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 _____	**08/30/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE RENO	**3105 PLUMAS STREET, RENO, NEVADA ,89509**

(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 investigation completed in your facility on 08/30/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The census at the time of the survey was 35. The sample size was five. Two complaints were investigated. Complaint #NV00064675 with the following allegation could not be substantiated. Allegation #1, the facility did not administer medications to a resident for nine days resulting in the resident needing to be admitted to the hospital for high blood sugar could not be substantiated due to lack of evidence. The investigation into the allegation included: Interviews were conducted with the Executive Director (ED) and the Health and Wellness Director. Observation of ordered medications stored in medication carts. Review of the clinical record for the resident of concern to include medication orders, medication administration records for July and August of 2021, the hospital discharge summary, and physician notification of medication refusal forms. Review of the facility policies for medication ordering, reordering, and receiving. Complaint #NV00064690 with the following allegations could not be substantiated. Allegation #1, the facility was allowing COVID-19 positive and COVID-19 negative residents to walk in and out of each others rooms could not be substantiated based on lack of evidence. Allegation #2, the facility did not have a cohorting plan to keep COVID-19 positive residents separate from COVID-19 negative residents could not be substantiated based on lack of evidence. The investigation into the allegations included: An interview with the ED and the Health and Wellness Director. Observation of the room where the only COVID-19 positive resident in the facility resided. The room had the door closed to the hallway and appropriate PPE	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: Title: Date:

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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	in a cart outside of the door. Observation of disposable plates and cutlery used by residents. Review of the a list of all positive staff members and residents in the previous 30 days, the facility testing schedule for staff and residents, resident screenings completed twice daily, staff screenings completed prior to start of shift, and staffing assignments for the previous week. Review of facility policies included alternative cohort unit strategies in memory care, COVID-19 signs and symptoms for residents living with dementia clinical guidance, community visits indoor and outdoor, resident outings, COVID risk assessment, and associate guidance for COVID-19 determining when a staff member can return to work. 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. No regulatory deficiencies were identified. No further action necessary. Please retain a copy for your records.			