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 _____	**09/07/2023**

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 State Licensure annual grading survey and complaint investigation conducted at your facility on 09/07/23. This survey was conducted by the Division of Public and Behavioral Health in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness, Category II residents. The census at the time of the survey was nine. Nine resident files were reviewed, and three employee files were reviewed. Your facility has received a B grade for this inspection. There was one complaint investigated. Complaint #NV00069336 with the following allegation could not be substantiated due to a lack of evidence. Allegation #1: Staff did not follow a set menu plan for residents and fed them junk food instead of meals. Allegation #2: Resident medications were not given according to physician orders. Allegation #3: A resident was only bathed twice in a six-month period. Allegation #4: Staff left the facility for long periods of time leaving residents with no supervision. Investigation into the allegations included the following: Interviews were conducted with three residents, the Owner, and the Administrator. Review of ten resident records, including the resident's of concern. Document review included Activities of Daily Living (ADLs), Staffing Schedules, Incident Reports, Physician Plan of Care, History and Physicals, Standard Physician Assessments, and Placement Determination forms. 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 investigation, actions or other claims for relief that may be available to any party under applicable federal, state	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: WARLITO PIZARRO Title: ADMINISTRATOR Date: 12/20/2023

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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	or local laws. The following deficiencies were identified:			
0050 SS= D	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 protective supervision. Findings include: Please see TAGs. Y0930, Y0933, and Y0938. Severity: 2 Scope: 1 Complaint #NV00069336	0050	TAG 0050 Administrator's Responsibilities - Oversight - NAC 449-194 NRS 449-0302 That the Administrator will ensure that all Staff/Caregivers must be given a strick direction/assessment for the members of the Staff of the facility that the needed services to the Residents are being given for the Residents protedtive supervision as in compliance with the requirements of NAC 449-156- to NAC 449-27706. The Administrator meet the owner and all of the caregivers and give them strick instructions that before admitting of a new Resident, the requirements of admission must be complete and signed by their Primary Care Physician (PCP) specially the Lists of Medications that are priscribed and signed by their PCP, the History and Physical Examinations Records, the latest 2 steps TB Tests or Quantiferon Gold TB Blood Test and the required Standard Physician Assesstment and the Physician's Placement Determination must all be signed by their attending Physicians or Medical Assistant before being discharge from the outgoing facility. The Administrator will see to it that all this oversight and directions must meet these requirements and make sure it will be in compliance with the requirements of the NAC 449-156 to NAC 27706 and this SOD will never happen again. 12/19/2023	12/19/2023
0072 SS= D	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	0072	TAG 0072 Qualification of Caregiver - Medication Administration Training - NAC 449-196 That the Administrator must ensure that all new hired caregiver must undergo Medication Training before they can assist Resident in administering their medications. The Administrator instructed Employee	12/20/2023

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	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. Inspector Comments: Based on personnel file review and interview, the facility failed to ensure 1 of 9 sampled employees (Employee #3) completed the required medication management training prior to administering medications to residents. Findings include: Employee #3 Employee #3 was hired as a Medication Technician with a start date of 08/14/23. Employee #3's personnel file lacked documentation for the initial 16 hours of medication management training for residential facilities for groups (RFG). On 09/07/23 at 11:25 AM, the Administrator confirmed Employee #3 lacked the appropriate medication management training, worked in the role of a medication technician without the proper training, and verbalized the importance of obtaining the certification prior to administering medications to residents. Severity: 2 Scope: 1		number 3 to undergo Med Training for 16 hours last 09/06/2023 and was certified showing the attached Medication Certificate Completion Date 09/07/2023 with an Expiration Date 09/07/2024. This training is in compliance with NAC 449.196 / NRS 449 -03302 that employee or any facility staff who will do caregiving work including administration of medications to residents must passed and certified the initial 16 hours medication training and 8 hours medication training every year. 12/20/2023 Attachment #1 Copy of Employee #3 Medication Certificate 12/20/2023	

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0930 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: (a) The full name, address, date of birth and social security number of the resident. (b) The address and telephone number of the resident ' s physician and the next of kin or guardian of the resident or any other person responsible for the resident. (c) A statement of the resident ' s allergies, if any, and any special diet or medication he or she requires. Inspector Comments: Based on observation and interview, the facility failed to ensure resident records were available for investigation of a complaint for 1 of 10 sampled residents (Resident #10). Findings include: Resident #10 Resident #10 was admitted to the facility on 09/16/22, with diagnoses including dysphagia, neuopathy, and depression. On 09/07/23 at 12:05 PM, the Administrator verbalized the Owner of the facility had removed Resident #10's resident record from the facility in order to fax documentation requested by Aging and Disability Services Division. The Administrator could not provide Resident #10's resident record for review. Please see TAGs. Y0050. Severity: 2 Scope: 1 Complaint #NV00068366	0930	TAG 0930 Maintenance and Contents of Separate File: NAC 449.2749 The Administrator strictly instructed the owner to ensure that all personal documents for every resident must be in their respective files and retained and stored within 5 years once the resident is no longer in the facility. The owner when confronted where is the file of Resident # 10 why they are not in the folder, the owner replied she was ask by ADSD to send it to them, so the owner faxed to them those files of resident #10 to Office Depot since her fax machine was not working, however, she misplaced the documents and never recovered untill the Resident passed away last 11/15/2022. The Administrator will make sure that every resident's medical and personal documents must be in their own folder/file so that this Statement of Deficiency will never happan again. 12/20/2023	12/20/2023
0933 SS= E	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	0933	TAG 0933 Maintenance and Contents of Separate File NAC449.2749: That the Administrator strictly giving instructions to the owner and all caregivers	12/20/2023

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	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: (d) A statement from the resident ' s physician concerning the mental and physical condition of the resident that includes: (1) A description of any medical conditions which require the performance of medical services; (2) The method in which those services must be performed; and (3) A statement of whether the resident is capable of performing the required medical services. Inspector Comments: Based on interview and clinical record review, the facility failed to ensure a standard placement determination was completed by a provider upon admission for 4 of 9 sampled residents (Resident #3, #4, #5, and #6). Findings include: Resident #3 Resident #3 was admitted to the facility on 06/02/23, with a diagnosis including nueropathy, cardiovascular accident, and cognitive impairment. Resident #3's clinical record lacked documentation of a Physician Placement Determination. On 09/07/23 at 10:05 AM, the Administrator confirmed Resident #3's Physician Placement Determination was not completed upon admission. Resident #4 Resident #4 was admitted to the facility on 07/06/23, with diagnosis including jaw pain, chronic homelessness, and leg pain. Resident #4's clinical record lacked documentation of a Physician Placement Determination. On 09/07/23 at 10:05 AM, the Administrator confirmed Resident #4's Physician Placement Determination was not completed upon admission. Resident #5 Resident #5 was admitted to the facility on 08/01/23, with diagnosis including bi polar,		to give proper attention in all the files upon admitting new resident in order to be in compliance with the NAC 449.2749. The Administrator meet with the owner and all caregivers to give them strick instructions that before admitting a new Resident, the requirements of admission must be complete and signed by their Primary Care Physician (PCP) specially the Lists of Medications that are priscribed and signed by their PCP, the History and Physical Examinations Records, the latest 2 steps TB Tests or Quantiferon Gold TB Blood Test, the required Standard Physician Assesstment and the Physician's Placement Determination must all be signed by their attending Physicians or Medical Assistant before being discharge from the outgoing facility including the recorded Activity of Daily Lining (ADL) assessment showing whether the resident is capable of performing the required medical services and to be kept in their respective personal file then those files must be retained for at least 5 years after the resident leaves the facility permanently. The Administrator will see to it that all this oversight and directions must meet these requirements and make sure it will be in compliance with the requirements of the NAC 449-156 to NAC 27706 and that this Statement of Deficiencies will never happen again. 12/20/2023 Attachment #2 (a) and #2 (b) Copies of Physician Placement Determination and Standard Physician's Assessment of Resident #3 Attachment #3 (a) and #3 (b) Copies of Physician Placemant Determination and Standard Physician's Assessment of Resident #4 Attachment #4 (a) and #4 (b) Copies of Physician Placement Determination and Standard Physician's Assessment of Resident #5	

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	asthma, and anxiety. Resident #5's clinical record lacked documentation of a Physician Placement Determination. On 09/07/23 at 10:05 AM, the Administrator confirmed Resident #4's Physician Placement Determination was not completed upon admission. Resident #6 Resident #6 was admitted to the facility on 08/07/23, with diagnosis including cirrohsis, aortic thrombosis, and pulmonary embolism. Resident #6's clinical record lacked documentation of a Physician Placement Determination. On 09/07/23 at 10:05 AM, the Administrator confirmed Resident #6's Physician Placement Determination was not completed upon admission. Severity: 2 Scope: 2		Attachment #5 (a) and #5 (b) Copies of Physician Placement Determination and Standard Physician's Assessment of Resident #6 12/20/2023	

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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 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 record review, document review, and interview, the facility failed to ensure an initial Activities of Daily Living (ADL) assessment was completed for 1 of 9 sampled residents (Resident #4). Findings include: Resident #4 Resident #4 was admitted to the facility on 07/06/23, with diagnosis including jaw pain, chronic homelessness, and leg pain. Resident #4's clinical record lacked documented evidence an ADL assessment had been completed upon admission. On 09/07/23 at 12:06 PM, the Administrator confirmed Resident #4's ADL assessment lacked evidence of completion by the facility. Scope: 1 Severity: 2	0938	TAG 0938 Maintenance and Contents of Separate File NAC449.2749: That the Administrator strictly giving instructions to the owner and all caregivers to give proper attention to all the files upon admitting new resident in order to be in compliance with the NAC 449.2749. The Administrator meet with the owner and all caregivers to give them strick instructions that before admitting a new Resident, the requirements of admission must be complete and signed by their Primary Care Physician (PCP) specially the Lists of Medications that are priscribed and signed by their PCP, the History and Physical Examinations Records, the latest 2 steps TB Tests or Quantiferon Gold TB Blood Test, the required Standard Physician Assesstment and the Physician's Placement Determination must all be signed by their attending Physicians or Medical Assistant before being discharge from the outgoing facility including the recorded Activity of Daily Living (ADL) assessment showing whether the resident is capable of performing the required medical services and to be kept in their respective personal file then those files must be retained for at least 5 years after the resident leaves the facility permanently. The Administrator will see to it that all this oversight and directions must meet these requirements and make sure it will be in compliance with the requirements of the NAC 449-156 to NAC 27706 and that this Statement of Deficiencies will never happen again. 12/20/2023 Attachment #6 Copy of Resident ADL Assessment Record of Resident #4 12/20/2023	12/20/2023