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 _____ | **04/10/2023** |

| 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 |
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| 0000 | Initial Comments<br><br>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 04/10/23 in accordance with Nevada Administrative Code (NAC) Chapter 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 was one complaint investigated. Complaint #NV00067326 with the following allegations could not be substantiated due to a lack of evidence: Allegation #1: the facility staff was not assisting a resident with bathing, dressing and personal care needs. Allegation #2: the facility did not have enough staff to assist with transferring a resident. Allegation #3: a resident's room was hot in temperature as there was no air-conditioning in the resident's room. The investigation into the allegations included: Observations of a caregiver assisting residents with transferring, eating, and using the restroom. Interview was conducted with a Caregiver. Reviewed eight resident records including the resident of concern to include medication administration records, Activities of Daily Living reports, physician standard placement determination, and home health assessment. 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 PIZARRO Title: Administrator Date: 05/23/2023

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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| 0088 SS= A | Staffing Schedule - NAC 449.199 Staffing requirements 4. The administrator of a residential facility shall maintain monthly a written schedule that includes the number and type of members of the staff of the facility assigned for each shift. The schedule must be amended if any changes are made to the schedule. The schedule must be retained for at least 6 months after the schedule expires.<br><br>Inspector Comments: Based on document review and interview, the facility failed to maintain a monthly written staff schedule for at least six months. Findings include: On 04/10/23 at 2:30 PM, the staff schedules were dated from January 2023 to April 2023. The facility could not provide any staff schedules prior to January 2023. On 04/10/23 at 2:31 PM, the Caregiver confirmed the only schedules available were from January 2023 to April 2023, as the Caregiver was unable to locate any previous staff schedules. Severity: 1 Scope: 1 | 0088 | TAG 0088 NAC 449.199 Staffing Requirements:<br><br>That the Administrator will ensure that the Staffing Schedules must be in writing and posted every month. It have been advised to all staffing and caregivers to make sure that it shows the number of employees assigned in particular shift or days and indicates their names. At the end of each month a copy of such schedule must be keep in a safe and at least locked in a steal filing cabinet with in 6 months.<br><br>That the Administrator will see to it that this Statement of Deficiency will never happen again.<br><br>05/03/2023 | 05/03/2023 |

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| 0102 SS= D | 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;<br><br>Inspector Comments: Based on employee record review and interview, the facility failed to ensure a caregiver had completed a preemployment physical examination prior to providing care to residents (Employee #3). Findings include: Employee #3 Employee #3's record documented a start date of 12/15/22, a title of Caregiver, and a physical examination dated 01/12/23. The staff schedule dated January 2023 documented Employee #3 had been scheduled to provide care to the facility's residents starting on 01/01/23. On 04/10/23 at 2:35 PM, Employee #3 confirmed having provided care to resident as of 01/01/23 and did not have a preemployment physical examination competed until 01/12/23. Severity: 2 Scope: 1 | 0102 | TAG 0102 NAC 449.200 Personal File:<br><br>That the Administrator will see to it that the caregiver especially the owner when admitting residents to make sure that a History and Physical Records must always be part of all the documents needed in admitting a resident and have their own personal file separated to each resident and must be kept in a safe and steal filling cabinet and must always be locked.<br>That the Administrator must make sure and check at all files at least twice a month or even more in order that his will never happen again in the future.<br><br>05/03/2023<br>TAG 0102 Personnel File Attached is the Personnel File of Employee #3.<br><br>05/23/2023 | 05/03/2023 |
| 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.<br><br>Inspector Comments: Based on record review and interview, the facility failed to ensure residents receiving skilled nursing services were not allowed to admit or remain in the facility for 2 of 7 residents receiving skilled nursing services (Resident #2 and #3). Findings include: Resident #2 Resident #2 was admitted to the facility on | 0620 | TAG 0620 NAC 449.2702 Written Policy on Admission; eligibility for residency (NRS 449.0302):<br>That the Administrator must ensure and advised the owner/caregiver to make a good evaluation to any incoming residents if they are qualified to be admitted and stay in the facility without compromising the capability to maintain the Activity of Daily Living of every residents. That if there is in need of any exemption to be submitted to the bureau the Administrator must be informed right away in order to do the necessary documents for Exemptions even before the incoming resident is still on hold for more assessment from the outgoing facility or hospital.<br>That the Administrator will always monitor and check on the facility for every residents that are coming in for admission | 05/03/2023 |

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| | 08/22/22, with diagnoses including Parkinson's disease, dementia, senile degeneration of brain, essential hypertension, and benign prostatic hyperplasia. Resident #2's record documented the resident had been receiving hospice nursing services since 02/24/23 for senile degeneration of brain. Resident #2's record lacked documented evidence from the Division the resident had met the requirements for eligibility to remain in the facility. Resident #3 Resident #3 was admitted to the facility on 08/25/22, with diagnoses including adult failure to thrive, dementia, and hypothyroidism. Resident #3's record documented the resident had been receiving hospice nursing services since 10/04/22 for adult failure to thrive and dementia. Resident #3's record lacked documented evidence from the Division the resident had met the requirements for eligibility to remain in the facility. On 04/10/23 at 11:58 AM, the Caregiver confirmed both Resident #2 and #3 were currently receiving hospice services. The Caregiver confirmed the facility had not requested or obtained a waiver from the Division for Resident #2 and #3 to remain in the facility. Severity: 2 Scope: 1 | | to make sure that administrator will be informed and do the needed documents in compliance with the NAC and NRS stated above and to make sure this SOD will never happen in the next survey.<br><br>05/03/2023 | |
| 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 | 0870 | TAG 0870 NAC 449.2742 Medication Administration-Accuracy and Report:<br><br>That the Administrator must see to it and make necessary refresher training in order to show the caregivers the correct and in compliance of maintaining the Medication Administration Report (MAR) together with the list of Medications that are indicated in the MAR based on the Physician's order to be submitted to their respective Doctors for Review and must be included it their file and this Review must be done in every 6 months signed by their Physicians or Medical Assistant Nurse and counter signed and dated by the Administrator of the facility in compliance with the above NAC.<br>The Administrator must ensure that | 05/03/2023 |

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| | 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).<br><br>Inspector Comments: Based on record review and interview, the facility failed to ensure a medication profile review was performed by a physician, pharmacist or registered nurse at least once every six months for 2 of 7 residents residing in the facility for longer than six months (Resident #5 and #6). Findings include: Resident #5 Resident #5 was admitted to the facility on 01/15/21, with diagnoses including dementia, hypertension, and hyperlipidemia. Resident #5's record documented medication reviews were completed on 02/25/22 and 12/09/22, more than nine months apart. Resident #6 Resident #6 was admitted to the facility on 01/24/21, with diagnoses including dementia, hypertension, and edema. Resident #6's record documented medication reviews were completed on 02/20/22 and 01/25/23, more than eleven months apart. On 04/10/23 at 12:53 PM, the Caregiver confirmed the medication reviews for Residents #5 and #6 had not been completed within the six-month timeframe. Severity: 2 Scope: 1 | | this Statement of Deficiency (SOD) regarding Medication Reviews must be maintained every 6 months for accuracy and correctness of the report and be filed in the residents personal file.<br><br>05/03/2023 | |
| 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 | 0936 | TAG 0936 NAC449.2749 Maintenance and Contents of Separate File of each Residents:<br><br>That the Administrator will make sure that the TB Test Records of every Resident must include the Date and Time, every time there is an admissions of new resident.<br>The Administrator must inform the caregiver and staff who is in charge of admission that there must always be a DATE and TIME of every TB Testing and Reading Results so this incident will no | 05/03/2023 |

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| | 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.<br><br>Inspector Comments: Based on record review and interview, the facility failed to ensure 4 of 7 sampled residents met the requirements for tuberculosis (TB) testing in accordance with Nevada Administrative Code (NAC) 441A (Resident #1, #4, #5, and #6). Findings include: Resident #1 Resident #1 was admitted on 06/20/21, with diagnoses including Parkinson's disease, essential hypertension, edema, and depression. Resident #1's one-step TB test with a read date of 07/07/22, documented a date and time was required when the TB test was administered and when the result of the test was read. The TB test lacked documented evidence of the times of administration and when the result was read. Resident #4 Resident #4 was admitted on 11/09/22, with diagnoses including adult failure to thrive, general weakness, and essential hypertension. Resident #4's two-step TB test with administration dates of 10/14/22 and 10/21/22, lacked documented evidence of the date and time either step had the result read. Resident #5 Resident #5 was admitted to the facility on 01/15/21, with diagnoses including dementia, hypertension, and hyperlipidemia. Resident #5's one-step TB test with a read date of 07/07/22, documented a date and time was required when the TB test was administered and when the result of the test was read. The TB test lacked documented evidence of the times of administration and when the result was read. Resident #6 Resident #6 was admitted to the facility on 11/24/21, with diagnoses including dementia, hypertension, and edema. Resident #6's record documented a QuantiFERON TB test completed on 09/03/21 with a negative result. Resident #6's record lacked documented evidence a TB test had been | | longer happen again.<br><br>05/03/2023 | |

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| | completed in 2022. On 04/10/23 at 12:56 PM, the Caregiver confirmed Resident #1 and #5's 2022 TB tests lacked documentation of the times of the tests, Resident #4's two step TB test did not document the date and times of the results, and Resident #6 had not completed a TB for 2022. Severity: 2 Scope: 2 | | | |
| 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 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 | 1700 | TAG 1700 NAC 449.1845 Annual Assessment of History of Each Residents:<br>That the Administrator must make sure to inform the caregiver or the owner to ensure that before admitting any resident must have their personal History and Physical Records including the Physician Placement Determination and the Standard Physician's Assessments signed and dated by the Physician in charge upon discharge for personal file of the resident.<br>That these documents must be check by the Administrator of the facility for the accuracy and correctness of such reports for the benefits of the residents which will be the bases of the facility staff in performing their duties for best caring that the facility can perform in order to meet the resident's need and that this SOD will not happen again.<br><br>05/03/2023 | 05/03/2023 |

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| | 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)<br><br>Inspector Comments: Based on record review and interview, the facility failed to obtain an initial Physician Placement Determination Statement to determine the appropriate facility type and care for a resident for 1 of 7 sampled residents (Resident #3). Findings include: Resident #3 Resident #3 was admitted to the facility on 08/25/22, with diagnoses including adult failure to thrive, dementia, and hypothyroidism. Resident #3's record lacked documented evidence an initial Physician Placement Determination Statement was completed. On 04/10/23 at 12:10 PM, the Caregiver confirmed Resident #3 did not have a Physician Placement Determination Statement completed. Severity: 2 Scope: 1 | | | |