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 _____	**11/04/2024**

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

(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 mandatory grading re-survey State Licensure survey conducted at your facility on 11/04/2024. 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 or disabled persons, Category II residents. The census at the time of the survey was 29. Nine resident files were reviewed and seven employees files were reviewed. The facility received a grade of B. 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		
0255 SS= F	Permits-Comply with NAC 446 on Food Service - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 6. A residential facility with more than 10 residents shall: (a) Comply with the standards prescribed in chapter 446 of NAC; and (b) Obtain the necessary permits from the Division. Inspector Comments: Based on observation on 11/4/24, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Critical Violations: a. The facility staff were observed entering the kitchen area without washing their hands and touching kitchen surfaces and equipment. b. There was no convenient designated handwashing sink for the kitchen at the time of inspection. The sink being used by kitchen staff to wash their	0255	1. Staff have received immediate training on proper handwashing protocols and the importance of hygiene in the kitchen area. A designated, easily accessible handwashing sink with appropriate signage demonstrating staff handwashing procedures has been selected. The damaged and soiled area under the two-compartment sink has been repaired and thoroughly sanitized, ensuring compliance with NAC 446 standards. 2. A new policy mandating proper handwashing procedures upon entering the kitchen will be implemented. Signage has been posted near all kitchen entrances to remind staff of hygiene requirements. Regular maintenance schedules will be	11/06/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: EVA BELTEJAR Title: Director Date: 12/04/2024

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	hands was not easily accessible and was being used for other kitchen duties. 2. Equipment and Maintenance Violations: a. The area under the two compartment kitchen sink was heavily damaged and soiled. The area included the wall and cabinet material under the sink plumbing system. Severity: 2 Scope: 3		instituted to inspect and address kitchen infrastructure and cleanliness issues proactively. 3. The facility manager will perform daily spot checks for handwashing compliance for the first30 days, followed by weekly audits. Maintenance staff will conduct monthly inspections of kitchen infrastructure to ensure cleanliness and proper functioning. Findings from these audits will be reviewed by the Administrator and corrective or disciplinary action will be taken. 4. The facility manager will ensure the plan of correction is implemented. 5. All corrective actions will be completed by November 6,2024. 6. All pertinent documents have been uploaded. 7. A facility-wide inspection of handwashing sinks and kitchen infrastructure will be conducted to identify similar issues. Any identified areas will be corrected following the same process to ensure full compliance across the facility.	
0278 SS= F	Dietary Consult - More Than 10 Residents - NAC 449.2175 Service of food 9. A	0278	1. A copy of the contract with a qualified	12/04/2024

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	residential facility with more than 10 residents shall employ or otherwise obtain the services of a person to serve as a consultant for the planning and serving of meals who: (a) Is a licensed dietitian; or (b) Is a graduate from an accredited college with a major in food and nutrition and has 2 years of supervisory experience in a medical facility or facility for the dependent or has participated in a course of training for a supervisor of the service of food. Inspector Comments: Based on interview and observation, the facility failed to employ a Registered Dietician or other qualified personnel for a facility with greater than 10 beds with the potential to affect 29 of 29 resident census. Findings include: On 11/04/2024 at 9:45 AM, the Manager was unable to provide documented evidence of a contract between the facility and a Registered Dietitian or other qualified personnel. Severity: 2 Scope: 3		Registered Dietitian to meet regulatory requirements has been obtained. Documentation of the contract will be secured and stored in the facility's administrative files. 2. The check for the contract will be implemented into the monthly check of facility files to ensure that the facility always maintains an active contract with a Registered Dietitian or qualified personnel. The Administrator will verify the contract's renewal annually. 3. The facility manager will review the status of the Registered Dietitian contract quarterly to ensure compliance. Documentation of these reviews will be included in the facility's compliance logs. 4. The facility manager will ensure the plan of correction is implemented. 5. The corrective actions will be completed by December 4,2024. 6. All pertinent documents have been uploaded. 7. A review of staffing records for other positions requiring specific qualifications will be conducted to identify and correct similar deficiencies. Contracts or agreements will be secured as necessary.	

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0280 SS= F	Dietary Consultant & Services - 10. The person providing services pursuant to subsection 9 shall provide those services not less than once each calendar quarter. The administrator of the facility shall keep a written record of the consultations on file at the facility. The consultations must include: (a) The development and review of weekly menus; (b) Training for the employees who work in the kitchen; (c) Advice regarding compliance with the nutritional program of the facility; and (d) Any observations of the person providing the services regarding the preparation and service of meals in the facility to ensure that the facility is in compliance with the nutritional program of the facility.	0280	Please refer to original Statement of Deficiency/Plan of Correction - Event ID I5TI19.	11/04/2024
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.	0450	Please refer to original Statement of Deficiency/Plan of Correction - Event ID I5TI19.	11/04/2024
0520 SS= F	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	0520	1. All person-centered service plans will be updated to include all required elements per Nevada Administrative Code (NAC) 449.259 and Legislative Council Bureau R043-22. These updates will address provisions for activities of daily living, medication management, cognitive safety, assistive devices, special needs, social and recreational needs, communication methods, and measures for residents with dementia. Each resident's updated service plan will be reviewed and approved by the Administrator to ensure completeness.	12/31/2024

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	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; Inspector Comments: Based on record review and interview, the facility failed to ensure a person-centered service plan was developed to address the facility's treatment of residents for 9 of 9 sampled residents reviewed for service plans (Resident #1, #3, #4, #5, #6, #7, #8, and #9). Findings include: The following residents' records lacked documented evidence of a person-centered service plan with all of the required elements per Nevada Administrative Code 449.259 and Legislative Council Bureau R043-22 to address the treatment needs of the residents by the facility's caregiver staff: - Resident #1 was admitted to the facility on 07/27/2023, with diagnoses including dementia with behavioral disturbances, anxiety and hypertension. - Resident #2 was admitted to the facility on 04/14/2024, with diagnoses including dementia, and hypertension. - Resident #3 was admitted to		2. A new standardized template for person-centered service plans, including all required elements from NAC 449.259, will be implemented. Staff will receive immediate training on the updated requirements and documentation processes with an emphasis on understanding the special and individualized requirements of each resident. A policy will be created mandating review of all service plans at admission and every 90 days thereafter to ensure compliance. 3. The office manager will perform bi-weekly audits of all new and existing service plans for the next 90 days to ensure inclusion of all required elements. Audit results will be discussed during monthly meetings and used to adjust processes as needed and corrected if necessary. 4. The facility manager will ensure the plan of correction is implemented. 5. The corrective actions will be completed by December 31,2024. 6. All pertinent documents have been uploaded. 7. A facility-wide review of all residents' service plans will be conducted to identify and correct any other plans lacking the required elements. Any deficiencies found will be addressed following the updated process to ensure compliance for all	

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	the facility on 12/28/2023, with diagnoses including hypertension, and major depressive disorder. - Resident #4 was admitted to the facility on 08/14/2024, with diagnoses including dementia, UTI, and hypertension. - Resident #5 was admitted to the facility on 09/20/2024, with diagnoses including dementia, hyperlipidemia, and hypertension. - Resident #6 was admitted to the facility on 02/18/2019, with diagnoses including hypertension, coronary heart disease, chronic kidney disease and atrial fibrillation, - Resident #7 was admitted to the facility on 02/28/2024, with diagnoses including diabetes, and dementia. - Resident #8 was admitted to the facility on 07/12/2024, with diagnoses including dementia, and hypertension. - Resident #9 was admitted to the facility on 11/20/2023, with diagnoses including dementia and hypertension. On 11/04/2024 at 12:55 PM, the Manager confirmed the facility's person-centered service plans for the residents lacked all of the required elements affecting 29 of 29 residents. Severity: 2 Scope: 3		residents	
0592 SS= D	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: (c) The residents are treated with respect and dignity; Inspector Comments: Based on observation and interview, the facility failed to ensure resident dignity was maintained when the caregiver stood and fed the resident at the dining room table for 1 of 15 residents observed eating (Resident #10). Findings include: Resident #10 Resident #10 was admitted to the facility on 02/03/2020, with a diagnosis of Parkinson's disease, type II diabetes mellitus, and unsteady gait. On 11/04/2024 at 11:42 AM, Resident #10 was being assisted by a Caregiver for lunch. The Caregiver was standing while assisting the resident with eating and was not engaged	0592	1. The facility immediately trained the caregiver involvedin the incident to ensure feeding assistance was provided while seated,maintaining eye contact, and engaging with the resident to respect theirdignity. A reminder for the feeding protocols and policies for "ProvidingSafe and Respectful Feeding Assistance" and "Resident Rights"have been reviewed by all staff. 2. A formal policy on feeding assistance has been developedand implemented, requiring caregivers to sit at the resident's level, engage inrespectful communication, and monitor for swallowing difficulties. Allcaregivers will receive mandatory training on this policy and on residentdignity within 7 days of this plan. Language assistance resources will beprovided to support staff	11/07/2024

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	with the resident to judge the pace of the meal or the resident's preferences. The Caregiver did not speak to the resident during the meal. On 11/04/2024 at 12:01 PM, the Caregiver verbalized the Caregiver did not speak a lot of English. On 11/04/2024 at 12:04 PM, the Manager confirmed the Caregiver spoke very little English. The Manager verbalized the Caregiver should be seated while assisting a resident with their meal, allow the resident sufficient time to chew, and monitor for difficulty swallowing or choking. On 11/04/2024 at 12:04 PM, the Manager verbalized the facility did not have a policy for Resident Feeding Assistance. The Manager verbalized the caregivers should sit next to the residents when providing one to one feeding assistance and the caregivers should engage with the resident to judge the pace of the meal. The Manager could not provide documented evidence of Caregiver training for feeding assistance. The facility protocol titled "Providing Safe and Respectful Feeding Assistance,", undated, documented the Caregiver should sit at the resident's eye level to maintain eye contact and explain each step of the feeding process. The facility policy titled "Resident Rights"' undated, documented a resident had the right to be treated with consideration and respect, with due recognition of personal dignity. Severity: 2 Scope: 1		who require additional language skills. 3. The office manager will observe feeding assistance duringmeals and necessary training and disciplinary action of failure to followprocedures will be documented in the employee file and addressed immediately. 4. The facility manager will ensure the plan of correctionis implemented. 5. The corrective actions will be completed by November 7,2024. 6. All pertinent documents have been uploaded. 7. A review of allcaregivers' feeding practices and training records will be conducted toidentify and address similar deficiencies. Additional training will be providedto any staff members who require further development in these areas.	

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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.	0050	Please refer to original Statement of Deficiency/Plan of Correction - Event ID I5TI19.	11/04/2024
0072 SS= F	Qualifications of Caregiver - Med Training - NAC 449.196 Qualifications and training of caregivers. (NRS 449.0302) 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Before assisting a resident in the administration of a medication, receive the training required pursuant to paragraph (e) of subsection 6 of NRS 449.0302, which must include at least 16 hours of training in the management of medication consisting of not less than 12 hours of classroom training and not less than 4 hours of practical training, and obtain a certificate acknowledging the completion of such training; (b) Receive annually at least 8 hours of training in the management of medication and provide the residential facility with satisfactory evidence of the content of the training and his or her attendance at the training; (c) Complete the training program developed by the administrator of the residential facility pursuant to paragraph (e) of subsection 1 of NAC 449.2742; and (d) Annually pass an examination relating to the management of medication approved by the Bureau.	0072	Please refer to original Statement of Deficiency/Plan of Correction - Event ID I5TI19.	11/04/2024
0074 SS= D	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,	0074	Please refer to original Statement of Deficiency/Plan of Correction - Event ID I5TI19.	11/04/2024

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	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 residential care must receive training to recognize and prevent the abuse of older			

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	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, facility for the care of adults during the day, residential facility for groups or home for			

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	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 I5TI19.	11/04/2024
0102 SS= F	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 I5TI19.	11/04/2024
0104 SS= F	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 I5TI19.	11/04/2024
0178 SS= D	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility failed to ensure a resident room's blinds were not broken. Findings include: On 11/04/2024, the	0178	1. The blinds in Room #1 and Room #9 were replaced immediately to restore functionality and ensure resident privacy. A facility-wide inspection was conducted to identify any additional broken blinds, and repairs were initiated for all identified issues. 2. A maintenance policy has been implemented requiring monthly inspections	12/04/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**11/04/2024**

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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	following rooms contained broken window blinds: - at 9:49 AM, a window in Room #1 contained broken blinds - at 9:53 AM, a window in Room #9 contained broken blinds On 11/04/2024 at 9:49 AM through 9:53 AM, the Manager/Medication Technician confirmed the blinds were broken. Severity: 2 Scope: 1		of all resident room blinds. Staff have been instructed to report damaged blinds or other maintenance concerns immediately to the on-site maintenance personnel for prompt resolution. 3. The office manager will complete and document monthly inspections of all resident rooms for broken blinds and other repair needs. The results of these inspections will be reviewed by the facility owner and facility on-site maintenance personnel. 4. The facility manager will ensure the plan of correction is implemented. 5. The corrective actions will be completed by December 4,2024. 6. All pertinent documents have been uploaded. 7. A facility-wide inspection of all resident room blinds was conducted to identify and repair any additional deficiencies. Moving forward, the monthly maintenance inspections will address this potential issue proactively.	
0876 SS= D	Medication Administration - NRS 449.0302 - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 4. Except as otherwise provided in this subsection, a caregiver shall assist in	0876	1. An Ultimate User Agreement was immediately completed and signed by Resident #4's power of attorney to comply with regulatory requirements. All other residents' records were reviewed to ensure	12/10/2024

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	the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of: (a) Controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.0302 are met. (b) Insulin using an auto-injection device only if the conditions prescribed in NRS 449.0304 and NAC 449.1985 are met. Inspector Comments: Based on clinical record review and interview, the Administrator failed to ensure an ultimate user agreement was completed for 1 of 9 sampled residents (Resident #4). Findings include: Resident #4 Resident #4 was admitted to the facility on 08/14/2024, with a diagnoses including dementia, hypertension, and Urinary Tract Infection (UTI). Resident #4's clinical record lacked documented evidence of an Ultimate User Agreement completed by the resident and/or the resident's power of attorney for the facility to possess and administer the resident's medications on or prior to admission On 11/04/2024 at 1:16 PM, the Administrator confirmed Resident #4's clinical record lacked documented evidence an Ultimate User Agreement was completed prior to the facility possessing and/or administering resident medications. Scope: 2 Severity: 1		agreements were on file, and any missing agreements were completed promptly. 2. A new admission two-person checklist has been implemented to ensure completion of the Ultimate User Agreement before the facility takes possession of or administers medications. Staff involved in the admissions process received training on the importance of completing this agreement prior to admission. 3. The facility office managers will audit all new admissions within 24 hours to verify that the Ultimate User Agreement is completed and filed in the resident's clinical record. 4. The facility manager will ensure the plan of correction is implemented. 5. The corrective actions will be completed by December 10,2024. 6. All pertinent documents have been uploaded. 7. A review of all residents' clinical records was conducted to identify any missing Ultimate User Agreements. Any discrepancies were addressed immediately to ensure compliance across the facility.	
0878	Medication/OTCS, Supplements, Change	0878	Please refer to original Statement of	11/04/202

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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		A. BUILDING _____ B. WING _____	**11/04/2024**

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EAGLE VALLEY CARE CENTRE	**1807 E LONG STREET, CARSON CITY, NEVADA ,89701**

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SS= E	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 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		Deficiency/Plan of Correction - Event ID I5TI19.	4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**11/04/2024**

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	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.			
0883 SS= D	Medication - Resident Refusal - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 7. If a resident refuses, or otherwise misses, an administration of medication, a physician, physician assistant or advanced practice registered nurse must be notified within 12 hours after the dose is refused or missed.	0883	Please refer to original Statement of Deficiency/Plan of Correction - Event ID I5TI19.	11/04/2024

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 _____	**11/04/2024**

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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.	0895	Please refer to original Statement of Deficiency/Plan of Correction - Event ID I5TI19.	11/04/2024
1045 SS= C	Placard - Display - NAC 449.27704 Placard: Issuance and display; failure to comply. (NRS 449.0302) 2. The administrator shall, within 24 hours after receipt of the placard, display or cause the placard to be displayed conspicuously in a public area of the residential facility.	1045	Please refer to original Statement of Deficiency/Plan of Correction - Event ID I5TI19.	11/04/2024
1540 SS= E	Cultural Competency Training - Cultural Competency Training R016-20 Sec. 14 1. Pursuant to subsection 1 of NRS 449.103, within 30 business days after the course or program is assigned a course number by the Division pursuant to section 18 of this regulation or within 30 business days of any agent or employee being contracted or hired, whichever is later, and at least once each year thereafter, a facility shall conduct	1540	Please refer to original Statement of Deficiency/Plan of Correction - Event ID I5TI19.	11/04/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**11/04/2024**

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	training relating specifically to cultural competency for any agent or employee of the facility who provides care to a patient or resident of the facility so that the agent or employee may: (a) More effectively treat patients or care for residents, as applicable; and (b) Better understand patients or residents who have different cultural backgrounds, including, without limitation, patients or residents who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103. R016-20 Sec. 14 2. The facility shall provide the training required by subsection 1 through a course or program that is approved by the Director of the Department or his or her designee pursuant to section 17 of this regulation and is assigned a course number by the Division pursuant to section 18 of this regulation. R016-20 Sec. 14 3. The facility shall keep documentation in the personnel file of any agent or employee of the facility of the completion of the cultural competency training required pursuant to subsection 1. R016-20 Sec. 15 1. Within 90 days after a facility is licensed to operate, the facility must submit to the Department on a form prescribed by the Department the course or program which the facility will use to provide cultural competency training. The facility may: (a) Develop or operate the course or program; or (b) Contract with a third party to develop and operate the course or program. R016-20 Sec. 15 2. The course or program submitted by the facility pursuant to subsection 1 must address patients or residents who have different cultural backgrounds from that of the agent or employee of the facility, including, without limitation, patients or residents who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103. R016-20 Sec. 15 3. When a facility submits a course or program pursuant to subsection 1, the facility must also provide to the Department the following information for the instructor of			

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	the course or program: (a) The application of the instructor who will teach the course or program; (b) Three letters of recommendation for the instructor, including, without limitation, at least one letter of recommendation in which the recommender has knowledge of the methods the instructor uses in teaching a cultural competency course or program; and (c) The resume of the instructor of the course or program that includes, without limitation, the education, training and experience the instructor has in providing cultural competency training. R016-20 Sec. 15 4. Except as otherwise provided in subsection 5, when a facility submits a course or program pursuant to subsection 1, the facility must also provide to the Department: (a) The syllabus of the course or program; (b) The following information: (1) The name of the facility; (2) The address of the facility; (3) The electronic mail address of the facility; (4) The license number of the facility; and (5) The name and contact information of a person who represents the facility and who can discuss the course or program submitted by the facility pursuant to subsection 1; (c) If the facility contracts with a third party who develops and operates the course or program, the following information: (1) The name of the third party; (2) The address of the third party; (3) The electronic mail address of the third party; and (4) The name and contact information of a person who represents the third party and who can discuss the course or program submitted by the facility pursuant to subsection 1; (d) Evidence that the subjects covered by the course or program include, without limitation, the course materials required by section 16 of this regulation; (e) A sample sign-in sheet for the course or program that contains: (1) The dates of the course or program; and (2) A place for a participant of the course or program to print and sign his or her name; (f) A sample evaluation form that a participant of the course or program			

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	may complete at the end of the course or program which evaluates: (1) The content of the course or program; (2) The instructor of the course or program; and (3) The manner in which the course or program is presented to the participant; and (g) A sample document that a participant of the course or program may complete at the end of the course or program in which the participant can perform a self-evaluation. R016-20 Sec. 15 5. A facility may submit a course or program pursuant to subsection 1 without submitting the information required in subsection 4 if the course or program: (a) Is provided by: (1) A nationally recognized organization, as determined by the Director of the Department; (2) A federal, state or local government agency; or (3) A university or college that is accredited in the District of Columbia or any state or territory of the United States; and (b) Provides proof of completion upon the participant of the course or program completing the course or program that the Director or his or her designee determines to be satisfactory. R016-20 Sec. 15 6. When a facility submits pursuant to subsection 1 a course or program that is described in subsection 5, the facility must also provide to the Department: (a) The name of the course or program; (b) The name of the organization, agency, university or college providing the course or program; (c) If the course or program is provided online, the URL of the course or program; (d) If the course or program is provided through a training system, access to the training system; (e) If the course or program is not provided online or through a training system, the syllabus of the course or program; (f) The following information: (1) The name of the facility; (2) The address of the facility; (3) The electronic mail address of the facility; (4) The license number of the facility; and (5) The name and contact information of a person who represents the facility and who can discuss the course or program submitted by the facility pursuant to			

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		A. BUILDING _____ B. WING _____	**11/04/2024**

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	subsection 1; and (g) Any other information the Department requests to assist the Director or his or her designee in determining whether or not to approve the course or program pursuant to section 17 of this regulation. 7. As used in this section, "URL" means the Uniform Resource Locator associated with an Internet website. R016-20 Sec. 16 1. A course or program subject to the requirements of subsection 4 of section 15 of this regulation must include, without limitation, the following course materials: (a) An overview of cultural competency; (b) An overview of implicit bias and indirect discrimination; (c) The common assumptions and myths concerning stereotypes and examples of such assumptions and myths; (d) An overview of social determinants of health; (e) An overview of best practices when interacting with persons who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103; (f) An overview of gender, race and ethnicity; (g) An overview of religion; (h) An overview of sexual orientation and gender identities or expressions; (i) An overview of mental and physical disabilities; (j) Examples of barriers to providing care; (k) Examples of language and behaviors that are discriminatory; and (l) Examples of a welcoming and safe environment. R016-20 Sec. 16 2. The course materials included in a course or program, including, without limitation, the course materials required by subsection 1, must include, without limitation: (a) Evidence-based, peer-reviewed sources; (b) Source materials that are used in universities or colleges that are accredited in the District of Columbia or any state or territory of the United States; (c) Source materials that are from nationally recognized organizations, as determined by the Director of the Department; (d) Source materials that are published or used by federal, state or local government agencies; or (e) Other source materials that are deemed appropriate by the Department.			

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 _____	**11/04/2024**

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	R016-20 Sec. 17 4. The facility shall submit the additional information that the facility needs to submit pursuant to paragraph (b) of subsection 3 within 45 days after being notified that the course or program is not approved pursuant to paragraph (a) of subsection 3. Upon receiving the additional information, the Director or his or her designee may approve the course or program. If the additional information is not received or fails to include all of the information that the Director or his or her designee informed the facility that it needed to submit, the Director or his or her designee shall not approve the course or program.			
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 I5TI19.	11/04/2024
1815 SS= F	Emergency Preparedness Plan - Emergency Preparedness Plan LCB File No. R048-22 Sec. 5. 1. A facility for the dependent shall: (c) Develop and carry out a comprehensive plan for emergency preparedness. 6. The plan for emergency preparedness developed pursuant to paragraph (c) of subsection 1 must address internal and external emergencies and local and widespread emergencies. Such emergencies must include, without limitation, emerging infectious diseases.	1815	Please refer to original Statement of Deficiency/Plan of Correction - Event ID I5TI19.	11/04/2024

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 _____	**11/04/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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 I5TI19.	11/04/2024
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 I5TI19.	11/04/2024