed the medication was not secured and verbalized all medications should be secured. Severity: 2 Scope: 1	0920	5/14/2024 recognized that resident in apartment C4 did not have their medication secured. 5/15/2024 Wellness Director did one on one education with resident in C4 to ensure all medications are stored properly and secured. 5/15/2024 Wellness Director and Administrator completed an audit to ensure medications are properly stored and kept secure in their apartments. 5/15/2024 Moving forward Wellness Director will Continue education with residents to ensure medications are stored properly. 5/15/2024 Moving forward Wellness Director and Executive Director/Administrator will do on going random apartment audits routinely.	05/15/2024

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0965 SS= C	Alzheimer's Care - NAC 449.2754 and R043-22 Residential facility which provides care to persons with Alzheimer ' s disease: Application for endorsement; general requirements. (NRS 449.0302) 3. The administrator of such a facility shall prescribe and maintain on the premises of the facility a written statement which includes: (a) The facility's policies and procedures for providing care to its residents; Inspector Comments: Based on record review and interview, the facility Administrator failed to ensure the facility maintained complete and accurate records by creating a policy to address dangerous and toxic items in a memory care unit. Findings include: On 05/08/2024 at 10:59 AM, the facility lacked a policy addressing dangerous and toxic items in the memory care unit. On 05/08/2024 at 10:59 AM, the Administrator confirmed the facility did not have a policy addressing dangerous and toxic items. Severity: 1 Scope: 3	0965	5/14/2024 Recognized that a policy was needed and not provided. 6/10/2024 Policy was created and implemented on 6/10/2024	06/10/2024

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0999 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 and R043-22 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease or other forms of dementia who meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure toxic substances were inaccessible to residents housed in the memory care unit. Findings include: On 05/14/2024 at 9:15 AM, a material data sheet (MDS) was requested for the soap in the memory care unit. On 05/14/2024 in the afternoon, the Maintenance Director provided the MDS sheet for all soap used in the memory care unit. The MDS sheet contained the instructions, "for eyes: flush with cool water for 15 minutes. If irritation occurs and persists, see physician." and "for ingestion: call for medical advice immediately." On 05/14/2024 at 12:02 PM, the Administrator confirmed the soap would be toxic to residents housed in the memory care unit. Severity: 2 Scope: 3	0999	5/14/2024 Recognized that SDS sheet was not clear if it was toxic if ingested and had concerning instructions if ingested that it could be toxic. 5/14/2024- Maintenance Director corrected immediately during site visit, hand soap was removed and was replaced with a non-toxic option stated on SDS. Surveyor reviewed SDS for replacement soap and confirmed it was nontoxic. 5/15/2024 Received letter from manufacturer regarding the hand soap that was reviewed at site visit that was recognized as toxic on 5/14/2024; that if ingested, it would result in no adverse health effects other than mild GI Upset. (attached document) 6/12/2024 Executive Director/Administrator to re-educate Maintenance Director and other Departments on SDS sheets and Possible toxic and harmful chemicals. 5/15/2024 Moving forward Maintenance Director and Executive Director/Administrator will continue to use the hand soap that has clear nontoxic information on SDS sheet to ensure the hand soap is safe for the residents in our memory care.	05/14/2024