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 _____	**09/30/2024**

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 conducted at your facility on 09/30/2024. 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 56 Residential Facility for Group beds, with assisted living services for elderly or disabled persons, and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 47. Three resident files were reviewed, and one closed records were reviewed. Four employee files were reviewed. One complaint was investigated. The facility received a grade of A. Complaint #NV00072176 with the following allegations could not be substantiated due to a lack of evidence. Allegation #1: The facility was not following facility's Infection Control policies and procedures. Allegation #2: A resident was wheeled through the facility by staff naked after a shower. Investigation into the allegations included: Observation of hand hygiene and staff-to-resident interactions. Interviews were conducted with two residents, two Caregiver, a Medication Technician, the Wellness Director, and the Executive Director. Record review included face sheets with diagnoses, activities of daily living, service plans, and lab testing results and for four residents. Document review included the following: -Employee infection control training -Employee Alzhiemer's care training -Employee elder abuse training - Infection control plan A deficiency unrelated to the allegations was identified (see tag Y1830). 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	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | Name: SAMUEL GARCIA-FELIX | Title: Executive Director | Date: 10/23/2024

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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	under applicable federal, state or local laws. The following regulatory deficiencies were identified:			
1830 SS= C	Infection Control Required Training - Infection Control Required Training LCB File No. R048-22 Sec. 5 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training. Inspector Comments: Based on personnel file review, document review, and interview, the facility failed to ensure the secondary infection control person met the required 15 hours of initial infection control training per Legislative Council Bureau (LCB) File Number R048-22, Section 5, with the potential to affect 23 of 23 residents. Findings include: On 09/30/2024 at 10:48 AM, the Executive Director presented a training certificate for the designated secondary infection control person, however it was not the required 15 hours of infection control and prevention training. Severity: 1 Scope: 3	1830	1. Certification of Infection Control training will be completed. 2. Date of renewals for Infection Control certifications will be recorded to maintain certification up to date. 3. Employee certification expiration dates and status will be monitored using employee chart. 4. Business Office Coordinator and Executive Director will ensure this plan is implemented. 5. Correction has been completed on 10/16/24 6. Course completion certificate attached.	10/16/2024