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 _____	**07/24/2020**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLE VALLEY CARE CENTRE	**1807 E LONG STREET, CARSON CITY, NEVADA ,89701**

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a mandatory regrading and complaint investigation, State Licensure survey initiated at your facility on 06/17/20 and completed on 07/24/20. This State Licensure Survey was conducted in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 38 Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was 28. The sample size was 12. Your facility has received a D grade for this inspection. 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. There were 15 complaint investigations conducted on survey. Complaint #NV00060282 with the following allegations could not be substantiated because the staff interviews did not support the allegations: Allegation #1: A teenager was working under the table at this facility. Allegation #2: A teenager was not known to have appropriate background check or skills to work with residents. Allegation #3: Teenager worked directly with residents on weekends. Allegation #4: Teenager was scheduled to work weekends only due to state agency investigation/survey scheduled being Monday through Friday. The investigation	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: AFRODESIA LOPOZ Title: Administrator Date: 11/04/2020

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 complaint allegations included the following: Observation of residents, resident rooms and staff. Interviews were conducted with the facility Designee, the Cook and a Caregiver. Complaint #NV00060338 with the following allegations could not be substantiated because the resident of concern and facility Designee interviews did not support the allegations: Allegation #1: A caregiver ignored call lights, leaving residents soaked. Allegation #2: A caregiver ignored a resident's request to use the restroom and went outside to smoke. Allegation #3: A caregiver put a resident to bed without changing the resident's brief, every time the caregiver worked. Allegation #3: A caregiver came to work under the influence of drugs. Allegation#4: A caregiver stole stuff from the residents. The investigation into the complaint allegations included the following: Observation of residents, resident rooms and staff. Interviews were conducted with the Resident of Concern and the facility Designee. Review of Resident of Concern's record, including Activities of Daily Living, diagnoses, history and physical, nursing notes, hospice agency notes and incident reports for the period of 01/01/20 to 07/08/20. Complaint #NV00060905 with the following allegations could not be substantiated because a review of resident diagnoses for admissions to the facility, commencing March 2020 through June 2020, during the COVID-19 pandemic period did not support the allegations: Allegation #1: The facility was admitting residents during the COVID-19 pandemic. Allegation #2: A resident was admitted during the COVID-19 pandemic with a diagnosis of respiratory distress. Allegation #3: A resident was admitted during the COVID-19 pandemic with a diagnosis of pneumonia. Allegation #4: A resident was admitted to the facility without the right documents. The investigation into the complaint allegations included the following: Observation of residents, resident rooms			

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	and staff. Interviews were conducted with the facility Designee. Review of Resident records, including Activities of Daily Living, diagnoses, history and physical, nursing notes, and admission paperwork. Complaint #NV00061031 was substantiated. The allegation the facility was currently accepting new hires without any requirements such as Tuberculosis (TB) testing, cardiopulmonary resuscitation (CPR) certification and background checks was substantiated (See Tags Y0074, Y0102, Y0104, Y0106 and Y0450). The following allegations could not be substantiated: Allegation #1: The facility was not following the order of the Governor in regards to social distancing. Allegation #2: The facility allowed visitors during the COVID-19 pandemic. Allegation #3: The administrator allowed a gathering of seven people without facemasks. Allegation #4: A visitor came to the facility often during the COVID-19 pandemic, with a dry cough and without a face mask. The investigation into the complaint allegations included the following: Observation of residents, resident rooms and staff. Interviews were conducted with the facility Designee. Review of employee personnel files, including hire date, job title, Elder Abuse Prevention training, CPR/first aid training and certification, TB testing, caregiver training and Nevada Automated Background Check System (NABS) Notification Clearance Letter. Complaint #NV00060333 with the following allegations could not be substantiated because resident was not available to interview and there was no evidence the allegations occurred. Allegation #1: A resident was having visitors sleep in their bed and on the floor. Allegation #2: A resident was admitted with a catheter and tube feeding. Allegation #3: There were eight dead weight heavy residents admitted. Allegation #4: A resident was admitted with dementia. The investigation into the complaint allegations include the following: Observation of			

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	residents, resident rooms, and staff. Interviews were conducted with three residents and the facility Designee. Resident Records to include Activities of Daily Living, diagnoses, Placement Determination form, staffing schedules, history and physicals, admissions paperwork and nursing notes. Complaint #NV00060370 with the following allegations could not be substantiated because the investigation did not conclude the allegations occurred. Allegation #1: The facility admitted a resident with an open wound from the removal of a colonoscopy tube. Allegation #2: The facility admitted residents with dementia and without an evaluation. The investigation into the complaint allegations include the following: Observation of residents, resident rooms, and staff. Interviews were conducted with the facility Designee. Resident Records to include Activities of Daily Living, diagnoses, Placement Determination form, history and physicals, admissions paperwork and nursing notes. Complaint #NV00060290 with the following allegations was substantiated (See Tag Y0515). Allegation #1: A resident eloped. Allegation #2: The facility staff did not recognize a resident eloped until the sheriff's department returned the resident to the facility. Allegation #3: The resident continued to have exit seeking behaviors for four months. The following allegation could not be substantiated: Allegation #4: The facility failed to obtain a physician evaluation in a timely manner after the elopement. The investigation into the complaint allegations include the following: Observation of residents, resident rooms, facility environment and staff. Interviews were conducted with five residents and the facility Designee. Resident Records to include Activities of Daily Living, diagnoses, Placement Determination form, staffing schedules, history and physicals, admissions paperwork, incident reports and nursing notes. Complaint #NV00060539			

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	with the following allegation could not be substantiated because there was no evidence to support the allegation. Allegation #1: A resident was too heavy for the caregivers to provide care without hurting themselves. The investigation into the complaint allegations include the following: Observation of residents, resident rooms, and staff. Interviews were conducted with three caregivers, the resident of concern and the facility Designee. Resident Records to include Activities of Daily Living, diagnoses, incident reports, and nursing notes. Complaint #NV00060576 with the following allegation could not be substantiated because there was no evidence to support the allegation. Allegation #1: A resident with dementia has run away from the facility two to three times. The investigation into the complaint allegations include the following: Observation of residents, resident rooms, and staff. Interviews were conducted with two caregivers and the facility Designee. Resident Records to include Activities of Daily Living, diagnoses, Placement Determination form, staffing schedules, history and physicals, admissions paperwork, incident reports and nursing notes. Complaint #NV00060283 with the following allegations was substantiated. The allegation a resident eloped and was not provided the proper level of care was substantiated (See Tag Y0810). The following allegations could not be substantiated based on record review, interviews with staff and clinical record review.: Allegation #1: A resident fell during the night and was transferred to the hospital with hypothermia. Allegation #2: The resident was not supervised throughout the night, resulting in the resident being left alone on the floor after a fall. The investigation into the complaint allegations included the following: Observation of the facility grounds, resident rooms, call light placement, and response of the staff to resident calls. Interviews with residents,			

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	staff, and the facility Supervisor. Document reviews included resident files, facility incident reports, and the clinical hospital record for the resident of concern. Complaint #NV00060284 with the following allegations could not be substantiated based on interviews with staff, observations of staff and residents, facility documentation, review of the clinical hospital record documentation, observation of the facility, touring of rooms and inspection of bedding and furniture, facility document review including pest control contract, documentation, and receipts Allegation #1: A resident fell and was hospitalized with a stitched wound over the right eye, a black right eye with eye swollen shut, less severe bruising at left eye and bruising around recipients neck. Allegation #2: Suspicion of abuse at the facility. Allegation #3: The facility had bedbugs. The investigation into the complaint allegations included the following: Observation of the facility grounds, resident rooms, call light placement, and response of the staff to resident calls. Interviews with residents, staff, and the facility Supervisor. Document reviews included resident files, facility incident reports, pest control contracts, receipts, and the clinical hospital record for the resident of concern. Complaint #NV0006452 with the following allegations could not be substantiated based on interviews, facility document review, clinical record review, and review of the Centers for Disease Control guidelines for hepatitis A: Allegation #1: A resident was admitted with a diagnosis of hepatitis A to the facility unable to provide the proper level of care. Allegation #2: A resident was admitted to the facility with a diagnosis of influenza A, even though it was very contagious. The investigation into the complaint allegations included the following: Observation of the residents and staff. Interviews with residents, staff, and the facility Supervisor. Document reviews included resident files, the clinical hospital record for the resident			

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	of concern, and review of the Centers for Disease Control guidelines for influenza A and hepatitis A. Complaint #NV00060716 with the following allegations could not be substantiated based on observations, interviews, facility document review, clinical record reviews, facility incident reports, and Serious Occurrence Report notifications. .: Allegation #1: The resident fell out of bed and hit their head. Allegation #2: A resident fell out of bed and it took the staff almost an hour before they noticed. Allegation #3: A resident passed away due to internal bleeding as a result of neglect from the facility. Allegation #4 Management was requested to investigate the fall of a resident, however they did not conduct the investigation. The investigation into the complaint allegations included the following: Observation of the facility grounds, resident rooms, call light placement, and response of the staff to resident calls. Interviews with residents, staff, and the facility Supervisor. Document reviews included resident files, facility incident reports, Serious Occurrence Report notifications, and the clinical hospital record for the resident of concern. Complaint #NV00061026 with the following allegation could not be substantiated because there was no record this person had been a resident of the facility. Allegation #1: Allegation #1: A resident's cell phone was stolen by a visitor. Complaint #NV00061023 with the following allegation could not be substantiated because this resident had been discharged from the facility and review of the resident's record had no report of this incident. Allegation #1: A caregiver stole a resident's cell phone. 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:			

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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, record review and interview, the Administrator failed to provide oversight and direction for the employees to provide the necessary needed services and protection supervision. Findings include: Please see TAGs Y0074, Y0102, Y0104, Y0106, Y0174, Y0179, Y0450, Y0515, Y0593, Y0905, Y0936 and Y1001. Severity: 2 Scope: 3	0050	BELTCA required me to complete the following training in August 1 8 hour of medication training 2 Mofules 1,2,3 and 7 of the Nevada Best Pracices A review and better understanding of the requirements should help in keeping the facility in compliance	09/30/2020
0065 SS= D	Qualifications of Caregivers-Age-Eng-Training - NAC 449.196 Qualifications and training of caregivers. (NRS 449.0302) 1. A caregiver of a residential facility must: (a) Be at least 18 years of age; (b) Be responsible and mature and have the personal qualities which will enable him or her to understand the problems of elderly persons and persons with disabilities; (c) Understand the provisions of NAC 449.156 to 449.27706, inclusive, and sign a statement that he or she has read those provisions; (d) Demonstrate the ability to read, write, speak and understand the English language; (e) Possess the appropriate knowledge, skills and abilities to meet the needs of the residents of the facility; and (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility.	0065	Please refer to original Statement of Deficiency/Plan of Correction - Event ID I5TI14.	07/24/2020
0074 SS= E	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	0074	1. All citations for 3 employees were reviewed and corrected. The annual training for the two employees were located and now on file We missed or overlooked giving	10/25/2020

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	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, 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		the elder abuse training to Employee #1 prior to start of work although this topic was orally discussed during the orientation,during first week of work She was given a formal training which was documented at a later date 2.We will not hire a worker without an elder abuse training completed. We will complete all documentation prior to start of work. We will review the records annually during their performance review. 3. Initial training must be provided We will monitor this training annually, on their anniversary date. 4. The administrator is responsible for this task. 5. As of the last review of records this week, all files on elder abuse training are current.	

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	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 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,			

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	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. Inspector Comments: Based on document review, record review and interview, the facility failed to ensure 3 of 7 sampled employees had initial or annual elder abuse prevention training. (Employee #1, #3, and #7) Findings include: The facility's Plan of Correction (POC), dated 02/01/19, documented, the facility "has an Elder Abuse Training Program for each employee..annually at the start of the year for all employees...the facility has completed written quiz and sign up sheets for training..." Employee #1 Employee #1 was hired as a Caregiver with a start date of 04/19/20. Employee #1's personnel file contained a initial elder abuse prevention training post test, dated 05/28/20. Employee #1 did not complete the elder abuse prevention training prior to being scheduled to work in the facility with residents. Employee #3 Employee #3 was hired as a Caregiver with a start date of 07/25/16. Employee #3's personnel file lacked documentation of annual elder abuse prevention training for 2020. Employee #7 Employee #7 was hired as a Caregiver with a start date of 07/19/19. Employee #7's personnel file lacked documentation of initial elder abuse prevention training when hired. Employee #7 did not complete the elder abuse prevention training prior to being scheduled to work in the facility with residents. On 06/17/20 at 1:56 PM, the Manager was unable to locate the 2019 annual training in the employee's file and further expressed not being able to locate the training in a different area in the office.			

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	The Manager confirmed the training was not on-site and/or was not aware of where the training document was located. On 06/17/20 at 2:45 PM, the Supervisor was unable to locate the initial elder abuse prevention training for Employee #1 and #7 and the annual elder abuse prevention training for Employee #3 in the employee's personnel files and further verbalized the Supervisor was not able to locate the training in a different area in the office. Severity: 2 Scope: 2 Complaint #NV00061031			
0102 SS= E	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; Inspector Comments: Based on record review, document review and interview, the facility failed to ensure 1) employees met the requirements concerning tuberculosis (TB) testing for 2 of 7 sampled employees (Employee #3 and #6) and 2) employees completed a physical exam prior to working with residents for 1 of 7 employees (Employee #7). Findings include: Employee #3 was hired as a Caregiver with a start date of 07/25/16. Employee #3's personnel file had a TB test read negative on 07/06/18. Employee #3's personnel file had a TB test read positive, at 12 millimeters, on 03/13/19. Employee #3's personnel file lacked documentation of an x-ray to rule out TB. On 06/17/20 at 2:50 PM, the Supervisor acknowledged there was no x-ray exam documentation to rule out TB and verbalized Employee #3 had been working regularly with residents since the positive TB test. Employee #6 Employee #6 was hired as a Caregiver with a start date of 07/15/19. Employee #6's file documented a positive Quantiferon laboratory test for TB on 05/24/19. Employee #6's personnel file	0102	1. The citations were reviewed. It is not true that Employee #3's positive TB test on 3/19/19 was not followed up with an XRay. Attached is the record of the XRay taken on 3/22/19. Result: negative. The physician requires an XRay once a positive result is observed. This record was part of the employee file. Employee #6 is no longer employed (resigned). However, with the Quantiferon result obtained from the same clinic who tested employee #3 did not require recommend further testing Employee #7's physical examination was late because he works nights and has another job during the day. 2. For any positive TB test, we will require a follow up XRay to rule out TB. A physical examination is a requirement to start working with us. 3. this will be monitored upon hiring and checked records within a week of employment. 4. The administrator is in charge of this.	10/25/2020

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	lacked documentation of further testing to rule out TB. On 06/17/20 at 2:55 PM, the Supervisor acknowledge Employee #6's positive Quantiferon TB test and verbalized no additional testing had been completed to rule out TB and Employee #6 had been scheduled and working regularly with residents since the positive lab test for TB. Employee #7 Employee #7 was hired as a Caregiver with a start date of 07/19/19. Employee #7's personnel file documented a physical examination dated 11/15/19. Employee #7 had been working with residents in the facility with residents without a physical exam clearance. On 06/17/20 at 3:05 PM, the Supervisor acknowledged Employee #7's physical exam was after Employee #7's start date and verbalized Employee #7 worked regularly with residents without a physical exam clearance. Severity: 2 Scope: 2 Complaint #NV00061031			

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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 record review, document review and interview, the facility failed to ensure 1 of 7 sampled employees met the background check requirements of Nevada Revised Statute (NRS) 449.124 (Employee #4). Findings include: Employee #4 Employee #4 was hired as a Caregiver with a start date of 07/10/19. Employee #4's personnel file lacked a copy of Employee #4's fingerprint submission form and Nevada Automated Background Check System (NABS) Clearance letter. A review of NABS, on 06/16/20 at 4:30 PM, documented Employee #4 with a NABS determination of Undetermined. Employee #4's personnel file lacked documentation of a Challenge letter to the Undetermined NABS determination. On 06/17/20 at 12:35 PM, the Assistant Administrator acknowledged Employee #4's personnel file lacked a Challenge letter and verbalized Employee #4's background clearance remained Undetermined. Severity: 2 Scope: 1 Complaint #NV00061031	0104	I disagree with the findings. We challenged this on time, cleared on time, but NABS told me that everything is clear except that it will remain online as undetermined until the bureau (DPBH) completes its review. He told me to have DPBH ask him about this Note: this employee is no longer working for us	10/21/2020

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0106 SS= D	Personnel File - 1st Aid & CPR - NAC 449.200 Personnel files 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1: (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation; Inspector Comments: Based on employee personnel file review and interview, the facility failed to ensure personnel files for 1 of 7 sampled employees (Employee #7) contained completed cardiopulmonary resuscitation (CPR) and first aid training equivalent to the American Red Cross training within 30 days of employment. Findings include: Employee #7 Employee #7 was hired as a Caregiver with a start date of 07/19/19. Employee #7's personnel file documented CPR and first aid training, dated 12/19/19. The facility failed to demonstrate the training and certification was the equivalent to CPR and first aid training from the American Red Cross. On 06/17/20 at 3:05 PM, the Supervisor acknowledged Employee #7's CPR and first aid training certification did not meet the equivalent of the American Red Cross and verbalized the employee had been regularly scheduled to work with residents as a Caregiver since Employee #7's start date. Severity: 2 Scope: 1 Complaint #NV00061031	0106	1. This citation was reviewed. The First Aid/CPR training was taken after 30 days of employment. This will be noted for the next hire The certificate in question in Novv. 2019 was the CPR/AED etc. Additional first aid class was taken in Dec. 2019. The correct certificate was earned and on file. Note: Since several organization are offering First Aid and CPR classes online, I have inquired on what is an equivalency of a Red Cross Training on First Aid and CPR. All online training including the Red Cross are based on the guidelines of the American Health Association The course taken by the employee (online) was offered by the National CPR Foundation, a training in accordance with the AHA guidelines and the 2015 ECC/ILCOR guidelines. Unless advised otherwise, online courses on Frist Aid/CPR including that of NationalCPRfoundation may be taken by any new hire 2. We need to review any certificate submitted that it is for standard first aid and CPR course. We will also require this to be completed within the first 30 days of employment 3. This will be monitored and check for the first30 days of employment. 4. The administrator is in charge of this task.	11/15/2020

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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 common areas were furnished with a couch free from safety hazards for 28 of 28 residents. Findings include: On 06/17/20 at 8:40 AM, in the common area adjacent to the facility entrance, there was a couch with tears and rips in several areas with exposed metal. The couch had several tears amounting to 14" each on two corners of the couch with exposed metal and created a safety hazard to the residents. On 06/17/20 at 9:20 AM, the Supervisor confirmed the tears and exposed metal in the couch. Severity: 2 Scope: 3	0174	1.During the visit, the couch in question was removed and taken out of the building in the presence of the inspectors. This was sent to the dump on the next day. We have replaced this with a new couch 2 We will monitor the conditions of our furniture 3 We will repair or replaced torn or unsafe furniture 4 The administrator is in charge of this task	10/25/2020
0178 SS= F	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 the exterior premises were maintained, affecting 30 of 30 residents. Findings include: On 06/17/20, during a tour of the facility the following was observed: West Resident Patio: - A Raid can was on the ground broken in two pieces with visible jagged edges. - A headboard and footboard were stored outside against a storage building. - A walker was stored outside near the fence. - A walker was stored outside behind a storage building. - A rectangular	0178	1. The west resident patio has been cleaned up. This patio is hardly used by the resident since the east patio is available to all. We have cleaned the surrounding areas. There is a current plan to improve the landscaping of this area Target completion: end of Nov 2020 , before winter 2. These items were reviewed with the housekeepers. 3. The housekeepers now keep a log of items found during their rounds of the building surroundings. 4. This will routinely checked by the day supervisor.	11/30/2020

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	folded table was stored outside against a storage building - Bed rails were stored outside. - A hoyer lift was stored outside behind a storage building. - Used gloves were observed on the ground. - Asphalt shingles were observed on the ground. - A tarp was observed on the ground. - Trash was observed on the ground. - A bicycle was stored against a storage building. - Window screens were bent. - Window screens were missing. South Resident Patio: - Four trash cans were observed with no lids. Three of those trash cans were observed to be overflowing with trash. - Empty boxes were stored outside on a cart. - A broken chair missing the back support was stored outside. - Window screens were missing. - Paint thinner was stored outside. - Paint stripper was stored outside. - Rain Soft was stored outside. - A metal cabinet was storing toxic substances was observed to be unlocked. - Used gloves were observed on the ground. - Paint cans were stored outside. - Trash was observed on the ground. - Coil cleaner was stored outside on top of a window air conditioner. On 06/17/20 at 9:33 AM, the Facility Designee confirmed the above items should not be stored outside. On 06/17/20 at 9:33 AM, the Facility Designee confirmed the garbage was overflowing and could attract rodents. Severity: 2 Scope: 3			

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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 maintain a screen on the window of a resident room. Findings include: On 06/17/20, during a tour of the facility, a resident in the northeast wing had a window open and the screen was missing. On 06/17/20 at 9:30 AM, the Supervisor verbalized all resident room windows can be opened by the residents and were supposed to be covered by a screen. Severity: 2 Scope: 1	0179	1. All screens were inspected and we are in compliance. 2. status of condition of screen will be noted during the weekly building rounds. 3. the administrator will conduct a weekly round to check conditions. Several windows on the northeast side are uploaded since we are not certain which window was referred to in the citation	10/21/2020

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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 2 of 7 sampled employees received first aid and cardiopulmonary resuscitation (CPR) training within 30 days of employment (Employee #1 and #7). Findings include: Employee #1 Employee #1 was hired as a Caregiver with a start date of 04/19/20. Employee #1's personnel file lacked documented evidence of first aid and CPR training within 30 days of hire. Employee #7 Employee #7 was hired as a Caregiver with a start date of 07/19/19. Employee #7's personnel file documented CPR training on 11/17/19 and first aid training on 12/09/19. Both of the trainings were not the equivalent of the American Red Cross trainings. On 06/17/20 at 2:48 PM, the Supervisor acknowledged Employee #1 did not have CPR and first aid training and Employee #7's CPR and fist aid training was not the equivalent to the American Red Cross training. The Supervisor verbalized Employees #1 and #7 had been working in the facility longer than 30 days. Severity: 2 Scope: 1 Complaint #NV00061031	0450	1. Records were reviewed. Please refer to Tag 106 Note: Since several organization are offering First Aid and CPR classes online, I have inquired on what is an equivalency of a Red Cross Training on First Aid and CPR. All online training including the Red Cross are based on the guidelines of the American Health Association The course taken by the employee (online) was offered by the National CPR Foundation, a training in accordance with the AHA guidelines and the 2015 ECC/ILCOR guidelines. Unless advised otherwise, online courses on First Aid/CPR including that of the NationalCPRfoundation may be taken by any new hire 2. Within 30 days of employment , a First Aid/CPr training will be required of all new hires. 3. The administrator is in charge of this. For new employees, this will be a requirement before their second paycheck (every two week payroll) This will be the deadline under the new program - during the first week of employment require all First Aid/CPr certificates to be completed As of 11/1/20, All About Caring,LLC trainer was contracted to conduct a hands-on training for First Aid/CPR for employee #7 and for all employee needing this training in the future Employee #7 will be trained by All About Caring Trainer on or before the 15th of November	11/15/2020
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;	0515	This is in error? Resident #1 never left the building nor a wanderer risk. Resident #1 was not admitted in 2018 He is a relatively new resident and was admitted in May 2020 1 Current program includes a round-up and accounting of all residents at start and end	10/25/2020

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	Inspector Comments: Based on record review and interview, the facility failed to provide protective supervision to prevent a resident from eloping for 1 of 12 residents (Resident #1). Findings include: Resident #1 Resident #1 was admitted to the facility on 06/27/18, with diagnoses including unspecified dementia without behavioral disturbance, anemia and major depressive disorder, recurrent, unspecified. Resident #1's clinical file lacked documented evidence of an incident report documenting an elopement, a report from the hospital or a Sheriff's report documenting the incident. On 06/17/20 at 11:46 AM, the Designee verbalized Resident #1 had eloped from the facility in October 2019. A member of the public had noticed the resident wandering around outside in a public area and called the Sheriff's office to assist Resident #1. The Sheriff handling the case, transferred the resident to the hospital for an evaluation and called the owner of the facility to discuss discovery of Resident #1 wandering around in public places. The Designee explained the incident occurred in the afternoon and there were plenty of staff on shift to supervise each resident. The resident was gone from the facility for an undetermined amount of time. The Designee verbalized there were alarms on each of the exterior doors and would alarm if a resident were to exit the facility and still there were no staff on shift that day acknowledging the door alarm. The Owner of the facility notified the resident's spouse and it was determined the resident was still appropriate to reside at the facility after the date of elopement. The Designee confirmed Resident #1 had eloped from the facility in October 2019 and has since eloped a few more times. The Designee verbalized the resident should be in a higher level of care and the facility was not appropriate placement for the resident. The Designee explained not being aware an incident report should have been created nor being		of shift This is recorded and passed on during shift turnover 2 The above rounding - up was initiated in late December All caregivers are trained to do this 3 Since and during these pandemic times, this program is easily incorporated in the temp-checks of all residents taken daily. 4 The day supervisor or the main caregiver is responsible for this task As of 11/3/20: The above comments are responses to the complaint regrading Resident #7's accidentally leaving the facility 1 The above steps 1,2,3 and 4 are currently used to ensure routine counting of residents 2 An incident report will be made every time a resident accidentally leaves the faciliy, unaccompanied or unnoticed	

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	aware the situation should have been reported to the State Agency for review. Complaint #NV00060290 Severity: 2 Scope: 1			
0593 SS= F	Rights of Residents; Procedure for Filing - NAC 449.268 Rights of residents; procedure for filing grievance, complaint or report of incident; investigation and response. (NRS 449.0302) 1. The administrator of a residential facility shall ensure that: (d) The facility is a safe and comfortable environment; Inspector Comments: Based on observation and interview, the facility failed to ensure the grounds were safe for 28 of 28 residents. Findings include: On 06/17/20, during a tour of the facility, the concrete walkways of the west resident patio and the south resident patio were observed to have uneven areas. The concrete walkway in the west resident patio was observed to have a portion with a one and one-half inch rise. The concrete walkway in the south resident patio was observed to have two areas of unevenness - one had a 3 inch rise and one had a one inch rise. On 06/17/20 at 9:55 AM, the Facility Designee confirmed the uneven concrete was a trip hazard for the residents. Severity: 2 Scope: 3	0593	This trip hazard area was corrected (even out) and marked with colored line. 1 We will do a weekly safety tour to include assessing area for trip hazards 2 The housekeeper and the administrator will do this rounds and reviews	10/25/2020

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0690 SS= F	Residents Requiring Use of Oxygen - NAC 449.2712 Residents requiring use of oxygen. (NRS 449.0302) 1. A person who requires the use of oxygen must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless he or she: (a) Is mentally and physically capable of operating the equipment that provides the oxygen; or (b) Is capable of: (1) Determining his or her need for oxygen; and (2) Administering the oxygen to himself or herself with assistance. 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician; and (b) Ensure that: (1) The resident ' s physician evaluates periodically the condition of the resident which necessitates his or her use of oxygen; (2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored; (3) Persons do not smoke in those areas where smoking is prohibited; (4) All electrical equipment is inspected for defects which may cause sparks; (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; (6) The equipment used to administer oxygen is in good working condition; (7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and (8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident.	0690	Please refer to original Statement of Deficiency/Plan of Correction - Event ID I5TI14.	07/24/2020

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0810 SS= D	Protective Supervision - NAC 449.2732 Residents requiring protective supervision. (NRS 449.0302) 1. Except as otherwise provided in subsection 2, a person who requires protective supervision may not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless: (a) The resident is able to follow instructions; (b) The resident is able to make his or her needs known to the caregivers employed by the facility; (c) The resident can be protected from harming himself or herself and other persons; and (d) The caregivers employed by the facility can meet the needs of the resident. Inspector Comments: Based on record review and interview the facility failed to ensure a resident with dementia did not leave the facility without supervision for 1 of 12 sampled residents (Resident #7). Findings include: Resident #7 Resident #7 was admitted to the facility on 06/27/18 with a diagnosis of dementia. On 06/17/20 at 2:23 PM, the Supervisor confirmed Resident #7 had left the facility through a back door without staff supervision and this was the second time Resident #7 had eloped. Resident #7 was found and picked up by a sheriff and taken to the hospital for evaluation. After the hospital evaluation, Resident #7 was returned to the facility. The Supervisor verbalized the Administrator had been working with the family to find a higher level of care but the Supervisor had no idea of what plan had been developed. The Supervisor confirmed Resident #7 remained in a room within 20 steps of an exit and could leave the facility at any time without staff being aware and without supervision. Resident #7's facility file lacked documented evidence of an increased need for supervision, care planning, or an evaluation for a higher level of care. COMPLAINT #NV00060283 Severity: 2 Scope: 1	0810	This resident is currently under hospice care and has difficulty walking or standing. He is helped in and out of the wheelchair. This has been responded in Tag 0515 We are protecting the residents from accidentally leaving the building by checking or conducting a rollcall at the start and end of each shift We also check that all alarms are or are woring All caregivers on shift at responsible in doing this task	10/25/2020

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**07/24/2020**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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0895 SS= B	Administration of Medication Maintenance - NAC 449.2744 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; and (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident ' s physician.	0895	Please refer to original Statement of Deficiency/Plan of Correction - Event ID I5TI14.	07/24/2020

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0936 SS= D	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 12 sampled residents met the requirements for tuberculosis (TB) testing in accordance with NRS 441 A. Findings include: Resident #7 Resident #7 was admitted to the facility on 06/27/18, with a diagnoses of dementia. Resident #7's file documented TB testing on 06/06/18 with a second test on 06/14/18. Both tests were negative. Resident #7's file documented TB testing on 08/06/19 and lacked documented evidence of a second TB testing in 2019. On 06/17/20 at 2:23 PM, the Supervisor confirmed there was no second TB completed in 2019 and verbalized the annual TB test for 2019 was late, should have been completed by 06/14/19, and required a second-step for compliance. Severity: 2 Scope: 1	0936	1 TB tests for Resident 7 was reviewed The first TB test in 2018 has First and Second step Our understanding is that annual tests (negative) do not need a second skin test We need guidance on this 2 We are in compliance with the initial TB test and annual TB testing Note: as of this reporting, Resident #7 is no longer in the facility He died in October We missed a second step TB test after a late annual TB screening for step 1 in 2018 In the future, any TB test that is late or over 12 months from the last test will require a two step TB Test This will be monitored annually for compliance The Administrator is in charge of this task	10/25/2020

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1001 SS= D	Elderly Care Training for Caregivers - NAC 449.2758 Residential facility which provides care for elderly persons or persons with disabilities: Training for caregivers. (NRS 449.0302) 1. Within 60 days after being employed by a residential facility for elderly persons or persons with disabilities, a caregiver must receive not less than 4 hours of training related to the care of those residents. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 7 sampled employees received four hours of initial training to care for elderly and disabled residents within 60 days of hire (Employee #1). Findings include: Employee #1 was hired as a Caregiver with a start date of 04/19/20. Employee #1's personnel record lacked documented evidence four hours of initial training to care for elderly and disabled residents was completed within 60 days of hire. On 06/17/20 at 12:15 PM, the Supervisor acknowledged the findings for Employee #1and verbalized the Supervisor was unable to locate the initial training for elderly and disabled residents for Employee #1 and further verbalized the Supervisor was not able to locate the training in a different area in the office. Severity: 2 Scope: 1	1001	1. The training records were reviewed. Employee #1 is no longer employed 2. Initial training needs to be documented. Training occurred during the first 4 hours or first 40 hours of orientation. We missed documenting this training. We will ensure proper documentation of all training. The Administrator is in charge for this task.	10/21/2020