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 _____	**07/30/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIGHLAND MANOR OF FALLON ASSISTED LIVING LLC	**550 NORTH SHERMAN ST., FALLON, NEVADA ,89406**

(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 State Licensure grading resurvey and complaint investigation conducted at your facility on 07/30/2024. This survey was conducted by the Division of Public and Behavioral Health in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 37 Residential Facility for Group beds for elderly or disabled persons which provides assisted living services, Category II residents. The census at the time of the survey was 29. Seven resident files were reviewed and six employee files were reviewed. The facility received a grade of A. There was one complaint investigated. Complaint #NV00070345 with the following allegation was substantiated (See Tag Y050). Allegation #1: The facility failed to provide a working phone and voicemail system to accommodate reasonable communication to staff and residents within the facility. The following allegation could not be substantiated due to a lack of evidence. Allegation #2: The facility failed to provide quality of care for a resident within the facility. The investigation into the allegations included: Observation of medication administration, staff to resident interaction, resident physical abilities, and obstacles that may prohibit free movement for residents. Interviews were conducted with front desk staff, the Administrator and a Registered Nurse. Document review to include Medication Administration Records, physician orders, history and physicals, incident reports, hospital discharge summaries, resident Care Plan's, and physician placement determinations. 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	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: HEATHER DEITRICK Title: Administrator Date: 09/19/2024

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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	relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiency was identified:			

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0050 SS= F	Administrator's Responsibilities - Oversight - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.27706, inclusive, and chapter 449 of NRS. Inspector Comments: Based on observation, document review, clinical record review and interview, the Administrator failed to provide oversight and direction for the employees to provide the necessary needed services and protective supervision. Findings include: On 07/30/2024 at 10:30 AM, a Surveyor called the facility to test the phone line. No staff member within the facility answered the phone call, and no voicemail system was in place. On 07/30/2024 at 11:01 AM, a Surveyor called the facility to test the phone line. No staff member within the facility answered the phone call, and no voicemail system was in place. On 07/30/2024 at 11:07 AM, the Resident Assistant verbalized the facility phone system was down, and a technician was scheduled to fix the phone system this week. The Resident Assistant acknowledged there was no voicemail system in place for the facility, and in the case of an emergency, not having a properly working phone system could be dangerous for residents. On 07/30/2024 at 11:15 AM, the Administrator verbalized the facility has never had a working voicemail system for the facility phone line. The Administrator stated staff was expected to pick up the phone when it rang. If the phone line was not answered, there was no ability for a message to be left. The Administrator acknowledged in the case of an emergency, it could pose a risk to resident safety. Severity: 2 Scope: 3 Complaint #NV00070345	0050	1) How will you correct the specific finding (s) stated in the Statement of Deficiencies? Facility to contact NEXTGI to address the issues with the phone system in assisted living. 2) What measures or systematic changes will be put into place to ensure deficient practice does not recur. Facility to use NEXTGI for ant future issues with telephone system. 3) How the corrective action(s) will be monitored to ensure the deficient practice will not recur? Facility to utilize NEXTGI for telephone service. 4) The title of the person(s) responsible for ensuring the plan of correction is implemented. The administrator is responsible. 5) The date the corrective action will be completed. 09/18/2024	09/18/2024

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0102 SS= D	Personnel File - TB Screening - NAC 449.200 Personnel files. 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: (d) The health certificates required pursuant to chapter 441A of NAC for the employee;	0102	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 1T6511.	07/30/2024
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.	0104	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 1T6511.	07/30/2024
0250 SS= D	Kitchens- Equipment Works; Clean And Sanitary - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition.	0250	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 1T6511.	07/30/2024
0252 SS= D	Storage of Food - Adequate Storage; Packaging - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 3. Sufficient storage must be available for all food and equipment used for cooking and storing food. Food that is stored must be appropriately packaged.	0252	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 1T6511.	07/30/2024

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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 1 of 6 sampled employees had current Cardiopulmonary Resuscitation (CPR) and first aid training and certification (Employee #1). Findings include: Employee #1 Employee #1 was hired as the Administrator with a start date of 08/14/2007. Employee #1's personnel file documented CPR and fist aid training dated 05/17/2022, with an expiration on 05/31/2024. Employee #1's personnel file lacked documented evidence of current CPR and first aid certification. On 07/30/2024 at 1:06 PM, the Administrator confirmed the Administrator was not currently certified in CPR and first aid. Severity: 2 Scope: 1	0450	1) How will you correct the specific finding (s) stated in the Statement of Deficiencies? Employee #1 will be CPR/First Aide certified by 8/26/2024. 2) What measures or systematic change(s) will be put into place to ensure the deficient practice does not recur? Administrator and/or Resident Service Director will monitor mandated training(s) by utilizing a compliance worksheet to track training due dates. 3) How the corrective action(s) will be monitored to ensure the deficient practice will not recur. Training compliance worksheet will be used to monitor staff training. 4) The title of person(s) responsible for ensuring the plan of correction is implemented. Administrator and/or Resident Service Director. 5) The date the corrective action will be completed. 9/18/2024	09/18/2024

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0870 SS= D	Medication Administration-Accuracy & Report - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility. (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a).	0870	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 1T6511.	07/30/2024
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, physician assistant or advanced practice registered nurse. The administration of over-the-counter medications and dietary	0878	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 1T6511.	07/30/2024

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	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.			

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0920 SS= F	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.	0920	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 1T6511.	07/30/2024
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) 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	1700	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 1T6511.	07/30/2024

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	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)			
1810 SS= F	Infection Control Program - Infection Control Program LCB File No. R048-22 Sec. 5 1. A facility for the dependent shall: (a) Develop and carry out an infection control program to prevent and control infections within the facility; (b) Review the infection control program, including, without limitation, the infection control policy adopted pursuant to subsection 2, at least annually to ensure that the program meets current evidence-based standards for infection control plans and the safety needs of residents, staff and visitors;	1810	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 1T6511.	07/30/2024

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1825 SS= F	I C Program Responsible Person and Designee - IC Program Responsible Person and Designee LCB File No. R048-22 Sec. 5 3. The program to prevent and control infections within the facility for the dependent developed pursuant to paragraph (a) of subsection 1 must provide for the designation of: (a) A primary person who is responsible for infection control; and (b) A secondary person who is responsible for infection control when the primary person is absent to ensure that someone is responsible for infection control at all times.	1825	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 1T6511.	07/30/2024
1830 SS= F	Infection Control Required Training - Infection Control Required Training LCB File No. R048-22 Sec. 5 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training.	1830	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 1T6511.	07/30/2024