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 _____	**11/18/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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
0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a complaint survey conducted at your facility on 11/18/2024. This State Licensure survey was conducted by the authority of NRS 449.0307, Powers of the Division of Public and Behavioral Health. The facility is licensed for 10 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. The sample size was five. The Facility received a grade of A There was one complaint investigated. Complaint #NV00072222 with the following allegations was substantiated: Allegation #1: Residents were not accurately informed of meals and meal substitutions (See Y tag 272). Allegation #2: Alternative meals were not provided to residents (See Y tag 273). The following allegation could not be substantiated due to a lack of evidence: Allegation #3: A qualified caregiver was not always on the facility premises to provide care and protective supervision to residents. The investigation into the allegation included: Observation of residents in common areas and bedrooms, staff interaction with residents, and posted staff schedules. Review of five resident files included review of resident diagnoses, activities of daily living assessments and admission contracts. Review of prior two months of staffing schedules. 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		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: WARLITO PIZARRO Title: Administrator Date: 12/05/2024

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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0272 SS= C	Service of Food - Menus - NAC 449.2175 3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days. Inspector Comments: Based on observation, document review, and interview, the facility failed to post written menus which accurately reflected the meals served to the residents. Findings include: On 11/18/2024 at 10:22 AM, a menu was posted in the kitchen. The menu for lunch for 11/18/2024 documented chicken noodle soup, vegetables, crackers, juice and water. On 11/18/2024 at 10:53 AM, a resident verbalized the facility rarely adhered to the posted menu and did not inform the residents when a change was made. On 11/18/2024 at 11:35 AM, residents were served pepperoni pizza for lunch. On 11/18/2024 at 12:07 AM, the Administrator verbalized the facility served the residents pizza while the menu documented chicken noodle soup, vegetables, crackers, juice and water. The Administrator verbalized the facility should have changed the menu to accurately reflect what was to be served to the residents. Severity: 1 Scope: 3	0272	TAG 0272 Service of Food - Menus NAC 449-2175 3 Menus must be in writing, planned a week in advance, dated posted and keep on file for 90 days. That the Administrator must ensure that all menus must be planned in advance, dated, posted and kept on file for 90 days. The Administrator maintain and instructed the caregiver to indicate changes in the menus and must see to it that all menus are planned in advance posted, dated and in a week in advance with an assurance that this will be in compliance with the NAC 449-2175 3 and to be kept in 90 days so that his statement of deficiency will not happen again. Note: Menus on December 29,30,& 31 are indicated in the January Menus to continue until March 2025 and succeeding months to be kept in 90 days. 12/05/2024 Attachment # 1 - 4 Copies of 4 weeks regular menus for the month of December 2024 12/05/2024	12/05/2024

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0273 SS= D	Nutrition and Service of Food - Special Diet - NAC 449.2175 4. A resident who has been placed on a special diet by a physician or licensed dietitian must be provided a meal that complies with the diet. The administrator of the facility shall ensure that records of any modifications to the menu to accommodate for special diets prescribed by a physician or licensed dietitian are kept on file for at least 90 days. Inspector Comments: Based on observation, interview, clinical record review and document review, the facility failed to ensure alternative meals were provided to residents with physician ordered special diets for 2 of 5 sampled residents (Resident #1 and #2) Findings include: Resident #1 was admitted to the facility on 02/25/2020, with a diagnosis of type two diabetes. Resident #1's clinical record included a plan to manage insulin dependent type two diabetes mellitus documenting Resident #1 was advised to decrease intake of sweets, refined carbohydrates and sugary beverages. Resident #1's admission agreement dated 02/26/2020, documented the facility would provide three nutritious meals a day and special diets would be followed as prescribed by a health care provider. On 11/18/2024 at 10:53 AM, Resident #1 verbalized the facility did not provide diabetic meals, so the resident needed to make their own meals to comply with their diabetic diet. Resident #2 Resident #2 was admitted to the facility on 04/02/2024, with a diagnosis of prostate cancer. Resident #2's clinical record documented a physician ordered low sodium diet. On 11/18/2024 at 12:07 AM, the Administrator confirmed the clinical records for Residents #1 and #2 documented special diets, however the facility did not have low sodium or diabetic menus to accommodate the residents' dietary needs. Severity: 2 Scope: 1	0273	TAG 0273 : Nutrition and Service of Food - Special Diet - NAC 449.2175 4. A resident who had been placed on a special diet by a physician or licensed dietitian must be provided a menu that complies with the diet. That the Administrator must ensure that the #1 resident must be serve with a meal based on the order that his license dietitian or physician have prescribed as special diet for the said resident. The Administrator must see to it that all menus are planned in advance, posted, dated and in a week in advance with an assurance that this will be in compliance with the NAC 449-2175 3 and be kept in 90 days so that his statement of deficiency will not happen again. 12/05/2024 Attachment #2 - 4 Copies of 4 weeks in advance for the menus for special diet food based on the order of his physician or license dietitian. These menus are submitted and confirmed by resident #1 and planned for succeeding months to kept in 90 days. 12/05/2024	12/05/2024