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 _____	**05/28/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VOLANTE OF RENO	**222 EAST PATRIOT BLVD, RENO, NEVADA ,89511**

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a State Licensure regrading resurvey and a complaint (CPT) investigation conducted at your facility on 05/28/2025. This State Licensure Survey was conducted in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for 134 Residential Facility for Group beds, which provides assisted living services for elderly or disabled persons, 57 Category I, 45 Category II (non-Alzheimer's) residents and/or persons with Alzheimer's disease, 32 Category II Alzheimer's residents. The census at the time of the survey was 108. Fourteen resident files were reviewed and nine employee files were reviewed. The facility received a grade of B. There were three complaints investigated. CPT #NV00072885 with the allegation the facility did not ensure a qualified med-tech was present during the night shift could not be substantiated due to a lack of evidence. The investigation into the allegation included: Observation of staff presence on the floor. Interviews were conducted with the Administrator and the Business Office Manager. Document review included staffing schedules for Assisted Living and the Memory Care unit, staff calling off from their shift, and resident census sheets. Policy review included Abuse, Neglect, and Exploitation and Personal Care Staff. CPT #NV00074228 with the following allegations could not be substantiated for neglect due to a lack of evidence: Allegation #1: the facility did not have a medication technician available to administer medications on several Saturday's days in April 2025. Allegation #2: the facility did not notify a resident's family member medications had not been administered. Allegation #3: the facility ordered the wrong dosage of a medication and administered the medication to a resident. The investigation	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | Name: TIMOTHY M GRAFTON | Title: Executive Director | Date: 11/13/2025

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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	into the allegations included: Observation of the resident of concern while the resident in the dining room. Interview was conducted with the Wellness Director. Reviewed the resident of concern's record to include physician medication orders, medication administration records, ultimate user agreements, and progress notes. Review the facility staff schedules from March 2025 to May 2025, and the facility policy on medication management. CPT #NV00072871 with the allegation of resident dryer vents not venting to the outside of the building was substantiated (See tag Y220). 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:			
0074 SS= F	Elder Abuse Training - NRS 449.093 Training to recognize and prevent abuse of older persons: Persons required to receive; frequency; topics; costs; actions for failure to complete. 1. An applicant for a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before a license to operate such a facility, agency or home is issued to the applicant. If an applicant has completed such training within the year preceding the date of the application for a license and the application includes evidence of the training, the applicant shall be deemed to have complied with the requirements of this subsection. 2. A licensee who holds a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day,	0074	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 3FIT13.	05/28/2025

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	residential facility for groups or home for individual residential care must annually receive training to recognize and prevent the abuse of older persons before the license to operate such a facility, agency or home may be renewed. 3. If an applicant or licensee who is required by this section to obtain training is not a natural person, the person in charge of the facility, agency or home must receive the training required by this section. 4. An administrator or other person in charge of a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the facility, agency or home provides care to a person and annually thereafter. 5. An employee who will provide care to a person in a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the employee provides care to a person in the facility, agency or home and annually thereafter. 6. The topics of instruction that must be included in the training required by this section must include, without limitation: (a) Recognizing the abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; (b) Responding to reports of the alleged abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; and (c) Instruction concerning the federal, state and local laws, and any changes to those laws, relating to: (1) The abuse of older persons; and (2) Facilities for intermediate care, facilities for skilled nursing, agencies to provide personal care services in the home, facilities for the care			

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	of adults during the day, residential facilities for groups or homes for individual residential care, as applicable for the person receiving the training. 7. The facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care is responsible for the costs related to the training required by this section. 8. The administrator of a facility for intermediate care, facility for skilled nursing or residential facility for groups who is licensed pursuant to chapter 654 of NRS shall ensure that each employee of the facility who provides care to residents has obtained the training required by this section. If an administrator or employee of a facility or home does not obtain the training required by this section, the Division shall notify the Board of Examiners for Long-Term Care Administrators that the administrator is in violation of this section. 9. The holder of a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care shall ensure that each person who is required to comply with the requirements for training pursuant to this section complies with such requirements. The Division may, for any violation of this section, take disciplinary action against a facility, agency or home pursuant to NRS 449.160 and 449.163.			
0088 SS= C	Staffing Schedule - NAC 449.199 Staffing requirements 4. The administrator of a residential facility shall maintain monthly a written schedule that includes the number and type of members of the staff of the facility assigned for each shift. The schedule must be amended if any changes are made to the schedule. The schedule must be retained for at least 6 months after the schedule expires.	0088	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 3FIT13.	05/28/2025

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0174 SS= F	Health& Sanitation-odors-hazards-insects-dirt - NAC 449.209 Health and sanitation. (NRS 449.0302) 4. To the extent practicable, the premises of the facility must be kept free from: (a) Offensive odors; (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility; (c) Insects and rodents; and (d) Accumulations of dirt, garbage and other refuse. Inspector Comments: Based on observation and interview, the facility failed to ensure the premises were free from safety hazards. Findings include: On 05/28/2025 at 9:10 AM, the carpet in the first floor east TV lounge was torn exposing the under-flooring. The corridor adjacent to the TV lounge had multiple carpet patches with unraveling at the seams creating a trip hazard. The same trip hazard issues were observed with the carpet on the second floor corridors. On 05/28/2022 at 9:20 AM, the Maintenance Director verbalized the carpets had been in a condition of disrepair since at least September of 2024 when beginning work and at the facility, and Corporate had not released funds to replace the carpet. At 9:28 AM, the Executive Director verbalized submitting bids to Corporate for carpet replacement and had not received authorization to begin the replacement project. Severity : 2 Scope : 3	0174	1) Carpet replacement bids collected with approval of replacing damaged areas with vinyl flooring. 2) Annual inspection and Capital expenditures are noted and planned 3) Monthly and Annual facility inspection to ensure walkways are free of damage and potential trip issues 4) Executive Director or General Manager will ensure steps are taken in advance of issues 5) 11/10/2025	11/10/2025
0220 SS= F	Laundry & Linen Services Provided - NAC 449.213 Laundry and linen services. (NRS 449.0302) 1. A residential facility shall: (a) Provide laundry and linen services on the premises of the facility; or (b) Contract with a commercial laundry for the provision of those services. 2. A residential facility that provides its own laundry and linen services shall have accommodations which are adequate for the proper and sanitary washing and finishing of linen and other washable goods. 3. The laundry room in a residential facility must be situated in an	0220	1) Dryer vent hose re-clamped with new screw on clamps to ensure stabilization if dryer is moved. Completed 5/28/25 2) Dryer hose checks will be added to daily housekeeping checklist. 3) Housekeepers will observe the dryer vents daily and maintenance director will review weekly. 4) Maintenance Director 5) 5/28/2025	05/28/2025

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	area which is separate from an area where food is stored, prepared or served. The laundry must be adequate in size for the needs of the facility and maintained in a sanitary manner. The laundry room must contain at least one washer and at least one dryer. All the equipment must be kept in good repair. All dryers must be ventilated to outside the building. If a washer or dryer is located outside the residential facility, the washer or dryer must be in a room or enclosure. Inspector Comments: Based on observation interview and document review, the facility failed to ensure 1 of 9 dryers was ventilated to the outside of the building and the laundry rooms were free of lint and debris on the floor, on the surfaces in the rooms, and behind the dryers. Findings include: On 05/28/2025 the facility had two floors that housed residents with both floors having one laundry room. Each laundry room which was equipped with five washing machines and five dryers. At 8:58 AM, the laundry room located on the first floor had a layer of lint lining the walls behind the dryers and there were balls of lint accumulated on the floor behind the dryers. The flexible dryer vent hose was only partially connected to the first dryer, allowing the the dryer air to vent into the room, and only partially ventilate to the outside of the building. One of the five dryers was disconnected and out of service with lint accumulated on the floor and wall around it. At 9:38 AM, the second floor laundry room had a layer of lint lining the walls behind the five dryers and there were balls of lint accumulated on the floor behind the five dryers. On 05/28/2025 at 9:20 AM, the Maintenance Director confirmed the first floor laundry room dryer was not properly ventilated to the outside of the building and the lint buildup on the floor and wall behind the dryers. At 9:30 AM, the Executive Director confirmed the first floor laundry room dryer was not properly ventilated to the outside of the building and			

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	the lint buildup on the floor and wall behind the dryers. At 12:07 PM, the Maintenance Director confirmed the lint accumulation behind the dryers of the second floor dryers. The facility policy titled, "Laundry Policy," dated 04/14/2023 documented an "Enhanced Cleaning Program" which included weekly cleaning of offices and service areas within the building. Severity: 2 Scope: 3			
0450 SS= F	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.	0450	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 3FIT13.	05/28/2025

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0520 SS= D	Supervision and Treatment of Residents - NAC 449.259 and R043-22 Supervision and treatment of residents generally. (NRS 449.0302) 2. A person-centered service plan developed pursuant to this section must include, without limitation: (a) Provisions concerning activities of daily living, medication management, cognitive safety, assistive devices, special needs, social and recreational needs and involvement of ancillary services; (b) Protective supervision as necessary for the resident; (c) The manner in which all caregivers will be informed of the required supervision of the resident; (d) The manner in which the facility will ensure that the resident has the opportunity to attend the religious service of his or her choice and participate in personal and private pastoral counseling; (e) Permission for the resident to rest in his or her room at any time; (f) Permission for the resident to enter or leave the facility at any time if the resident: (1) Is physically and mentally capable of leaving the facility; and (2) Complies with the rules established by the administrator of the facility for leaving the facility; (g) Laundry services for the resident unless the resident elects in writing to make other arrangements; (h) The manner in which the facility will ensure that the resident's clothes are clean, comfortable and presentable; (i) A requirement that the facility must inform the resident or his or her representative of the actions that the resident should take to protect the resident's valuables; (j) A written program of activities for the resident that includes scheduled and unscheduled activities that are suited to his or her interests and capacities;	0520	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 3FIT13.	05/28/2025

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0859 SS= D	Medical Care of Resident After Illness - NAC 449.274 and R043-22 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. (NRS 449.0302) 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by a qualified provider of health care in accordance with NRS 449.1845. The resident must be cared for pursuant to any instructions provided by the qualified provider of health care.	0859	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 3FIT13.	05/28/2025
0874 SS= D	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 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.	0874	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 3FIT13.	05/28/2025
0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician , physician assistant or advanced practice registered nurse has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician, physician assistant or advanced practice registered nurse. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician,	0878	1) Missing orders and medication obtained and given as directed. Full medication audit and cart review completed 5/29/25. 2) Weekly audit of medications and daily review of medication administration records reviewed by each shift. 3) Wellness director to provide weekly spot audits of med carts to ensure orders and meds are verified. 4) Medication Technicians and Wellness Director. 5) 6/13/2025	06/13/2025

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	physician assistant or advanced practice registered nurse. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician, physician assistant or advanced practice registered nurse must be administered as prescribed by the physician, physician assistant or advanced practice registered nurse. If a physician, physician assistant or advanced practice registered nurse orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician, physician assistant or advanced practice registered nurse must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, physician assistant or advanced practice registered nurse, a physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. Inspector Comments: Based on observation, clinical record review, and interview, the facility failed to ensure 1) medications were on-site to administer as prescribed for 3 of 15 residents (Resident #8, #6, and #12), 2) lacked a physician's order for medications to be administered 1			

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	of 15 sampled residents (Resident #7) and 3) a medication had an order change sticker affixed to the label when a new order was received for 1 of 15 sampled residents (Resident #13). Findings include: Medications On-Site Resident #8 Resident #8 was admitted to the facility on 08/28/2024, with diagnoses including hypertension, osteoarthritis, and generalized anxiety disorder. A physician's order dated 07/15/2024, documented Acetaminophen 500 milligrams (mg) caplet, take one tablet by mouth every six hours as needed for pain. Resident #8's May 2025 Medication Administration Record (MAR) documented Acetaminophen 500 milligrams (mg) caplet, take one tablet by mouth every six hours as needed for pain. On 05/28/2025 at 1:57 PM, Resident #8's Acetaminophen was not on-site and available to administer to the resident. On 05/28/2025 at 2:01 PM, the Medication Technician confirmed Resident #8's Acetaminophen was not on-site and available to administer to the resident. Resident #6 Resident #6 was admitted to the facility on 05/16/2024, with a diagnosis of memory impairment. A physician's order dated 03/06/2025, documented Melatonin 3 mg tablet, take one tablet by mouth at bedtime as needed for insomnia. Resident #6's May 2025 MAR documented Melatonin 3 mg tablet, take one tablet by mouth at bedtime as needed for insomnia. On 05/28/2025 at 2:22 PM, Resident #6's Melatonin was not on-site and available to administer to the resident. On 05/28/2025 at 2:24 PM, the Medication Technician confirmed Resident #6's Melatonin was not on-site and available to administer to the resident. Resident #12 Resident #12 was admitted to the facility on 11/27/2024, with diagnoses including depression, hypertension, and chronic kidney disease. A physician's order dated 04/22/2025, documented Remedy Antifungal 2% topical powder, apply quarter sized amount to groin area for rash. A physician's order dated			

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	11/27/2024, documented Timolol Maleate 0.5% eye drops, apply one drop to both eyes daily. Resident #12's May 2025 MAR documented Remedy Antifungal 2% topical powder, apply quarter sized amount to groin area for rash and Timolol Maleate 0.5% eye drops, apply one drop to both eyes daily. On 05/28/2025 at 1:46 PM, Resident #12's Remedy Antifungal powder and Timolol eye drops were not on-site and available to administer to the resident. On 05/28/2025 at 1:48 PM, the Medication Technician confirmed Resident #12's Remedy Antifungal powder and Timolol eye drops were not on-site and available to administer to the resident. Physician's Order Resident #7 Resident #7 was admitted to the facility on 04/28/205, with a diagnosis of paroxysmal atrial fibrillation. The following medications were on the medication cart with the rest of Resident #8's medication. -Benzonatate 200 mg capsule, give one capsule by mouth every eight hours as needed for cough. -Oxybutynin Chloride 5 mg tablet, give one tablet by mouth three times a day for bladder spasms. On 05/28/2025 at 2:12 PM, the Medication Technician confirmed Benzonatate and Oxybutynin medications were not on the MAR, and lacked a physician's order. Change Order Sticker Resident #13 Resident #13 was admitted to the facility on 03/14/2022, with a diagnosis of cerebral atherosclerosis. On 05/28/2025 at 3:12 PM, during a review of medications for Resident #13, the resident's Acetaminophen 500 mg tablet documented take one tablet by mouth twice a day. Resident #13's Medication Administration Record (MAR) dated May 2025, and a physician's order dated 02/21/2025, documented Acetaminophen 500 mg tablet, take one tablet by mouth daily at 6:00 PM. On 05/28/2025 at 3:15 PM, the Medication Technician confirmed the label on Resident #13's Acetaminophen was not the same as the physician's order and verbalized the container should have an order change sticker affixed to the label.			

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	Severity: 2 Scope: 1			
0895 SS= D	Administration of Medication Maintenance - NAC 449.2744 and R043-22 Administration of medication: Maintenance and contents of logs and records. (NRS 449.0302) 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician, physician assistant or advanced practice registered nurse, including, without limitation, whether the medication is to be administered according to a routine schedule or as needed; (5) Any change in an order or prescription of a resident ' s physician, physician assistant or advanced practice registered nurse,including, without limitation, the discontinuation of the medication; (6) Any time when the resident is out of the facility; and (7) Any mistakes made in the administration of medication. Inspector Comments: Based on observation, record review, and interview the facility failed to ensure the Medication Administration Record (MAR) was accurate for 1 of 15 sampled residents (Resident #6). Findings include: Resident #6 Resident #6 was admitted to the facility on 05/16/2024, with a diagnosis of memory impairment. On 05/28/2025 at 2:22 PM, during a review of Resident #6's medications and in the presence of the Medication Technician, a supply of Acetaminophen and Levothyroxine was found. The label on the containers indicated; -Acetaminophen 500 milligram (mg) tablet, take two tablets by mouth every eight hours as needed for	0895	1) Missing orders and medication obtained and given as directed. Full medication audit and cart review completed 5/29/25. 2) Weekly audit of medications and daily review of medication administration records reviewed by each shift. Review and new medication and new orders completed by Wellness Director or Resident Care Coordinator upon move in. 3) Wellness director to provide weekly spot audits of med carts to ensure orders and meds are verified. 4) Medication Technicians and Wellness Director. 5) 6/13/2025	06/13/2025

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	pain. -Levothyroxine 112 mg tablet, take one tablet by mouth daily Resident #6's MAR lacked documentation of Acetaminophen 500 mg tablets. The MAR lacked the dose of Acetaminophen Resident #6 was to receive. Resident #6's MAR lacked documentation of Levothyroxine 112 mg tablets. The MAR lacked the dose of the Levothyroxine Resident #6 was to receive. Physicians order dated 5/13/2025 documented the following; -Acetaminophen 500 mg tablet, take two tablets by mouth every eight hours as needed for pain. -Levothyroxine 112 mg tablet, take one tablet by mouth daily On 05/28/2025 at 2:25 PM, the Medication Technician acknowledged Acetaminophen and Levothyroxine medications and confirmed Resident #6's MAR did not include the intended dose of both medications contained in the tablets. Severity: 2 Scope: 1			

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0905 SS= D	Administration of Medication Restrictions - NAC 449.2746 Administration of medication: Restrictions concerning medication taken as needed by resident; written records. (NRS 449.0302) 1. A caregiver employed by a residential facility shall not assist a resident in the administration of a medication that is taken as needed unless: (a) The resident is able to determine his or her need for the medication; (b) The determination of the resident ' s need for the medication is made by a medical professional qualified to make that determination; or (c) The caregiver has received written instructions indicating the specific symptoms for which the medication is to be given, the exact amount of medication that may be given and the frequency with which the medication may be given. Inspector Comments: Based on observation, record review, and interview, the facility failed to clarify 1 of 15 residents written instructions requiring assessment indicating when to hold a medication based on heart rate (Resident #7). Findings include: Resident #7 Resident #7 was admitted on 04/28/2025, with a diagnosis of paroxysmal atrial fibrillation. A physician's order dated 05/20/2025, and Resident #7's medication bottle documented the following medication: -Flecainide Acetate 100 milligram (mg) tablet, take one tablet by mouth twice daily, hold if pulse is less then 60. Resident #7's prescribed medications were not clarified and required the Caregiver to make an assessment for when to hold Resident #7's medications based on heart rate. On 05/28/2025 at 2:12 PM, the Medication Technician reported the physician's order was not clarified and acknowledged the medication required an assessment for heart rate. Severity: 2 Scope: 1	0905	1) Orders were corrected to ensure no assessment directions given in orders from physicians. Medication clarified by physician 6/4/2025. 2) Weekly audit of medications orders to match MAR and medication on hand. Daily review of medication administration records reviewed by each medication technician shift for completeness and accuracy. 3) Wellness director to provide weekly spot audits of med carts to ensure orders and meds are verified. Medication orders verified for appropriateness upon move in by Wellness Director. 4) Medication Technicians and Wellness Director. 5) 6/13/2025	06/13/2025
0920 SS= D	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge,	0920	1) Medications were properly stored in locked storage. resident reminded and	05/28/2025

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	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, interview, and document review, the facility failed to ensure medications in a resident room was safely stored in a locked area and inaccessible to other residents or visitors for 1 of 6 resident rooms (Room #253) Findings include: On 05/28/2025, the following resident rooms contained unsecured medications: Room 253 - at 11:50 AM, both of the two occupying residents were present in the room. The room was occupied by spouses. One spouse was approved to self-administer medications, and the other spouse was not approved to self-administer medications. The non-approved to self administer medications spouse was present and was not interactive at the time. The approved spouse showed his medications (Metoprolol, Prazosin, Meloxicam, Atorvastatin, Memantine, Tylenol, low dose Aspirin) in an unlocked dresser drawer in the bedroom and verbalized always locking the door when out of the room. On		family notified to ensure all medications are kept in locked storage as stated in the resident handbook. 2) Reminders given to residents through memo as well as monthly Town Hall meetings. 3) Caregivers will spot check resident apartments to ensure medications are locked. 4) Wellness Director 5) 5/28/2025	

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	05/28/2025 at 11:55 AM, the Maintenance Director confirmed the medications were not secured. Severity: 2 Scope: 1			
0923 SS= D	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician; and (b) Kept in its original container until it is administered.	0923	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 3FIT13.	05/28/2025
0966 SS= F	Alzheimer's Care - NAC 449.2754 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: (b) Evidence that the facility has established interaction groups within the facility which consist of not more than six residents for each caregiver during those hours when the residents are awake;	0966	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 3FIT13.	05/28/2025
1540 SS= D	Cultural Competency Training - R004-24 Cultural competency training for agent or employee who provides care to patient or resident. (NRS 449.0302, 449.103) 1. Except as otherwise provided in NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176, a facility shall provide cultural competency training through an approved course or program to an agent or employee described in subsection 2 of NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176: (a) Within 90 days after contracting with or hiring the agent or employee; (b) At least biennially thereafter. Such biennial training must consist of at least 2 hours of instruction each biennium. 2. The facility may provide the training	1540	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 3FIT13.	05/28/2025

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	required by subsection 1 over several instructional periods or during a single instructional period so long as the agent or employee: (a) Completes the hours of cultural competency training required by subsection 1 and the entire contents of the course or program; and (b) Receives a certificate of completion on or before the date on which subsection 1 requires the agent or employee to complete the cultural competency training. 3. Except as otherwise provided in subsection 4, the facility shall keep documentation in the personnel file of an agent or employee of the facility or a record of an agent or employee in the relevant electronic system of the facility proof of the completion of the cultural competency training required pursuant to NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176. 4. If an agent or employee of a facility is exempt from the requirement to complete cultural competency training pursuant to subsection 3 of NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176, the facility shall maintain proof in the personnel file of the agent or employee or a record of the agent or employee in the relevant electronic system of the facility that the agent or employee holds a valid professional license, registration or certificate, as applicable, for which the continuing education described in subsection 3 of NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176, is required for renewal.			
1700 SS= D	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 to conduct certain examinations and assessments; placement based on assessment. 1. The administrator of a residential facility for groups shall: (a)	1700	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 3FIT13.	05/28/2025

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	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 ascribed to it in NRS 629.031. (Added to NRS by 2019, 2594)			