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 _____	**04/26/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN VALLEY GROUP CARE	**2690 MARGARET DRIVE, RENO, NEVADA ,89506**

(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 State Licensure annual grading survey and complaint investigation conducted in your facility on 04/12/22 and concluded on 04/26/22. This survey was conducted by the Division of Public and Behavioral Health in accordance with NAC 449, Residential Facility for Groups. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness, Category II residents. The census at the time of the survey was seven. Seven resident files were reviewed and four employee files were reviewed. The facility received a grade of B. There were two complaints investigated. Complaint #NV00065735 with the following allegations could not be substantiated due to a lack of evidence. Allegation #1 the facility smelled of urine, Allegation #2 bedbound residents were not assisted out of bed, and Allegation #3 there was a lack of caregivers to provide care to residents. The investigation into the allegations included: Observation of the cleanliness of the facility and interactions between caregivers and residents. Interviews with three residents including the resident of concern and two caregivers. Review of seven clinical records including the resident of concern. Complaint #NV00066176 with the allegation a resident was bedfast and had wounds was substantiated. (See F Tag 620). 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 deficiencies were identified:	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: WARLITO C PIZARRO Title: Administrator Date: 05/05/2022

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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0178 SS= D	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview the Administrator failed to ensure the inside of the facility was maintained. Findings include: On 04/12/22 at 10:15 AM, the ceiling of the shared bathroom located by room 10 had paint peeling and drywall exposed around the light fixture. On 04/12/22 at 10:20 AM, the Caregiver verbalized the roof had been leaking and caused the peeling paint and exposure of the drywall. Severity: 2 Scope: 1	0178	TAG 0178 NAC 449.209 / NRS 449.0302 Health and Sanitation. That the Administrator must see to it that the premises of a facility are clean and that the exterior and interior of the facility including its landscaping must be safe and well maintained. That the Administrator will ensure that the Staff/Manager of the facility had already fix the roof to prevent from leakage affecting the ceiling of the shared bathroom located in room #10. That the drywall's old peeling paint must be scraped and paint to cover the exposed drywall. The owner once she arrived from out of town the administrator will ensure that the ceiling will be in good shape condition. 05/05/2022	05/05/2022

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0250 SS= F	Kitchens- Equipment Works; Clean And Sanitary - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition. Inspector Comments: Based on observation and interview the facility failed to ensure the dishwasher was clean and in working condition. Findings include: On 04/12/22 at 10:14 AM, the dishwasher had baking pans and plastic cutting boards in it. The dishwasher had standing water with a green mold-like substance in the bottom of it. On 04/12/22 at 10:20 AM, the Caregiver verbalized the dishwasher did not work, they did not know how long the dishwasher had been broken, and it was only used to store dishes. The Caregiver confirmed there was standing water with a green mold-like substance at the bottom of the dishwasher and it needed to be cleaned. Severity: 2 Scope: 3	0250	TAG 0250 NAC 449.217 / NRS 449.0302 kitchen Equipment works clean and sanitary: That the Administrator ensure that the facility Kitchen is clean and sanitary that is safe in all aspects in the preparations of Food and all equipment that are used must also be in good and operational condition to optimized the purpose of food preparation for the residents. That the Administrator will see to it that if equipment is no longer in its working condition it must have to tested and replaced. 05/05/2022	05/05/2022

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0593 SS= F	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; Inspector Comments: Based on observation and interview, the facility failed to ensure a safe environment for 7 of 7 residents by not ensuring visitors to the facility were screened for temperature and signs and symptoms of COVID-19 (COVID). Findings include: On 04/26/22 at 11:30 AM, upon entry to the facility, the State Surveyor was not screened for temperature and signs and symptoms of COVID. On 04/26/22 at 11:37 AM, the Caregiver confirmed the State Surveyor should have been screened for temperature and signs and symptoms of COVID-19 upon entrance to the facility. The Infection Prevention and Control Plan for Residential Facilities Coronavirus Disease 2019 (COVID-19) Response Best Practices dated September 20, 2021, and distributed by the State of Nevada Bureau of Health Care Quality and Compliance to all Residential Facilities for Groups on 10/12/21, documented designate one or more facility employees to actively screen all visitors and personnel, including essential consultant personnel, for the presence of fever and symptoms of COVID-19 before starting each shift/when they enter the building. Severity: 2 Scope: 3	0593	TAG 0593 NAC 449.268 / NRS 449.0302 The administrator of the facility must ensure that the facility sorroundings and environment is safe and comfortable. That the Administrator must see to it that Staff/Caregivers and especially all Residents must ensure that their safety is always observed. The Administrator will instruct and enforce to all caregivers to wear masks at all times while at work with residents and to post all Covid-19 protocol documents and enforce such protocols to all visitors including essential medical/consultant personnel entering the facility and will not allow to enter without answering the Sign and Symptom questions and their temperature in response to the Infection Prevention and Control Plan for Residential Facilities for Groups Coronavirus Disease 2021 (COVID-19). Although the Governor ordered that No Mask is allowed to all public places the Bureau of Health Care Quality and Compliance (BHCQC) sent to all Health Facilities dated October 12, 2021 Response Best Practices which means we in the health industry will still follow the COVID-19 Protocols. 05/05/2022 TAG 0593 Attachment #1 The Signs and Symptoms Questionnaires to be answered and signed by all visitors including their Temperatures then countersigned by the caregiver in-charge.	05/05/2022

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0620 SS= D	Written Policy on Admissions - NAC 449.2702 Written policy on admissions; eligibility for residency. (NRS 449.0302) 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast; (b) Requires restraint; (c) Requires confinement in locked quarters; or (d) Requires skilled nursing or other medical supervision on a 24-hour basis. Inspector Comments: Based on observation, clinical record review, and interview, the facility failed to obtain an exemption request to retain a bedfast resident and was receiving wound care for 1 of 7 residents (Resident #2). Findings include: Resident #2 was admitted to the facility on 11/04/21, with diagnoses including dementia, type two diabetes, and pressure injury of the sacral region, stage two. A Physician's Progress Note dated 12/08/21, documented Resident #2 was bedbound and had a stage two pressure injury of the sacral region. A Physician's Progress Note dated 01/17/22, documented Resident #2 was bedbound and had a stage two pressure injury of the sacral region. Resident #2's clinical record lacked documented evidence an exemption request was submitted to the State of Nevada to retain a bedbound resident with wounds. On 04/26/22 at 12:18 PM, Resident #2 verbalized the resident was bedbound and not able to turn or change position without the help of a caregiver. The resident verbalized Home Health came twice a week to provide wound care. On 04/26/22 at 12:30 PM, the Caregiver verbalized Resident #2 was unable to move without assistance. The Caregiver confirmed the resident had wounds treated by a Home Health agency. The Caregiver confirmed an exemption request to retain a bedbound resident was not submitted to the State of Nevada. Severity: 2 Scope: 1	0620	TAG 0620 NAC 449.2702 / NRS 449.0302 Written policy on Admission: That the Administrator of a facility must ensure that when the facility admits a resident who is bedbound must submit a request for Excemption whether or not to allow the subject resident to admit or retend due to her/his bedbound situation. The administrator must submit a EXEMPTION REQUEST: Notice of ASMISSION or RETENTION of a Resident Requiring Exemption. The Administrator will submit such Exemption request to the Bureau of Health Care and Quality and Compliance (BHCQC) FOR BEDFAST and WOUND CARE for RESIDENT #2 and to include resident History and Physical and the Plan of Care of the Home health Clinic that assisting the resident TAG 0620 Attachment # 2 The Exemption Request Document was already delivered by HAND DELIVERY by Warlito Pizarro and Received by Todd South dated 4/29/2022 at 10:15 AM. 05/05/2022	05/05/2022

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0690 SS= E	Residents Requiring Use of Oxygen - NAC 449.2712 Residents requiring use of oxygen. (NRS 449.0302) 1. A person who requires the use of oxygen must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless he or she: (a) Is mentally and physically capable of operating the equipment that provides the oxygen; or (b) Is capable of: (1) Determining his or her need for oxygen; and (2) Administering the oxygen to himself or herself with assistance. 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician; and (b) Ensure that: (1) The resident ' s physician evaluates periodically the condition of the resident which necessitates his or her use of oxygen; (2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored; (3) Persons do not smoke in those areas where smoking is prohibited; (4) All electrical equipment is inspected for defects which may cause sparks; (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; (6) The equipment used to administer oxygen is in good working condition; (7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and (8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident. Inspector Comments: Based on observation and interview the facility failed to ensure all oxygen tanks were secured in a stand or to a wall. Findings include: On 04/12/22 at 9:45 AM, a tank of oxygen was standing up on the front porch and a tank of oxygen was laying on the floor of the closet in room #7.	0690	TAG 0690 NAC 449.2712 / NRS 449.0302 Resident requiring Use of Oxygen: The Administrator must ensure that Staff/Caregivers be instructed that all Oxygen Tank will be in their proper racks and not just be lying down anywhere or standing by the wall that even when those Oxygen Tanks are in the holding rack they must be kept in the Storage area or in the garage. 05/05/2022	05/05/2022

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	Both tanks were not in a holding rack or secured to the wall. On 04/12/22 at 10:35 AM, the Caregiver confirmed the oxygen tanks were not in a rack or secured to the wall. Severity: 2 Scope: 2			
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 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	0878	TAG0878 Medication/OTCs, Supplements, Change of Order NAC 449.2742 The Administrator must ensure that all Medications and Over the Counter Medications including Supplements must have prescriptions from their respective Physicians and the Changes of Orders must NOT be OVERLOOK in entering all Medications in the Medication Administration Record (MAR). Before doing the MAR The Administrator strictly instructed all staff/caregiver that these three Comparisons Steps must be followed religiously: 1. Medications and/or Over the Counter Medications and Supplements Prescribed by their Physicians 2. Medications from the Pharmacy whether in Bottles or in Bubble Packs must be Compared to the Order of the Physician 3. Medications entered in the Medication Administration Record (MAR) must also be Compared to 1 & 2. 05/05/2022 TAG0878 Attachment #3 Copy of the Corrected MAR initial and dated by the Administrator.	05/05/2022

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	record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. Inspector Comments: Based on document review, record review and interview, the facility failed to ensure a resident received a medication nightly as indicated by a physician's order for 1 of 7 residents (Resident #6). Findings include: Resident #6 Resident #6 was admitted to the facility on 11/04/21 with diagnoses including diabetes and incontinence. Resident #6's Medication Administration Record (MAR) documented amitriptyline one tablet by mouth at bedtime as needed. Resident #6's medication label documented amitriptyline one tablet by mouth at bedtime. Resident #6's clinical record lacked a physician order for the administration of amitriptyline. On 04/12/22 at 1:30 PM, the Caregiver verbalized the medication was being given to the resident routinely every night. The Caregiver confirmed there was no physician order in the clinical record changing the administration of the medication and the MAR documented the medication was as needed. Severity: 2 Scope: 1			

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0933 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: (d) A statement from the resident ' s physician concerning the mental and physical condition of the resident that includes: (1) A description of any medical conditions which require the performance of medical services; (2) The method in which those services must be performed; and (3) A statement of whether the resident is capable of performing the required medical services. Inspector Comments: Based on interview and clinical record review, the facility failed to obtain a Physician Placement Determination upon admission for 1 of 7 residents (Resident #2). Findings include: Resident #2 Resident #2 was admitted to the facility on 11/24/21, with diagnoses including obesity, dementia, and encephalopathy. Resident #2's Physician Placement Determination, dated 02/16/22, was signed and dated however, the form was not completed and lacked a determination of the appropriate facility type to care for the resident. On 04/12/22 at 1:00 PM, the Caregiver confirmed Resident #2's Physician Placement Determination was not completed and did not include a facility type determination. Severity: 2 Scope: 1	0933	TAG0933 NAC449.2749 Maintenance and Content of Separate File for each residents: Confidentiality of Information NRS 449.0302 That the Administrator must ensure to give emphasize or instructions to the owner/caregiver that upon admission of any resident in the facility the PHYSICIAN'S PLACEMENT DETERMINATION must be properly filled up and completed and signed by the Physician in accordance with the History and Physical Examinations and to make sure that the care of the resident must be in the appropriate level of care that the facility can provide. 05/05/2022 TAG 0933 Attachment $ 4 Copy of the Physician Placement Determination that is properly filled up in accordance to residents #2 History and Physical and is appropriate to the capability of the facility to give the right level of care to resident #2.	05/05/2022

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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 record review and interview, the facility failed to ensure 1 of 7 residents met the requirements concerning tuberculosis (TB) testing in accordance with Nevada Administrative Code (NAC) 441A (Resident #7). Findings include: Resident #7 Resident #7 was admitted to the facility on 04/01/22, with diagnoses including bipolar disorder and renal failure. Resident #7's clinical record lacked documented evidence of a two-step TB test or chest x-ray to rule out active TB infection. On 04/12/22 at 12:55 PM, the Caregiver verbalized Resident #7 had a previous positive TB test and confirmed the two chest x-rays in Resident #7's clinical record were not obtained to rule out active TB infection. Severity: 2 Scope: 1	0936	TAG 0936 Maintenance and Content of Separate File - NAC 449.2749 Maintenance and Content of Separate file of each resident: Confidentiality of Information NRS449.0302. That the Administrator must see to it that the staff /caregivers must ensure thst Confidential Information of a resident must be filed separately like the TB Test of a resident#7 which is missing in her file. The Administrator initiated something to provide TB Test to Resident #7 by a Medical personnel and a Nurse gave a shot to resident for 1st Step TB Test and the 2nd Step TB Test shot will be sent later. 05/05/2022 TAG 0936 Attachment #5 Copy of the TB Test First Step of resident #7	05/05/2022