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 _____	**04/17/2024**

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 03/21/24 and completed on 04/17/2024, 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 four. Four resident files were reviewed, and three employee files were reviewed. The facility received a grade of A. There was one complaint investigated. Complaint #NV00069733 with the following allegations could not be substantiated due to a lack of evidence: Allegation #1: The facility failed to keep the environment clean and free of mice. Allegation #2: The facility verbally abused a resident by yelling at the resident. The investigation into the allegations included: Observations of a caregiver cleaning the kitchen and bathrooms, cleanliness in resident rooms, hallways, and laundry area, interactions between residents and cargivers. Interviews were conducted with the Administrator and one resident. Document review included five 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		
0074	Elder Abuse Training - NRS 449.093	0074	TAG 0074 ELDER ABUSE TRAINING	04/23/202

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: WARLITO PIZARRO Title: ADMINISTRATOR Date: 04/23/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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SS= D	Training to recognize and prevent abuse of older persons: Persons required to receive; frequency; topics; costs; actions for failure to complete. 1. An applicant for a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before a license to operate such a facility, agency or home is issued to the applicant. If an applicant has completed such training within the year preceding the date of the application for a license and the application includes evidence of the training, the applicant shall be deemed to have complied with the requirements of this subsection. 2. A licensee who holds a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must annually receive training to recognize and prevent the abuse of older persons before the license to operate such a facility, agency or home may be renewed. 3. If an applicant or licensee who is required by this section to obtain training is not a natural person, the person in charge of the facility, agency or home must receive the training required by this section. 4. An administrator or other person in charge of a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the facility, agency or home provides care to a person and annually thereafter. 5. An employee who will provide care to a person in a facility for intermediate care, facility for skilled nursing, agency to provide personal		NRS 449-093 Training to recognized and Prevent Abuse of Older Persons: That the Administrator must ensure that all Staff and Caregivers must undergo and certified for an Elder Abuse Training annually while working in the Residential Facility for Group. The Administrator will see to it that all staff/caregivers working in a Residential Care Facility must have complied with the requirements based on the NRS 449.093 of having an evidence that they have taken and certified of Elder Abuse Training annually in order to be recognized and prevent the Abuse of Elder Persons and to make sure that this statement of deficiency (SOD) will never happen again. 04/23/2024 Attachment #1 TAG 0074 NRS 449.093 A copy of the certificate of Elder Abuser Training of Employee # 3 04/23/2024	4

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	care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the employee provides care to a person in the facility, agency or home and annually thereafter. 6. The topics of instruction that must be included in the training required by this section must include, without limitation: (a) Recognizing the abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; (b) Responding to reports of the alleged abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; and (c) Instruction concerning the federal, state and local laws, and any changes to those laws, relating to: (1) The abuse of older persons; and (2) Facilities for intermediate care, facilities for skilled nursing, agencies to provide personal care services in the home, facilities for the care of adults during the day, residential facilities for groups or homes for individual residential care, as applicable for the person receiving the training. 7. The facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care is responsible for the costs related to the training required by this section. 8. The administrator of a facility for intermediate care, facility for skilled nursing or residential facility for groups who is licensed pursuant to chapter 654 of NRS shall ensure that each employee of the facility who provides care to residents has obtained the training required by this section. If an administrator or employee of a facility or home does not obtain the training required by this section, the Division shall notify the Board of Examiners for Long-Term Care Administrators that the administrator is in violation of this section. 9. The holder of a			

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	license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care shall ensure that each person who is required to comply with the requirements for training pursuant to this section complies with such requirements. The Division may, for any violation of this section, take disciplinary action against a facility, agency or home pursuant to NRS 449.160 and 449.163. Inspector Comments: Based on personnel file review and interview, the facility failed to ensure 1 of 3 sampled employees received annual elder abuse prevention training (Employee #3). Findings include: Employee #3 Employee #3 was hired by the facility as a Caregiver with a start date of 04/14/20. Employee #3's personnel file documented an elder abuse prevention training dated 09/12/22. Employee #3's personnel file lacked documented evidence of elder abuse prevention training for 2023. On 03/21/24 at 10:40 AM, the Owner confirmed Employee #3 had not updated their elder abuse annual training. The Owner verbalized all employees were required to renew their elder abuse training annually and timely. Severity: 2 Scope: 1			
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)	0870	TAG 0870 Medication Administration-Accuracy & Report NAC 449.2742 Administration of Medication: Responsibility of the Administrator: That the Administrator must see to it that all Residents have their Medications reviewed and signed for Accuracy and Appropriateness by their respective Primary Care Physician, Pharmacist or Registered Nurse and countersigned by the administrator at lease every 6 months without limitation, any Over the counter medications and dietary supplements taken by a resident. That the Administrator have strictly	04/23/2024

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	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). Inspector Comments: Based on document review, record review and interview, the Administrator failed to ensure a medication profile review was performed by a physician, a pharmacist or a registered nurse at least once every six months for 1 of 4 sampled residents residing in the facility for longer than six months (Resident #2). Findings include: Resident #2 Resident #2 was admitted to the facility on 09/21/23, with diagnoses including hypertension, and coronary artery disease. Resident #2's clinical record documented a six-month pharmacy review had not been completed. On 03/21/24 at 11:05 AM, the Owner acknowledged medication reviews were to be completed every six months for all residents and confirmed medication profile review was not completed in a timely manner for Residents #2. Severity: 2 Scope: 1		instructed the owner and caregiver that when admission occurs a regimen of drugs taken by a resident must include in the admission packet for the administrator to countersign and review every 6 months thereafter thereby this Statement of Deficiency will not happen again. 04/23/2024 Attachment #2 TAG 0870 A copy of the Medication Review of Resident # 2 04/23/2024	