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 A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
			11/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MASON VALLEY RESIDENCE, LLC	**705 SOUTH STREET, YERINGTON, NEVADA ,89447**

(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 grading resurvey State Licensure survey conducted in your facility on 11/30/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 57 Residential Facility for Group beds for elderly or disabled persons, and/or persons with Alzheimer's disease, 45 Category II residents and 12 Category II Alzheimer's residents. The census at the time of the survey was 35. Eight resident files and eight 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 regulatory deficiencies were identified:	0000		
0050 SS= F	Administrator's Responsibilities - Oversight - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.27706, inclusive, and chapter 449 of NRS.	0050	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 6W3F12.	11/30/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	Name: ROSEMARY A ORANTES	Title: Administrator	Date: 12/21/2023

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NAME OF PROVIDER OR SUPPLIER **MASON VALLEY RESIDENCE, LLC**		STREET ADDRESS, CITY, STATE, ZIP CODE **705 SOUTH STREET, YERINGTON, NEVADA ,89447**	

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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 NAC 449.2742; and (d) Annually pass an examination relating to the management of medication approved by the Bureau.	0072	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 6W3F12.	11/30/2023
0102 SS= E	Personnel File - TB Screening - NAC 449.200 Personnel files. 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee;	0102	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 6W3F12.	11/30/2023

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0104 SS= D	Personnel Files - Background Checks - NAC 449.200 Personnel files. (NRS 449.0302) 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. Inspector Comments: Based on personnel file review, document review, and interview, the facility failed to ensure 1 of 8 sampled employees met the background check requirements of Nevada Revised Statute (NRS) 449.122 to 449.125 (Employee #4). Findings include: The facility's Plan of Correction (POC) dated 08/23/23, documented, "Since obtaining a new HR, and the requirement of keeping a copying of the prints in the employee chart, all employees are being printed at time of offer of employment and a copy is kept in the file." Employee #4 Employee #4 was hired as Medication Aide with a start date of 02/23/23. Employee #4's personnel file documented initial fingerprints taken 06/09/23. On 11/30/23 in the morning, the Business Office Assistant verbalized Employee #4 had a previous background check performed at another facility and was unaware that a background check for the current facility was required. This was a repeat deficiency from the 06/01/23 grading resurvey. Severity: 2 Scope: 1	0104	1. Employee's background was printed however facility did not realize a request to the prior employer for prints needed to happen. 2. HR will be working with DPS on training on how to retrieve prints from other agencies. 3. HR will ensure that if they cant retrieve a prior background, that prints will be done. 4. HR 5. 12/21/2023	12/21/2023

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0870 SS= D	Medication Administration-Accuracy & Report - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility. (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a).	0870	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 6W3F12.	11/30/2023

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0874 SS= D	Medication Administration-Report Received - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 2. Within 72 hours after the administrator of the facility receives a report submitted pursuant to paragraph (a) of subsection 1, a member of the staff of the facility shall notify the resident's physician of any concerns noted by the person who submitted the report. The report must be reviewed and initialed by the administrator. Inspector Comments: Based on clinical record review, document review, and interview, the Administrator failed to ensure a medication profile review, performed by a physician, pharmacist, or registered nurse at least once every six months, was reviewed and initialed by the Administrator within 72 hours and recommendations were forwarded to the physician within 72 hours for 1 of 8 sampled residents residing in the facility for longer than six months (Resident #3). Findings include: Resident #3 Resident #3 was admitted to the facility on 04/19/23, with a diagnosis of vascular dementia. Resident #3's clinical record documented a pharmacy review completed on 10/11/23. The pharmacy review included recommendations to specify the quantity of grams on the diclofenac gel and to provide the indication on routine medications. The pharmacy review lacked the Administrator or designee's initials and the facility lacked documented evidence of the notification to the physician. On 11/30/23 at 10:45 AM, the Administrator in Training confirmed the pharmacy review lacked the Administrator's initials documenting review and the facility lacked documented evidence the physician had been informed of the pharmacist's recommendations. Severity: 2 Scope: 1	0874	1. 6 month medication review was not signed by Administrator at time of receiving document; 2. 6 month review will be signed once received, photocopied and filed and original sent to physician for signature. 3. Administrator understands that all forms are signed upon receipt and will be audited monthly. 4. Administrator 5. 12/21/23	12/21/2023

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0876 SS= D	Medication Administration - NRS 449.0302 - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of: (a) Controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.0302 are met. (b) Insulin using an auto-injection device only if the conditions prescribed in NRS 449.0304 and NAC 449.1985 are met.	0876	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 6W3F12.	11/30/2023
0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 - Administration of medication: Responsibilities of 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	0878	1. There was a med error on the label of the medication bottle. The MAR and order were reflected to be correct. 2. Med Techs were reminded that when a med change happens with a new order and the MAR is updated that the process is that the label for the medication card must be updated as well. New order is then faxed to pharmacy for appropriate updates. 3. Med tech supervisor will monitor changes weekly and monthly during re-caps. 4. Care Coord/Admin 5.12/21/2023	12/21/2023

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	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 observation, interview, and clinical record review, the facility failed to ensure a change label was affixed to a medication label for 1 of 8 sampled residents (Resident #3). Findings include: Resident #3 Resident #3 was admitted to the facility on 04/19/23, with a diagnosis of vascular dementia. On 11/30/23, during a review of medications for Resident #3 the following was found in the resident's medication supply: - a bottle of sertraline HCL 50 milligrams (mg), take one tablet twice a day. The November 2023 Medication Administration Record (MAR) for Resident #3 and a Physician Order, dated 05/03/23, documented the following for the sertraline: - sertraline HCL 50 mg, take one tablet twice a day. On 11/30/23 at 10:36 AM, the Medication Aide confirmed the label on the sertraline did not match the order or MAR and should have included a change label. Severity: 2 Scope: 1			

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0895 SS= D	Administration of Medication Maintenance - NAC 449.2744 Administration of medication: Maintenance and contents of logs and records. (NRS 449.0302) 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident ' s physician.	0895	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 6W3F12.	11/30/2023
0936 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) 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 limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on document review, record review and interview, the facility failed to ensure 1 of 8 sampled residents met the requirements concerning tuberculosis (TB) testing in accordance with Nevada Administrative Code (NAC) 441A (Resident #3). Findings include: The facility's Plan of Correction dated 08/23/23, documented at the time of admission the Resident Care Coordinator will be responsible to ensure the resident receives	0936	1. Resident was admitted with a negative tb test, however results showed that there was a 13mm of bubbling and a chest x-ray should have been done. 2. Prior to admission the tb form will be double checked that no signs or symptoms are active, and if it is active a chest x ray will take place. 3. Care coordinator will monitor and double check all admission forms. 4. Care Coordinator/Admin 5. 12/22/2023	12/21/2023

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	TB testing prior to admission and all documents are filed in the appropriate place. Resident #3 Resident #3 was admitted to the facility on 04/19/23 with a diagnosis of vascular dementia. Resident #3's record contained a two step TB test with the first step given on 03/31/23 and read positive with an induration of 13 millimeters on 04/02/23. The TB test was marked as read negative by the Registered Nurse. Resident #3's record lacked documented evidence of a chest x-ray or other clinical determination to clear the positive TB test. On 11/30/23 at 9:20 AM, the Resident Care Coordinator confirmed the TB test was positive and the TB testing document was marked negative, and confirmed the facility lacked documented evidence of a chest x-ray. This was a repeat deficiency from the 06/01/23 grading resurvey. Severity: 2 Scope: 1			
0938 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) 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 limitation: (g) An evaluation of the resident ' s ability to perform the activities of daily living and a brief description of any assistance he or she needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his or her ability to perform the activities of daily living; and (3) In any event, not less than once each year.	0938	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 6W3F12.	11/30/2023

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0994 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: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents.	0994	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 6W3F12.	11/30/2023
0999 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: (g) All toxic substances are not accessible to the residents of the facility.	0999	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 6W3F12.	11/30/2023
1010 SS= D	Care for Persons with Mental Illnesses - NAC 449.2764 Residential facility which offers or provides care for persons with mental illnesses: Application for endorsement; training for employees. (NRS 449.0302) 1. A residential facility which offers or provides care and protective supervision for a resident with mental illness must obtain an endorsement on its license authorizing it to operate as a residential facility for persons with mental illnesses. The Division may deny an application for an endorsement or suspend or revoke an existing endorsement based upon the grounds set forth in NAC 449.191 or 449.1915.	1010	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 6W3F12.	11/30/2023

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1520 SS= C	Copy of Statement/Filing a Complaint - R016-20 Section 11 1. Upon admission of a patient or resident, the facility shall: (a) Provide the patient or resident with a written copy of the statement required pursuant to paragraph (b) of subsection 2 of NRS 449.101 and the notice and information required pursuant to subsection 3 of NRS 449.101 or section 9 of this regulation, as applicable. (b) Provide the patient or resident with a written notice that a patient or resident who has experienced prohibited discrimination may file a complaint with the facility. The written notice provided by the facility must include, without limitation: (1) The contact information for the Division; (2) A clear statement that such a complaint with the facility: (I) May be filed in addition to the complaint that may be filed with the Division pursuant to subsection 3 of NRS 449.101 or section 9 of this regulation, as applicable; and (II) Is not required to be filed for the patient or resident to file a complaint with the Division pursuant to subsection 3 of NRS 449.101 or section 9 of this regulation, as applicable; and (3) The procedure that the facility uses to address such complaints with the facility and the timeframe for how long it will take the facility to address such complaints with the facility. 2. As used in this section, "prohibited discrimination" means the discrimination described in section 7 of this regulation and in subsection 1 of NRS 449.101.	1520	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 6W3F12.	11/30/2023

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1540 SS= E	Cultural Competency Training - R016-20 Section 14.1 1. Pursuant to subsection 1 of NRS 449.103, within 30 business days after the course or program is assigned a course number by the Division pursuant to section 18 of this regulation or within 30 business days of any agent or employee being contracted or hired, whichever is later, and at least once each year thereafter, a facility shall conduct training relating specifically to cultural competency for any agent or employee of the facility who provides care to a patient or resident of the facility so that the agent or employee may: (a) More effectively treat patients or care for residents, as applicable; and (b) Better understand patients or residents who have different cultural backgrounds, including, without limitation, patients or residents who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103.	1540	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 6W3F12.	11/30/2023
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 resident to the facility; and (2) If a physical	1700	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 6W3F12.	11/30/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ______ B. WING ______	(X3) DATE SURVEY COMPLETED
			11/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MASON VALLEY RESIDENCE, LLC	**705 SOUTH STREET, YERINGTON, NEVADA ,89447**

(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
	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)			