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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**05/25/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN VALLEY GROUP CARE 2	**1140 MANHATTAN STREET, RENO, NEVADA ,89512**

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a complaint investigation conducted at your facility on 05/25/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The census at the time of the survey was nine. Nine resident records were reviewed, and three employee records were reviewed. The facility received a grade of A. There was one complaint investigated. Complaint #NV00068369 with the following allegations was substantiated: Allegation #1: Resident neglect/Supervision, no staff present inside while a caregiver was outside with another resident for over two hours. The allegation of an inappropriate level of care for residents and facility lack of staffing was substantiated. (See Tag Y0085 and Y1700). The investigation into the allegations included: Interviews were conducted with one Caregiver and five Residents. Reviewed nine resident records including the resident of concern, Physican Placement Determinations, and Activities of Daily Living assessment. Reviewed the Administrator Designee posting and three employee records to include elder abuse training. Deficiencies unrelated to the complaints were cited. (See Tag Y0088 and Y0938). 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		
0085 SS= D	Staffing - Cg on Duty All Times - NAC 449.199 Staffing requirements 1. The administrator of a residential facility shall ensure that a sufficient number of caregivers are present at the facility to conduct activities and provide care and	0085	TAG 0085 STAFFING REQUIREMENTS: That the Administrator must see to it and shall ensure that the facility have enough and sufficient number of caregivers present in the facility at all times and to make sure that there must be somebody to	06/22/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: WARLITO PIZARRO Title: Administrator Date: 06/25/2023

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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	protective supervision for the residents. There must be at least one caregiver on the premises of the facility if one or more residents are present at the facility. Inspector Comments: Based on record review, document review, and interview, the Administrator failed to schedule a sufficient number of Caregivers at the facility to provide care for 2 of 9 residents (Resident #1 and #2). Findings include: Resident #1 Resident #1 was admitted to the facility on 03/31/21, with diagnoses including deep vein thrombosis and cardiomyopathy. Resident #1 Activities of Daily Living (ADL) Assessment, dated 03/25/22, documented the resident required assistance with transferring, bathing, toileting, and ambulation. On 05/25/23 at 10:32 AM, the Owner explained Resident #1 was a two person assist to transfer the resident from the bed to the wheelchair. Resident #2 Resident #2 was admitted to the facility on 10/15/22, with a diagnosis of anxiety. Resident #2 Activities of Daily Living (ADL) Assessment, dated 10/15/22, documented the resident required assistance with bathing, toileting, and feeding. On 05/25/23 at 10:35 AM, the Owner explained Resident #2 was a two person assist to transfer the resident from the bed to the wheelchair. On 05/25/23 at 11:06 AM, the Owner verbalized Resident #2 was unable to propel self in a wheelchair and required extensive assistance. The facility monthly staffing schedules for April and May 2023 indicated only one staff member was scheduled to work in the facility Thursday through Sunday. On 05/25/23 at 10:46 AM, the Owner confirmed there was only one caregiver on the scheduled Thursday through Sunday for April and May 2023. The Owner verbalized two caregivers would need to be scheduled since Resident #1 and Resident #2 required two-person assistance with transferring. Severity: 2 Scope: 1 CPT#NV00068369		conduct the activity of daily living of all residents and to provide the care and protective supervision needed by the residents. That the Administrator have already advised the owner to have enough caregivers present the the facility at all time since there are 9 residents admitted at present these residents must at least have two caregivers to provide their needed care. 06/22/2023	

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0088 SS= A	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. Inspector Comments: Based on document review and interview, the facility failed to maintain a monthly written staff schedule for at least six months. Findings include: On 05/25/23 at 10:47 AM, the staff schedules were dated from April 2023 to May 2023. The facility could not provide any staff schedules prior to April 2023. On 05/25/23 at 11:16 AM, the Owner confirmed the only schedules available were from April 2023 and May 2023, as the Owner was unable to locate any previous staff schedules. Severity: 1 Scope: 1	0088	TAG 0088 STAFFING SCHEDULE: Staffing Schedule Requirement of the facility; That the Administrator ensure that the facility must have always a recorded Staffing Schedule and there must be at least two (2) caregivers at all times to conduct the resident's Activity of Daily Living (ADL) and to provide their needed care and supervision. The caregiver and the administrator already made copies of the Staffing Schedule and have filled up at least 2 caregivers a day to maintained that monthly schedules to provide the necessary needs of all the residents and to keep such scheduled copies with in 6 months. 06/22/2023	06/22/2023
0938 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: (g) An evaluation of the resident ' s ability to perform the activities of daily living and a brief description of any assistance he or she needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect	0938	TAG 0938 Maintenance and Contents of Separate File: NAC 449.2749 Maintenance and Contents of Separate File for each Residents: That the Administrator must ensure that the facility when admitting residents to include in performing and filling the complete needed assessment record of each residents in order to comply with the correct evaluation of each residents upon admission and to maintain such evaluation every time there is any change in their mental and or physical conditions of the residents so all changes that affects their conditions and ability in performing their daily activity and by doing so a recorded changes must be noted accordingly. 06/22/2023	06/22/2023

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	his or her ability to perform the activities of daily living; and (3) In any event, not less than once each year. Inspector Comments: Based on clinical record review and interview, the facility failed to ensure an initial Activities of Daily Living (ADL) assessment was completed at or prior to admission for 2 of 9 residents (Resident #3 and #4). Findings include: Resident #3 Resident #3 was admitted to the facility on 04/24/23, with diagnoses including weakness, confusion and sepsis. Resident #3's clinical record lacked documented evidence an initial ADL assessment was completed at admission. Resident #4 Resident #4 was admitted to the facility on 05/10/23, with diagnoses including weakness, hypertension, and atrial fibrillation. Resident #4's clinical record lacked documented evidence an initial ADL assessment was completed at admission. On 05/25/23 at 10:37 AM, the Owner confirmed the ADL assessments for Residents #3, and #4 were not completed at admission. The Owner explained ADL assessments were to be completed at admission by the owner, caregiver, or the administrator. Severity: 2 Scope: 1			
1700 SS= F	Annual Assessment of History of Each Resident - NRS 449.1845 Administrator of residential facility for groups to conduct annual assessment of history of each resident and cause provider of health care to conduct certain examinations and assessments; placement based on assessment. 1. The administrator of a residential facility for groups shall: (a) Annually cause a qualified provider of health care to conduct a physical examination of each resident of the facility; (b) Annually conduct an assessment of the history of each resident of the facility, which must include, without limitation, an assessment of the condition and daily activities of the resident during the immediately preceding year; and (c) Cause a qualified provider of health care to	1700	TAG 1700 ANNUAL ASSESSMENT OF HISTORY OF EACH RESIDENTS: NAC 449.1845 Administrator of a residential facility for groups. That the Administrator must see to it and ensure that all residents admitted in this facility must obtain such record of their health History that are conducted through physical examinations and signed by their respective Primary Care Physicians in order to give a good evaluation by the caregivers and to be able to perform such Activity of Daily Living needed by the new residents. The Administrator and the owner already requested such Physician's Placement Determination si it will be form part of all residentss fil;e and be kept in a locked filling cabinets an to be stored with 5	06/25/2023

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	conduct an assessment of the condition and needs of a resident of the facility to determine whether the resident meets the criteria prescribed in paragraph (a) of subsection 2: (1) Upon admission of the resident to the facility; and (2) If a physical examination, assessment of the history of the resident or the observations of the administrator or staff of the facility, the family of the resident or another person who has a relationship with the resident indicate that: (I) The resident may meet those criteria; or (II) The condition of the resident has significantly changed. 2. If, as a result of an assessment conducted pursuant to paragraph (c) of subsection 1, the provider of health care determines that the resident: (a) Suffers from dementia to an extent that the resident may be a danger to himself or herself or others if the resident is not placed in a secure unit or a facility that assigns not less than one staff member for every six residents, any residential facility for groups in which the resident is placed must meet the requirements prescribed by the Board pursuant to subsection 2 of NRS 449.0302 for the licensing and operation of residential facilities for groups which provide care to persons with Alzheimer's disease or other severe dementia. (b) Does not suffer from dementia as described in paragraph (a), the resident may be placed in any residential facility for groups. 3. As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031. (Added to NRS by 2019, 2594) Inspector Comments: Based on record review and interview, the facility failed to obtain a completed Physician Placement Determination Statement for 5 of 9 sampled residents (Resident #3, #4, #5, #6 and #7). Findings include: Resident #3 Resident #3 was admitted to the facility on 04/24/23, with diagnoses including weakness, confusion and sepsis. Resident #3's record lacked documented evidence a Physician Placement Determination Statement to		years.	

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	determine the appropriate facility type and care for the resident had been completed. Resident #4 Resident #4 was admitted to the facility on 05/10/23, with diagnoses including weakness, hypertension, and atrial fibrillation. Resident #4's record lacked documented evidence a Physician Placement Determination Statement to determine the appropriate facility type and care for the resident had been completed. Resident # 5 Resident #5 was admitted to the facility on 01/20/23, with diagnoses including chronic anticoagulation, hypertension, and failure to thrive. Resident #5's record lacked documented evidence a Physician Placement Determination Statement to determine the appropriate facility type and care for the resident had been completed. Resident #6 Resident #6 was admitted to the facility on 07/09/22, with diagnoses including mental health and hypertension. Resident #6's record documented a Physician Placement Determination Statement was signed by the physician on 01/09/23, however, lacked a determination for the appropriate facility type and care for the resident. Resident #7 Resident #7 was admitted to the facility on 11/29/22, with diagnoses including altered mental status, urinary incontinence, and microcyctic anemia. Resident #7's record documented a Physician Placement Determination Statement was signed by the physician on 01/09/23, however, lacked determination for the appropriate facility type and care for the resident. On 05/25/23 at 10:35 AM, the Owner confirmed the Physician Placement Determination Statements were incomplete or not completed for Resident #3, #4, #5, #6, and #7. The Owner explained the Owner or Caregiver were responsible for ensuring documents were completed at admission and annually as required. The Owner verbalized the completeness of the Physician Placement Determination was important to know the residents' proper placement. Severity: 2 Scope: 3			

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