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 _____	**06/15/2023**

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

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a mandatory regrading, conducted at your facility on 06/15/23. This State Licensure Survey was conducted in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 56 Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 34. Six resident files were reviewed. The facility received a re-survey 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 investigation, 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		
0556 SS= D	Provision of Dental, Optical and Hearing Care - NAC 449.262 Provision of dental, optical and hearing care and social services; report of suspected abuse, neglect, isolation or exploitation; restrictions on use of restraints, confinement or sedatives. (NRS 449.0302) 2. If an employee of the facility suspects that a resident is being abused, neglected, isolated or exploited, the employee shall report that fact in the manner prescribed in NRS 200.5093.	0556	Please refer to the original Statement of Deficiency/Plan of Correction - Event ID ZL6B12	06/15/2023
0593 SS= G	Rights of Residents; Procedure for Filing - NAC 449.268 Rights of residents; procedure for filing grievance, complaint or report of incident; investigation and response. (NRS 449.0302) 1. The administrator of a residential facility shall ensure that: (d) The facility is a safe and comfortable environment;	0593	Please refer to the original Statement of Deficiency/Plan of Correction - Event ID ZL6B12	06/15/2023
0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 - Administration of medication: Responsibilities of	0878	All Clinical Staff, including medication technicians will be re-trained no later than 06/27/2023 on receiving medications for all	06/27/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | Name: KRYSTAL GUERRERO | Title: Executive Director | Date: 06/28/2023

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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	administrator, caregiver and employees of facility. 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (Previously Y 0879) (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, the physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. Inspector Comments: Based on record review, observation and interview, the facility failed to ensure a medication was on-site to administer as prescribed for 1 of 6 sampled residents (Resident #4). Findings		residents. This will be ongoing and continuously monitored by Health and Wellness Director and/or designee every week during a medication cart audit to ensure medication is on site for all residents in compliance with the Medication Administration Record (MAR).	

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	include: Resident #4 Resident #4 was admitted to the facility on 05/02/23, with a diagnosis of vascular dementia. On 06/15/23 at 11:33 AM, during a review of resident's medications, Resident #4 lacked galloper lactate oral concentration 2 milligrams (mg)/milliliter (ml). Resident #4's June 2023 Medication Administration Record (MAR) and Physician's Order dated 05/11/23, documented the following: - galloper lactate oral concentrate 2 mg/ml, give 0.25 ml by mouth under the tongue or between gum line and teeth every six hours as needed for agitation or combativeness. On 06/15/23 at 11:43 AM, the Resident Care Coordinator confirmed the facility lacked Resident #4's galloper lactate oral concentration. Severity: 2 Scope: 1			
0885 SS= D	Medication - Destruction - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744.	0885	Please refer to the original Statement of Deficiency/Plan of Correction - Event ID ZL6B11	06/15/2023
0936 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 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	0936	Resident # 4: 1st Step PPD placed on Friday, 06/23/2023 with a read date and time on 6/26/2023. The second step PPD will be placed on 06/30/2023 with a read date and time on 07/03/2023. (See attached 1st step) Resident #5: Was sent out to the hospital on 06/23/2023. A Quantiferon TB test will be done and read with proper name, date. etc. prior to resident re-admitting to the community. Resident #6: 1st Step PPD placed on	07/03/2023

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	limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on record review, document review, and interview, the facility failed to ensure 3 of 6 sampled residents met the requirements for timely tuberculosis (TB) testing in accordance with Nevada Administrative Code (NAC) 441A (Resident #4, #5 and #6). Findings include: Resident #4 Resident #4 was admitted to the facility on 05/02/23, with a diagnosis of vascular dementia. Resident #4's clinical record documented negative chest x-ray dated 04/29/23. The resident's record lacked documented evidence of a positive TB test. On 06/15/23 at 10:36 AM, the Health and Wellness Director (HWD) confirmed Resident #4 lacked evidence of positive TB test. Resident #5 Resident #5 was admitted to the facility on 06/01/23, with a diagnosis of dementia. Resident #5's clinical record documented a two-step TB test with the first step given 05/12/23 and read negative. The first step test lacked documented evidence of a read date and lacked evidence of a second step TB test completed. On 06/15/23 at 10:34 AM, the HWD confirmed Resident #5's TB testing first step lacked read date and time and Resident #5 lacked a second step TB test. Resident #6 Resident #6 was admitted to the facility on 06/01/23, with diagnoses including major depressive disorder and Alzheimer's disease. Resident #6's clinical record documented a negative QuantiFERON TB, however lacked a report date. On 06/15/23 at 12:00 PM, the HWD confirmed the QuantiFERON TB test lacked a reporting date. Severity: 2 Scope: 2		Friday, 06/23/2023 with a read date and time on 6/26/2023. The second step PPD will be placed on 06/30/2023 with a read date and time on 07/03/2023. (See attached 1st step) All new incoming residents will have a completed Quantiferon TB Test prior to being admitted into the community that includes residents name, date/time and will be monitored by Health and Wellness Director and/or designee. If Quantiferon test is unavailable, all new incoming residents will have a two step TB test done with date and read time prior to being admitted to the community. This will be monitored by the Health and Wellness Director and/or designee.	

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0945 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) 3. Except as otherwise provided in this subsection, a resident's file must be kept confidential. A resident's file must be made available upon request at any time to an employee of the Bureau who is acting in his or her capacity as an employee of the Bureau. Inspector Comments: Based on observation and interview, the facility failed to keep medical information of the residents confidential. Findings include: On 06/15/23 at 11:21 AM, there was an empty medication card with visible resident information on top of a medication cart. The Medication Technician was not in the area at the time of discovery. After approximately two minutes, the Medication Technician was observed walking from another hall toward the medication cart. The Medication Technician verbalized the empty medication card was to be discarded to prevent resident information from being visible to other residents and the public every time the Medication Technician walked away from the medication cart. The Medication Technician confirmed the resident information was left on the medication cart and acknowledged the exposed information was a Health Insurance Portability and Accountability Act (HIPAA) violation. On 06/15/23 at 12:37 PM, the Health and Wellness Director (HWD) explained Medication Technicians were to cut off medication card tops and to shred resident information prior to disposal of empty medication cards. The HWD confirmed the Resident Care Coordinator should not have walked away from the medication card to avoid personal information for residents from being exposed to other residents or the public. Severity: 2 Scope: 1	0945	All Staff, including clinical, maintenance/housekeeping, kitchen and leadership staff o be re-trained no later than 06/27/2023 on Brookdale's HIPPA policy and disclosure of PHI. (See attached policy) This will be ongoing and continuously monitored by Health and Wellness Director and/or designee to ensure residents information is kept confidential.	06/15/2023

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0966 SS= F	Alzheimer’s Care - NAC 449.2754 Residential facility which provides care to persons with Alzheimer ' s disease: Application for endorsement; general requirements. (NRS 449.0302) 5. The administrator of such a facility shall prescribe and maintain on the premises of the facility a written statement which includes: (b) Evidence that the facility has established interaction groups within the facility which consist of not more than six residents for each caregiver during those hours when the residents are awake;	0966	Please refer to the original Statement of Deficiency/Plan of Correction - Event ID ZL6B12	06/15/2023

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0994 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. Inspector Comments: Based on observation and interview, the Administrator failed to ensure dangerous items were not stored in resident rooms endorsed for the care of residents with Alzheimer's disease with the potential to affect 32 of 32 residents. Findings include: On 06/15/23 between 9:16 AM and 10:02 AM, the following dangerous items were observed in unlocked resident rooms and accessible to all residents.: Room 8 - vacant room with an unset bed with metal bed frame on the floor. Room 31 - adaptive utensils including a steak knife. On 06/15/23 at each discovery, the Executive Director (ED) confirmed the dangerous items were unsecured in a unlocked resident room or vacant room. The ED verbalized the metal bed frame could be dangerous if a resident picked it up, hitting themselves or another resident and adaptive steak knife utensil should have been secured from the residents to keep the residents safe. Severity: 2 Scope: 3	0994	Room 8 - The bed was immediately set (see attached documents) to ensure resident safety. Room 31 - The adaptive utensils were immediately removed from residents room and secured. All staff, including clinical, housekeeping, maintenance, kitchen and leadership staff to be re-trained no later than 06/27/2023 on dangerous items in the community and residents room. This will be ongoing and continuously monitored by Health and Wellness Director and/or designee to ensure residents are kept safe from dangerous items.	06/27/2023
0999 SS= E	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility.	0999	Please refer to the original Statement of Deficiency/Plan of Correction - Event ID ZL6B11	06/15/2023