Division of Public and Behavioral Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 1796 | A. BUILDING _____ B. WING _____ | 08/21/2024 |

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

| (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 |
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| 0000 | Initial Comments<br><br>Inspector Comments: This Statement of Deficiencies was generated as a result of a State Licensure annual grading survey conducted at your facility on 08/21/2024. This survey was conducted by the Division of Public and Behavioral Health in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 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 10. 10 resident files and three employee files were reviewed. The facility received a grade of A. 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 deficiencies were identified: | 0000 | | |
| 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 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 | 0072 | TAG 0072 QUALIFICATION OF CAREGIVER - MEDICATION TRAINING: NAC 449-196 Qualification of Caregiver and Medication Training;<br>That the Administrator must see to it that the Medication Training for Caregiver must be always updated in order for the caregiver to administer medication to all residents in the facility.<br>The Administrator ensure that this Statement of Deficiency will be in compliance accordingly in order not to hamper the usual administration of medications by the caregiver.<br>That the Administrator will ensure that updating of the Medication Training Certificate of Caregivers be always reminded to caregivers to take the training which is a must so that it will never happen again.<br><br>08/28/2024<br>Attached is the copy of updated Medication Certificate of Employee #3 | 08/28/2024 |

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| | NAC 449.2742; and (d) Annually pass an examination relating to the management of medication approved by the Bureau.<br><br>Inspector Comments: Based on personnel record review and interview, the facility failed to ensure 1 of 3 employees completed annual medication management training (Employee #3). Findings include: Employee #3 Employee #3 was hired as a Caregiver/Medication Technician with a start date of 02/01/2019. Employee #3's personnel record documented medication management training with an expiration date of 07/28/2024. Employee #3's personnel record lacked documented evidence of current medication management training. On 08/21/2024 at 11:52 AM, Employee #3 confirmed administering medications daily to all residents. On 08/21/2024 at 11:53 AM, the Administrator confirmed Employee #3 did not have current medication management training. The Administrator verbalized Employee #3 would no longer administer medications to residents until Employee #3 had completed the training. Severity: 2 Scope: 1 | | 08/28/2024 | |
| 1700 SS= D | Annual Assessment of History of Each Resident - NRS 449.1845 Administrator of residential facility for groups to conduct annual assessment of history of each resident and cause provider of health care to conduct certain examinations and assessments; placement based on assessment. 1. The administrator of a residential facility for groups shall: (a) Annually cause a qualified provider of health care to conduct a physical examination of each resident of the facility; (b) Annually conduct an assessment of the history of each resident of the facility, which must include, without limitation, an assessment of the condition and daily activities of the resident during the immediately preceding year; and (c) Cause a qualified provider of health care to conduct an assessment of the condition and needs of a resident of the facility to determine whether the resident meets the criteria prescribed in paragraph (a) of subsection 2: (1) Upon admission of the | 1700 | TAG 1700 ANNUAL ASSESSMENT OF HISTORYOF EACH RESIDENT - NAC 449.1845<br><br>That the Administrator must see to it that the Standard Physician's Assessment and the the Physician's Placement Determination history of all residents must be always updated by their respective Primary Care Physician (PCP) in order for the administrator be in compliance with the NAC 449-1845.<br>The Administrator ensure that this Statement of Deficiency will be in compliance in accordance with the NAC 449 -1845.<br>That the Administrator will ensure that updating of these documents of all residents signed by their respective Primary Care Physicians must always be kept in their individual files and to be check the dates annually together with their History and Physical Progress Report for its | 09/03/2024 |

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| | 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)<br><br>Inspector Comments: Based on record review and interview, the facility failed to obtain an initial Standard Physician Assessment and Placement Determination for 1 of 10 residents (Resident #1). Findings include: Resident #1 Resident #1 was admitted to the facility on 06/18/2024, with diagnoses including acute kidney failure, atrial fibrillation, and depression. Resident #1's record lacked documented evidence an initial Standard Physician Assessment and Placement Determination had been completed. On 08/21/2024 at 11:31 AM, the Administrator confirmed an initial Standard Physician Assessment and Placement Determination had not been completed for Resident #1 and should have been completed upon admission. Severity: 2 Scope: 1 | | accuracy and validity so that this Statement of Deficiency (SOD) will never happen again.<br><br>09/03/2024<br>Attached is the copies of updated Standard Physician's Assessment and Physician Placement Determination of resident #1<br><br>09/032024 | |