Division of Public and Behavioral Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 1959 | A. BUILDING _____ B. WING _____ | 05/06/2025 |

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

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| 0000 | Initial Comments<br><br>Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 05/06/2025, 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 41. 15 resident files and 10 employee files were reviewed. The facility received a grade of C. NAC 449.27706 Resurvey: Application and fee; failure to comply. 2. If the Bureau issues a placard to a residential facility that includes a grade of "C" or "D," the administrator must submit an application to the Bureau for a resurvey of the facility not later than 30 days after the facility receives the placard. The fee for an application for a resurvey is $600 and must accompany the application. 3. The Bureau may revoke the license of a residential facility that is required to submit an application for a resurvey pursuant to subsection 2 if the facility fails to submit the application in accordance with the provisions of that subsection. 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 | | |

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | Name: SAMANTHA R. MITCHELL | Title: Administrator | Date: 08/01/2025 |
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| 0451 SS= F | First Aid & CPR - NAC 449.231 First aid and cardiopulmonary resuscitation. (NRS 449.0302) 2. A first-aid kit must be available at the facility. The first-aid kit must include, without limitation: (a) A germicide safe for use by humans; (b) Sterile gauze pads; (c) Adhesive bandages, rolls of gauze and adhesive tape; (d) Disposable gloves; (e) A shield or mask to be used by a person who is administering cardiopulmonary resuscitation; and (f) A thermometer or other device that may be used to determine the bodily temperature of a person.<br><br>Inspector Comments: Based on observation and interview, the facility failed to ensure 4 of 4 first aid kits contained all of the required items. Findings include: On 05/06/2025 the first aid kits throughout the facility lacked the following items: 1) Memory Care - At 10:55 AM, the first aid kit lacked roller gauze, adhesive tape, and thermometer/fever strips. 2) Kitchen - At 11:00 AM, the first aid kit lacked a thermometer/fever strips. 3) Front Desk - At 11:13 AM, the first aid kit lacked adhesive tape. 4) Activity Room - At 11:17 AM, the first aid kit lacked a thermometer/fever strips. On 05/06/2025 at each discovery, the Maintenance Director confirmed the facility's first aid kits lacked the required items. Severity: 2 Scope: 3 | 0451 | 1. First aid kits in kitchen/activities lacked thermometers; the facility currently has multiple thermometers, two were moved to these first aid kits.<br>The lobby first aid kit lacked first aid tape; the facility has always kept stock of extra first aid supplies, and a roll of tape was moved to this first aid kit.<br><br>2. The facility currently completes a monthly audit on first aid supplies. The current audit sheet has been updated with information to assist staff in becoming more knowledgeable on regulations. This audit will now be completed every week to ensure the first aid kits contain all required items.<br><br>3. The med tech on shift will complete the audit sheet, then turn the sheet in to the administrator or wellness director for approval.<br><br>4. Med tech, Administrator, Wellness Director<br><br>5. 7/23/2025 | 07/23/2025 |

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| 0515 SS= F | Supervision and Treatment of Residents - NAC 449.259 & R043-22 Supervision and treatment of residents generally. (NRS 449.0302) 1. A residential facility shall ensure that the staff of the facility collaborate with each resident of the facility, the family of the resident and other persons who provide care for the resident, including, without limitation, a qualified provider of health care, as interpreted by section 8 of this regulation, to: (a) Develop a person-centered service plan for the resident; and (b) Review the person-centered service plan at least once each year.;<br><br>Inspector Comments: Based on record review and interview, the facility failed to develop person-centered service plans for 15 of 15 sampled residents. This deficient practice had the potential to affect the facility census by not providing person-center needs and services to residents. Findings include: On 05/06/2025, upon completion of resident record review, 15 of 15 sampled resident records lacked documentation a service plan had been completed. On 05/06/2025 at 1:07 PM, the Administrator confirmed the facility had not been completing person-centered service plans for any resident and verbalized having understood the Activities of Daily Living assessments were not considered a service plan. Severity: 2 Scope: 3 | 0515 | 1. The facility has adopted a new persons centered care plan to replace the current non-compliant care plan which will be completed for all current residents of the facility.<br><br>2. The facility will ensure the new care plan is completed upon admission and annually for all residents of the facility.<br><br>3. The administrator is now aware that the current care plan is non compliant, and the new care plan will be included in the admissions packet<br><br>4. Administrator, Wellness Director, Business Office Manager<br><br>5. 8/20/2025 | 08/20/2025 |
| 0871 SS= D | Medication Administration - Plan - NAC 449.2742 and R043-22 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: d) Develop and maintain a plan for managing the administration of medications at the residential facility, including, without limitation: (1) Preventing the use of outdated, damaged or contaminated medications; (2) Managing the medications for each resident in a manner which ensures that any prescription medications, over-the-counter medications and nutritional supplements are ordered, filled and refilled in a timely manner to avoid missed dosages; (3) Verifying that orders for | 0871 | 1. The medication was Dc'd out of the MAR book on 5/6/2025, being signed as medication not in the building until removed from MAR. Original Dc date of 4/28/25, Medication was removed from the med cart on 4/30/25, moved to the medication destruction bin and destroyed properly on 5/6/25.<br><br>2. Medication techs will be re-educated on policies regarding discontinuation of medications and retrained on the process of how and when to DC medications. I will meet with all med techs to review the policy, and they will sign/acknowledge a copy of the policy to be added to their employee file. | 08/20/2025 |

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| | medications have been accurately transcribed in the record of the medication administered to each resident in accordance with NAC 449.2744; (4) Monitoring the administration of medications and the effective use of the records of the medication administered to each resident; (5) Ensuring that each caregiver who administers a medication is in compliance with the requirements of subsection 6 of NRS 449.037 and NAC 449.196; (6) Ensuring that each caregiver who administers a medication is adequately supervised; (7) Communicating routinely with the prescribing physician, physician assistant or advanced practice registered nurse or other physician, physician assistant or advanced practice registered nurseof the resident concerning issues or observations relating to the administration of the medication; and (8) Maintaining reference materials relating to medications at the residential facility, including, without limitation, a current drug guide or medication handbook, which must not be more than 2 years old or providing access to websites on the Internet which provide reliable information concerning medications. (e) Develop and maintain a training program for caregivers of the residential facility who administer medication to residents, including, without limitation, an initial orientation on the plan for managing medications at the facility for each new caregiver and an annual training update on the plan. The administrator shall maintain documentation concerning the provision of the training program and the attendance of caregivers.<br><br>Inspector Comments: Based on observation, record review, and interview, the facility's Administrator failed to implement and maintain a plan for the management of discontinued medications and ensure Medication Technicians (Med Tech) correctly documented the discontinuation of an antihypertensive medication in a resident's (Resident #13) Medication Administration Record (MAR). Due to this deficient practice the Wellness Director (WD) was not able to determine if the medication had been administered, was | | Medications to be DC'd will now be disposed of properly the date the dc order is received.<br><br>3. The Wellness director will be the lead on discontinuing meds, when the wellness director is not present, the administrator will monitor in place of the WD. The Wellness Director will monitor all discontinued medication orders that come into the facility and will work with med techs to ensure that orders are completed when given and medications are properly disposed of. The facility will continue to use the medication DC log provided for the med techs.<br><br>4. Wellness Director, Med Techs<br><br>5. 8/20/2025 | |

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| | or was not available, or had been destroyed with the potential for the resident to be administered the medication and becoming hypotensive. Findings Include: Resident #13 Resident #13 was admitted to the facility on 01/21/2025, with diagnoses including dementia, hypertension, and coronary artery disease. A physician's order dated 03/02/2025, documented to discontinue an order for amlodipine 5 milligrams (mg) twice daily. A physician's order dated 04/17/2025, documented to give amlodipine 5 mg, one tablet by mouth daily for high blood pressure. A physician's order dated 04/28/2025, documented to discontinue the order for amlodipine 5 mg tablets, one tablet daily. Resident #13's MAR for April 2025, documented the following: - Amlodipine 5 mg, give one tablet by mouth twice daily and had an origin date of 01/24/2025. The area of the MAR used to document medication administration documented the medication was discontinued per hospice. - Amlodipine 5 mg, give one tablet one time daily by mouth for high blood pressure, with a start date of 04/19/2025. The medication was documented as administered daily from 04/19/2025 through 04/30/2025. Resident #13's MAR for May 2025, documented the following: -Amlodipine 5 mg, give one tablet by mouth one time daily, with an origin date of 04/17/2025, was discontinued by hospice on page one. -Give amlodipine 5 mg tab, one tab by mouth once daily for high blood pressure was hand written on page four of the MAR and did not include a date of origin. The MAR documented the medication was given each day from 05/01 - 05/06/2025. -A handwritten entry dated 05/01/2025 at 8:00 AM, documented amlodipine 5 mg tablets were not in the building. There were no additional entries on this page. -Handwritten entries dated 05/03, 05/04, and 05/05 at 8:00 AM documented was not available/not in the building. The entries did not document what the medication or dose of the medication were. A Medication Destruction Record documented Resident #13's medication, amlodipine 5 mg tablets was destroyed on 05/06/2025. On 05/06/2025 at 2:34 PM, a Med Tech explained when a medication was not given the Med Tech initialed the | | | |

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| | MAR and circled the Med Tech's initials to indicate the medication had been held. The Med Tech confirmed the entries for amlodipine in Resident #13's MAR were initialed as given from 04/19/2025 through 04/30/2025, and 05/01/2025 - 05/06/2025, and did not document the medication was held after it was discontinued on 04/28/2025. On 05/06/2025 at 2:38 PM, the Wellness Director confirmed Resident #13's order for Amlodipine 5 mg tablets, give one tablet by mouth daily for high blood pressure, was last discontinued on 04/28/2025, and was documented as given from 04/28/2025 through 04/30/2025, and 05/01/2025 - 05/06/2025. The WD was not able to explain why the facility continued to document Resident #13 was administered amlodipine on 04/28-04/30/2025. The WD was not able to explain why the order was entered into the resident's May 2025 MAR. The WD was not able to explain why the medication was documented as given and also documented as not available and/or destroyed from 05/01/2025 through 05/06/2025. Due to the inaccurate and inconsistent documentation the WD was not able to confirm if the medication had or had not been administered. The facility policy, titled "Medication Records," undated, documented MARs were maintained for all medications. Severity: 2 Scope: 1 | | | |
| 0878 SS= D | Medication/OTCS, Supplements, Change Order - NAC 449.2742 and R043-22 - 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 , physician assistant or advanced practice registered nurse has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician, physician assistant or advanced practice registered nurse. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician, physician assistant or advanced practice registered nurse. The administration of over-the-counter medications and dietary | 0878 | 1. Medication was in facility all of April and only out of the facility on 5/3/25 8pm to 5/7/25 8pm. Medication finally received 5/7/25 after last med pass and available on 5/8/25 to be given at 8am<br><br>2. Med Techs will review policy with Wellness Director and Administrator on when to order medication. Medication orders will be reviewed with the Wellness Director to be signed off on by WD or the Administrator. If medication is ordered and not received within | 08/20/2025 |

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| | 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, physician assistant or advanced practice registered nurse must be administered as prescribed by the physician, physician assistant or advanced practice registered nurse. If a physician, physician assistant or advanced practice registered nurse 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 (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, physician assistant or advanced practice registered nurse 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, physician assistant or advanced practice registered nurse, a 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.<br><br>Inspector Comments: Based on interview and clinical record review, the facility failed to ensure a resident's psychotropic medication was onsite and administered as ordered by the physician for 1 of 15 sampled residents (Resident #10). Findings include: Resident #10 Resident #10 was admitted to the facility on 02/11/2025, with a diagnosis of Alzheimer's disease. A physician order, dated 04/16/2025, documented to administer Lorazepam 0.50 milligram tablet twice a day (BID). Resident #10's May 2025 Medication Administration Record (MAR) documented the lorazepam would be administered twice daily at 8:00 | | 2 days, med techs will be instructed to alert the WD and Administrator so they may assist med techs in ensuring medications are received on time.<br><br>3. The order sheets will now include a signature line for administration to sign off on that the order was reviewed, and the topic will now be included in the weekly admin meeting.<br><br>4. Wellness Director, Med Techs, Administrator<br><br>5. 8/20/2025 | |

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| | AM and 8:00 PM for agitation and restlessness related to senile dementia. The MAR documented circled initials on the following dates and times: -On 04/03/2025 at 8:00 PM -On 04/04/2025 at 8:00 AM -On 04/04/2025 at 8:00 PM -On 04/05/2025 at 8:00 AM -On 04/05/2025 at 8:00 PM -On 04/06/2025 at 8:00 AM On 05/06/2025 at 2:15 PM, during a review of medications for Resident #10, the facility lacked Resident #10's Lorazepam. On 05/06/2025 at 2:15 PM, the Wellness Director verbalized the facility ordered a refill on Resident #10's Lorazepam on Thursday, 04/01/2025, when there were four doses left. Resident #10's Lorazepam was depleted on Saturday 04/03/2025. The Wellness Director explained circled initials on the MAR indicated the medication was not given. The Wellness Director confirmed Resident #10 missed six doses of Lorazepam and the facility did not have Resident #10's Lorazepam. On 05/06/2025 at 2:34 PM, the Administrator verbalized the medication technicians audited medication carts weekly on Sundays to request medication refills. Refills would be requested when there were eight to ten doses remaining. The Administrator verbalized Resident #10's Lorazepam should have been ordered on Sunday, 04/27/2025. Severity: 2 Scope: 1 | | | |
| 0895 SS= A | Administration of Medication Maintenance - NAC 449.2744 and R043-22 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; (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician, physician assistant or advanced practice registered nurse, including, without | 0895 | 1. Medication order was corrected in the MAR to match the medication bottle and medication order<br><br>2. Medication audits currently done monthly will now be completed twice a month to ensure MAR, med and orders match. An audit sign off sheet will be added to the Medication books to ensure the audits are kept up and completed on time.<br><br>3. The administrator will assist | 08/01/2025 |

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| | limitation, whether the medication is to be administered according to a routine schedule or as needed; (5) Any change in an order or prescription of a resident ' s physician, physician assistant or advanced practice registered nurse,including, without limitation, the discontinuation of the medication; (6) Any time when the resident is out of the facility; and (7) Any mistakes made in the administration of medication.<br><br>Inspector Comments: Based on interview, clinical record review and document review, the facility failed to ensure the medication administration record (MAR) was accurate for 1 of 15 sampled residents (Resident #9). Findings include: Resident #9 Resident #9 was admitted to the facility on 04/03/2025, with a primary diagnosis of dementia. A physician order dated 04/17/2025, documented Cholecalciferol (Vitamin D3) 2,000 unit tablet. Take one tablet by mouth daily. Resident #9's May 2025 MAR documented Vitamin D3 tablet 1,000 units. Take one tablet by mouth once daily. On 05/06/2025 at 1:52 PM, during a review of medications for Resident #19, a bottle of Vitamin D3 documented 2,000 unit tablets. Take one tablet by mouth daily for vitamin deficiency. On 05/06/2025 at 1:52 PM, the Wellness Director verbalized when the facility gets a resident's medications, the facility would compare the medication with the MAR and the physician order. The Wellness Director confirmed Resident #9's Vitamin D3 did not match the MAR. On 05/06/2025 at 2:38 PM, the Administrator explained once a month the wellness director does a cart audit matching the resident's MAR to their medication to ensure the resident received the correct dose, preventing possible health issues in the future. The Administrator explained Resident #9's Vitamin D3 must have been missed during the audit. The facility policy, titled "Medication Records," undated, documented MARs were maintained for all medications poured or passed by community staff. Severity: 1 Scope: 1 | | the med techs and WD in the medication audits to ensure medications stay within compliance<br><br>4. Administrator, Wellness Director, Med Techs<br><br>5. 8/1/2025 | |

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| 0905 SS= D | Administration of Medication Restrictions - NAC 449.2746 Administration of medication: Restrictions concerning medication taken as needed by resident; written records. (NRS 449.0302) 1. A caregiver employed by a residential facility shall not assist a resident in the administration of a medication that is taken as needed unless: (a) The resident is able to determine his or her need for the medication; (b) The determination of the resident ' s need for the medication is made by a medical professional qualified to make that determination; or (c) The caregiver has received written instructions indicating the specific symptoms for which the medication is to be given, the exact amount of medication that may be given and the frequency with which the medication may be given.<br><br>Inspector Comments: Based on interview and record review, the facility failed to ensure a medication did not have range order for 1 of 15 sampled residents (Resident #8). Findings include: Resident #8 Resident #8 was admitted to the facility on 01/27/2023, with a diagnosis of dementia. A physician order dated 01/15/2024, documented to administer Atropine sublingually by mouth (SL/PO). Administer 1-2 drops every two hours as needed. Resident #8's May 2025 Medication Administration Record (MAR) documented Atropine 1 percent (%) eye drops. Give 1-2 drops sublingually every two hours as needed for copious respiration secretions. On 05/06/2025 at 2:43 PM, the Administrator verbalized when new orders are brought in, the medication technicians transcribe the orders on the MAR and the Wellness Director confirmed the order. The Administrator verbalized the residents were unable to have range orders because ranges force the medication technicians to diagnose residents which is outside medication technician scope of practice. Severity: 2 Scope: 1 | 0905 | 1. The day of survey, the hospice nurse corrected the medication order to match orders required for regulation. Medication was not used at all during the time the non-compliant order was on the medication administration sheet.<br><br>2. Medication techs will be educated on medication regulations regarding orders. I will meet with all med techs to review the policies, and they will sign/acknowledge a copy of the regulation to be added to their employee file.<br><br>3.The Wellness Director will monitor all medication orders that come into the facility and will work with med techs to ensure that orders are compliant with state regulations before orders are entered on the medication administration sheets. The orders will be initialed and dated by the med tech and the wellness director after the order is reviewed.<br><br>4. Wellness Director, Med Techs<br><br>5. 8/20/2025 | 08/20/2025 |
| 0920 SS= D | Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 1. Medication, including, without | 0920 | 1. The facility has removed unlocked medications from the residents' room and family has been notified. | 08/20/2025 |

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| | 1959 | A. BUILDING _____ B. WING _____ | 05/06/2025 |

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

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| | limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medications for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself or herself without supervision may keep the resident ' s medication in his or her room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room.<br><br>Inspector Comments: Based on observation and interview, the facility failed to ensure medications, in a resident room approved to self-administer medications, were safely stored in a locked area and inaccessible to other residents or visitors for 2 of 7 sampled resident rooms (Room #1 and Room #19). Findings include: On 05/06/2025, the following resident rooms contained unsecured medications: Room 1 - at 10:00 AM, the resident's medications [Amitriptyline 25 milligrams (mg), Amlodipine Besylate 10 mg, Atorvastatin Calcium 40 mg, Bisoprolol and Hydrochlorothiazide 6.25 mg, Carbamazepine 200 mg, Cholecalciferol 25 mg, Diazepam 5 mg, Hydrocodone Acetaminophen 325 mg, Losartan Potassium and Hydrochlorothiazide 12.5 mg, Polyethylene 17 grams (gm), Pregabalin 75 mg, Spirolactone 25 mg] were on the kitchen counter. On 05/06/2025 at 10:00 AM, the resident verbalized not locking the door when not present in the room. Room 19 - at 10:11 AM, the resident's medications (Metamucil, Terazosin 5 mg, Micardis 80 mg, Lasix 20 mg, Acetaminophen, Flonase 0.5 mg spray, ProAir HFA 0.9 mg, Potassium Chloride 10 mg) were on the kitchen counter. On 05/06/2025 at 10:11 AM, the resident | | A medication record will be completed by the facility for this resident.<br><br>2. Residents who manage their own medication will be required to sign a form regarding policies on storage of medication.<br><br>3. A quarterly check on residents who manage their own medication will be completed by the med tech on shift to ensure the medications are properly locked up. If medications are not locked up, the med tech will remove medication and report to the administrator or wellness director immediately. Medications will be administered by facility, while a resolution is found.<br><br>4. Med Tech, Wellness Director, Administrator<br><br>5. 8/20/2025 | |

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| | verbalized not locking the door when not present in the room. On 05/06/2025 at the time of each discovery, the Maintenance Director confirmed a resident self-administering medication must keep medications always locked. Severity: 2 Scope: 1 | | | |
| 1600 SS= F | Preferred Name/Pronoun P& P - NAC 449.011943 Policies concerning preferred names and pronouns; adaptation of records to reflect gender identities or expressions; method to obtain medically relevant information from patients or residents. (NRS 449.0302, 449.104) 1. A facility shall: (a) Develop policies to ensure that a patient or resident is addressed by his or her preferred name and pronoun and in accordance with his or her gender identity or expression; and (b) To the extent practicable and available within the systems in use at the facility: (1)Adapt electronic records and any paper records the facility uses to reflect the preferred name, pronoun and gender identity or expression of a patient or resident; and (2) Integrate information concerning gender identity or expression into electronic systems for maintaining health records. 2. If a patient or resident chooses to provide the following information, the records adapted pursuant to subparagraph (1) of paragraph (b) of subsection 1 must to the extent required by subsection 1, include, without limitation: (a) The preferred name and pronoun of the patient or resident; (b) The gender identity or expression of the patient or resident; (c) The gender identity or expression of the patient or resident that was assigned at the birth of the patient or resident; (d) The sexual orientation of the patient or resident; and (e) If the gender identity or expression of the patient or resident is different than the gender identity or expression of the patient or resident that was assigned at the birth of the patient or resident: (1) A history of the gender transition and current anatomy of the patient or resident; and (2) An organ inventory for the patient or resident which includes, without limitation, the organs: (I) Present or expected to be present at the birth of the patient or resident; (II) Hormonally enhanced or | 1600 | 1. The facility has adopted a new form to complete gender expressions of all current residents of the facility.<br><br>2. The facility will ensure the gender expressions form is completed upon admission for all new residents.<br><br>3. The facility now being aware that gender expressions must be completed; the gender expressions for will be included in the admissions packet and monitored by the admissions team.<br><br>4. Administrator, Wellness Director, Business Office Manager<br><br>5. 8/20/2025 | 08/20/2025 |

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| | developed in the patient or resident; and (III) Surgically removed, enhanced, altered or constructed in the patient or resident.<br><br>Inspector Comments: Based on record review and interview, the facility failed to develop policies to ensure residents were addressed by the resident's preferred name and pronoun in accordance with the resident's gender identity or expression and failed to include the residents preferred name and pronoun in the resident records. This deficient practice affected the entire facility census. Findings include: On 05/06/2025 at 1:11 PM, the Administrator verbalized the facility had not developed policies to ensure residents were addressed by their preferred name and pronoun in accordance with the resident's gender identity or expression. The Administrator confirmed the facility had not collected from any resident the resident's preferred name and pronoun in accordance with the resident's gender identity or expression, and the Administrator verbalized not having been aware of the requirement of collecting this information from the residents. Severity: 2 Scope: 3 | | | |