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 _____	**06/04/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEARWATER AT RANCHARRAH	**5255 KIETZKE LANE, RENO, NEVADA ,89511**

(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
0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility on 06/04/2025, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for 142 residential facility for group beds with 104 beds for elderly or disabled persons and provide assisted living services, Category II residents; and 38 beds for persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 118. Three personnel files were reviewed. The facility received a grade of A. One complaint was investigated. Complaint #NV00074379 with the following allegations could not be substantiated due to lack of sufficient evidence: Allegation #1: The facility failed to maintain a safe and comfortable temperature for residents. Allegation #2: Activities were not provided to residents. Allegation #3: Resident's clothes were taken to wash and not returned. Allegation #4: Medication Technicians were unaware of the medications a resident was administered. Investigation into the allegations included: Observation of ambient temperature throughout the facility. Interviews were conducted with the Maintenance Director, the Executive Director, three residents, and a resident's spouse. Record review of personnel files. 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 investigations, 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		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: APOLINARIO GOZON Title: Executive Director Date: 06/24/2025

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.

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 _____	**06/04/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLEARWATER AT RANCHARRAH	**5255 KIETZKE LANE, RENO, NEVADA ,89511**

(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
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 an employee had current first aid and cardiopulmonary resuscitation (CPR) training 1 of 3 sampled employees working in the facility greater than 30 days (Employee #4). Findings include: Employee #4 Employee #4 was hired by the facility as Medication Technician with a start date of 03/31/2021. Employee #4's personnel file contained a Basic Life Safety CPR certificate dated 01/04/2023; however, lacked documented evidence of first aid training. On 06/04/2025 at 10:55 AM, the Executive Director confirmed the certification did not include the required first aid and the CPR was expired. Severity: 2 Scope: 1	0450	TAG 0450 - Plan of Correction 1) Corrective Action Taken for Affected employee. a. Employee #4 completed CPR Training (see Exhibit 1), she was unwilling to make time to complete the required First Aid Training. Employee #4 Terminated and is no longer employed at Clearwater at Rancharrah. 2) Preventive Measures to mitigate Recurrence. a) Executive Dir. and/or Designee will Audit employee files. All current employees without a valid CPR and First Aid will be required to complete both trainings by July 15, 2025. b) ED and/or designee will require new hires to obtain CPR/First Aid certifications within the first 30 days of employment. c) The ED or designee will implement a centralized tracking and filing system to monitor expiration dates. d) Plan of Correction will be completed by July 15, 2025.	06/24/2025