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 _____	**11/14/2024**

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 11/14/2024, 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 ten. Ten resident files were reviewed and three employee files were reviewed. The facility received a grade of D. Your facility has received a C or D grade for this inspection. 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. There were two complaints investigated. Complaint #NV00072649 with the following allegations could not be substantiated due to a lack of evidence: Allegation #1: The Administrator lacked oversight of the resident's care. Allegation #2: The Owner of the building had no authority to have access to resident records or access to any information pertaining to the facility. Allegation #3: The facility had issued a 30-day eviction notice to a resident and the notice was not issued by the Administrator but instead was issued by the Owner. Complaint #NV00071870 with the following allegations could not be substantiated due to a lack of evidence:	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: WARLITO PIZARRO Title: ADMINISTRATOR Date: 02/19/2025

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	Allegation #1: The Owner was taking a resident to the bank to pay for room and board and resident's friends were no longer paying. The investigation into the allegation included: Observation of staff interacting with residents and residents interacting with residents. Interviews were conducted with the Owner and Administrator. Review of resident of concern's record. Document review included physician progress notes, activities of daily living, admission agreements, ultimate user agreements, incident reports, discharge paperwork, employee trainings, and background checks for employees. 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:			

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0053 SS= D	Administrator's Responsibilities-Complete Rec - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 4. Ensure that the records of the facility are complete and accurate. Inspector Comments: Based on observation and interview, the Owner failed to ensure the facility maintained complete and accurate records for 1 of 10 residents (Resident #5). Findings include: Resident #5 Resident #5 was admitted to the facility on 04/01/2024, with diagnoses including unspecified severe protein-calorie malnutrition, cystitis and urinary tract infection. On 11/14/2024 at 11:06 AM, the Inspector approached the Owner and observed the Owner transcribing medications to Resident #5's November 2024 Medication Administration Record (MAR). The medication the Owner was transcribing on to the November 2024 MAR was Lorazepam 1 milligram (mg) tablets. Give one tablet by mouth three times daily. On 11/14/2024 at 11:06 AM, the Owner failed to acknowledge adding medications to the resident's MAR and verbalized it would be falsifying a resident record. Severity: 2 Scope: 1	0053	TAG 0053 Administrator's Responsibilities-Complete Records - NAC449.194 Responsibilities of administrator. (NRS 449.0302). To address the Statement of deficiencies noted by the surveyor, and to refrain from its recurrence, the administrator hereby commit to do the following: The administrator shall personally check all medications prescribed by the primary care physician in which the medications prepared and administered by the caregiver. It is likewise the duty of the administrator to ensure accuracy and completeness of the Medication Administration Record (MAR) by the end of the day to ensure accuracy and completeness. The administrator shall conduct a training with the caregivers on the proper implementation and distribution of medicines, and proper data recording in the Medication Administration Records (MAR) ensuring that this will never happen again. 01/24/2025	01/24/2025

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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; Inspector Comments: Based on document review and interview, the facility failed to ensure employees met the requirement for tuberculosis (TB) testing for 1 of 3 employees (Employee #3). Findings include: Employee #3 Employee #3 was hired as a Caregiver on 04/14/2020. Employee #3's personnel record documented a one-step TB test given on 01/15/2023 and read negative on 01/18/2023. Employee #3's file documented a two- step TB test the first step was given on 03/22/2024 and read negative on 03/25/2024. The second step was given on 04/05/2024 and read negative on 04/08/2024. The 2024 TB test was late. On 11/14/2024 at 10:54 AM, the Administrator acknowledged the findings and confirmed the TB testing for Employee #3 was completed late. Severity: 2 Scope: 1	0102	TAG 0102 Personnel File - TB Screening NAC 449.200 Personnel File. 1. Except as otherwise provided in subsection 2, a separate personnel file for each member of the staff of a facility and must include: (d) the health certificate required pursuant to Chapter 441A of NAC for the employee. That the administrator must ensure that a health certificate (TB Test Result) for an employee must be administered the two steps TB Test. If the result is Positive the employee must submit on to a Chest Radiogram (X-ray) and medical evaluation for active Tuberculosis. If the result is Negative it must be followed by second step TB Test before a year (365 days) and every year thereafter. But if the first step lapsed after 365 days then the employee will submit again for two steps TB screening. The administrator must strictly instructed the owner and caregiver to check and double check the accuracy of the TB Test and report to the administrator of any thing that needs to be corrected in order that all records must in compliance pursuant to the NAC 449.200 especially with respect to Chapter 441Aof NAC for employee so that this Statement of Deficiency will never happen again. 01/13/2025 TAG 0102 Attachment #1 Copy of the first step TB Screening for employee # 3. 2nd step TB screening is due after two weeks. 01/13/2025	01/13/2025
0178 SS= F	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,	0178	TAG 0178 Health and Sanitation-Maintain Interior and Exterior NAC449.209 - NRS 449.0302. The administrator of a residential facility shall ensure the premises are clean and that the Interior and Exterior and	02/03/2025

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	exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility failed to ensure the ventilation fan in a resident restroom was functional and the backyard was free from non useable furniture and hazards. Findings include: On 11/14/2024 at 9:05 AM, the ventilation fan in a resident restroom was non-functional. The operational switch was flipped multiple times and the fan did not respond to the command. On 11/14/2024 at 9:06 AM, the Owner confirmed the ventilation fan in the restroom was non-functional and admitted not being aware the fan did not work. On 11/14/2024 at 9:10 AM, located in the backyard were the following items scattered throughout the backyard. -Two non-operational vehicles -Metal chair frames -Piles on home insulation. -A five gallon bucket of paint -A large metal scrap pile. -One portable airconditioning unit -One truck rail used to put on the back of a pickup truck -One pile of metal piping -Two glass windows -One emergency construction cone -A box belonging to a microwave -Six walkers -Five wheelchairs -Two, five gallon buckets -A red table -One dresser -Eight Oxygen tanks -One Oxygen concentrator; and, -Two, three foot tall jewelry boxes. On 11/14/2024 at 9:20 AM, the Owner confirmed the backyard was hazardous for residents and contained a large amount of trash. The Owner explained the vehicles were left behind by a caregiver more than a year ago and the facility had not taken care of the junk from the backyard. Severity: 2 Scope: 1		landscaping of the facility are well maintained. The administrator strictly instructed the owner and caregiver to keep the facility both inside and outside of the facility to be safe and clean, and all equipment must be in operational conditions such as; all ventilation fans installed in the facility, or any functional equipment must be in operational conditions at all times or any equipment thereof. That the exterior of the facility must be clean and safe for anybody to walk around the surrounding and it must be free from debris or any junks and or any non-functional or non-operational vehicles or equipment or any medical items that hampers any residents or anybody going around the outside part of the facility. The Administrator instructed the owner to hire somebody to clean and remove all the non-operational equipment, all debris or junks and any medical items found outside the facility especially, the vehicles that are not running must be removed as soon as possible and by doing so the administrator will ensure that these items must be taken out and keep the exterior and interior of the facility safe and clean complying with the NAC 449.209 and that this Statement of Deficiency will never happen again. 01/14/2025 TAG 0178 Attachment # 2 and 3 - The owner was advised for the replacement of ventilation, the handyman bought a new one to replace the non-operational ventilation immediately. please refer to the attached photo of the restroom that shows the newly installed ventilation. TAG 0178 Attachment # 2 Receipt from Home Depot for the new Ventilation	

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			equipment. 02/03/2025 The owner immediately hired cleaners to remove all junk, non-functional Equipment, Furniture, truck and other non-home care related stuff out of the backyard. The photo shows the empty surroundings of the backyard. It is now empty, safe and clean for all residents who want to go around the yard. 02/03/2025	
0520 SS= F	Supervision and Treatment of Residents - NAC 449.259 and R043-22 Supervision and treatment of residents generally. (NRS 449.0302) 2. A person-centered service plan developed pursuant to this section must include, without limitation: (a) Provisions concerning activities of daily living, medication management, cognitive safety, assistive devices, special needs, social and recreational needs and involvement of ancillary services; (b) Protective supervision as necessary for the resident; (c) The manner in which all caregivers will be informed of the required supervision of the resident; (d) The manner in which the facility will ensure that the resident has the opportunity to attend the religious service of his or her choice and participate in personal and private pastoral counseling; (e) Permission for the resident to rest in his or her room at any time; (f) Permission for the resident to enter or leave the facility at any time if the resident: (1) Is physically and mentally capable of leaving the facility; and (2) Complies with the rules established by the administrator of the facility for leaving the facility; (g) Laundry services for the resident unless the resident elects in writing to make other arrangements; (h) The manner in which the facility will ensure that the resident's clothes are clean, comfortable and presentable; (i) A requirement that the facility must inform	0520	TAG 0520 Supervision and Treatment of a Residents - NAC449.259 and RO43-22 Supervision and Treatment of a Residents generally. (NRS 449.0302) A Person-Centered Service Plan developed pursuant to this section must include, without limitation:(a) Provisions concerning activities of daily living, medication management, cognitive safety, assistive devices, special needs, social and recreational needs and involvement of ancillary services; (b) Protective supervision as necessary for the resident; (c) The manner in which all caregivers will be informed of the required supervision of the resident; (d) The manner in which the facility will ensure that the resident has the opportunity to attend the religious service of his or her choice and participate in personal and private pastoral counseling; (e) Permission for the resident to rest in his or her room at any time; (f) Permission for the resident to enter or leave the facility at any time if the resident: (1) Is physically and mentally capable of leaving the facility; and (2) Complies with the rules established by the administrator of the facility for leaving	01/14/2025

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	the resident or his or her representative of the actions that the resident should take to protect the resident's valuables; (j) A written program of activities for the resident that includes scheduled and unscheduled activities that are suited to his or her interests and capacities; Inspector Comments: Based on record review and interview, the facility failed to ensure a person-centered service plan was developed to address the facility's treatment of residents for 10 of 10 residents reviewed for service plans (Resident #1, #2, #3, #4, #5, #6, #7, #8, #9, and #10). Findings include: The following residents' records lacked documented evidence of a person-centered service plan to address the treatment needs of the residents by the facility's caregiver staff: - Resident #1 was admitted to the facility on 01/15/2021, with diagnoses including Alzheimer's, hypertension, and hyperlipidemia. - Resident #2 was admitted to the facility on 03/26/2024, with diagnoses including hypertension, blindness in both eyes, acute otitis, and externa of left ear unspecified. - Resident #3 was admitted to the facility on 04/19/2024, with diagnoses including unspecified atrial fibrillation, hyperlipidemia, and retention of urine. - Resident #4 was admitted to the facility on 11/19/2022, with diagnoses including cognitive decline, hypertension, and history of cerebrovascular accident. - Resident #5 was admitted to the facility on 04/01/2024, with diagnosis including unspecified severe protein calories malnutrition, cystitis and urinary tract infection. - Resident #6 was admitted to the facility on 10/01/2024, with diagnoses including hypothyroidism, depression, renovascular disease, and hypertension - Resident #7 was admitted to the facility on 10/30/2024, with diagnoses including chronic kidney disease, dyslipidemia, and abnormal aortic aneurysm. - Resident #8 was admitted to the facility on 09/11/2024, with diagnoses		the facility; (g) Laundry services for the resident unless the resident elects in writing to make other arrangements; (h) The manner in which the facility will ensure that the resident's clothes are clean, comfortable and presentable; (i) A requirement that the facility must inform the resident or his or her representative of the actions that the resident should take to protect the resident's valuables; (j) A written program of activities for the resident that includes scheduled and unscheduled activities that are suited to his or her interests and capacities; The administration will insure that the Person-Centered Service Plan must be part of each resident file in compliance with the NRS 449.259 and RO23-22. The administrator must see to it that the 10 residents in this facility possessed all these supervision and treatment in their respective files as indicated in the Person-Centered Service Plan and for any reasons that a new resident will be admitted same provision must be included in their file in order to be in compliance with the NAC 449.259 and RO43.22. 01/14/2025 TAG 0520 Attachment # 4 - 60 plus copies of the Person Centered Service Plan of 10 residents. Sorry I scanned and uploaded some documents not in this TAG 0520. 01/14/2025	

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	including diagnosis of adult failure to thrive, and muscle weakness. - Resident #9 was admitted to the facility on 10/22/2024, with diagnoses including hypertension, type 2 diabetes mellitus, and lipidemia. - Resident #10 was admitted to the facility on 08/12/2024, with diagnoses including Alzheimer's, senile degeneration of brain, and stage 3 chronic kidney disease. On 11/14/2024 at 9:37 AM, the Owner confirmed the facility had not created person-centered service plans for the residents currently residing in the facility affecting 10 of 10 residents. Severity: 2 Scope: 3			
0859 SS= D	Medical Care of Resident After Illness - NAC 449.274 and R043-22 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. (NRS 449.0302) 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by a qualified provider of health care in accordance with NRS 449.1845. The resident must be cared for pursuant to any instructions provided by the qualified provider of health care. Inspector Comments: Based on interview and clinical record review, the facility failed to ensure initial physical examinations with a review of systems was completed for 1 of 10 sampled residents (Resident #8). Findings include: Resident #8 Resident #8 was admitted to the facility on 09/11/2024, with diagnoses including adult failure to thrive, muscle weakness and history of falling. Resident #8's clinical record lacked documented evidence an initial physical examination was completed. On 11/14/2024 at 10:25 AM, the Administrator explained physical examinations were to be completed upon admission and annually	0859	TAG 0859 : Medical Care of Resident After Illness - NAC 449.274 and R043-22 Medical care of resident after illness, injury or accident; periodic physical examination of resident. That the administrator will ensure that before admitting a resident in this facility the requirements must be complete specially the History and Physical Examination or the Progress Notes from their Primary Care Physician. That the administrator of a facility must see to it that the residents have undergone physical examination upon admission to the facility. That this measure and systematic changes must takes place and must be implemented with close coordination with the resident's discharge nurse or the Primary Care Physician in order that the transfer base on the on the submitted New Admission Requirements must be completed to be in compliance with the NAC 449.274 and R043-22 and that this Statement of Deficiencies (SOD) will never happen again.	02/19/2025

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	thereafter. The Administrator confirmed Resident #8 did not have a physical examination completed by the date of admission tot he facility. Severity: 2 Scope: 1		Likewise, the administrator will ensure the initial physical examination result will be at hand to personally place it in the resident's record file.. 02/19/2025 TAG 0859: Attachment #3: Copies of the history and physical examination records (Diagnosis Information) from Life Care Center of Reno, the Hospice Services of Reno documents regarding employee # 8 death and the Discharged document from the facility on time of death and a copy of our New Admission Requirements. 02/19/2025	
0874 SS= D	Medication Administration-Report Received - NAC 449.2742 and R043-22 - 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, physician assistant or advanced practice registered nurse 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 and interview, the Administrator failed to ensure a medication profile review, performed by a physician,	0874	TAG 0874 : Medication Administration-Report Received - NAC 449.2742 and R043-22 - 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, physician assistant or advanced practice registered nurse of any concerns noted by the person who submitted the report. The report must be reviewed and initialed by the administrator. That the administrator must	01/14/2025

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	pharmacist, or registered nurse was completed at least once every six months for 2 of 10 residents residing in the facility for longer than six months (Resident #3 and #5). Findings include: Resident #3 Resident #3 was admitted to the facility on 04/19/2024, with diagnoses including unspecified atrial fibrillation, hyperlipidemia, and retention of urine. Resident #3's clinical record lacked documented evidence a six month medication review was completed. Resident #5 Resident #5 was admitted to the facility on 04/09/2024, with diagnoses including unspecified severe protein-calorie malnutrition, cystitis, and urinary tract infection. Resident #5's clinical record lacked documented evidence a six month medication review was completed. On 11/14/2024 at 10:09 AM, the Administrator explained pharmacy reviews were required to be completed every six months for all residents and confirmed Resident #3 and #5 lacked a medication review within 6 months of admitting to the facility. Severity: 2 Scope: 1		ensure and instructed the owner who is also in-charge of admission of all residents to include the list of medications signed by their respective Primary Care Physicians (PCP) to be counter signed by the administrator and put in the files of the residents. That this list of medications must be submitted to their Primary Care Physicians to make sure these are accurate, up to date and complete to includes new or discontinued medications are properly noted and ordered by their PCPs and counter signed by the administrator to be in compliance of the 6 months review of all medication given to the residents pursuant to NAC 449.2742 and RO43-22. 01/14/2025 TAG 0874 - Attachment # 5 - Copies of the Medication Review of 3 residents #s 1,2 & 3 . 01/14/2025	
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	0878	TAG 0878 : Medication/OTCS, Supplements, Change Order - NAC 449.2742 and R043-22 The administrator ensure that the owner and caregiver must see to it that all medications for the resident must always be in the Medication Administration Record (MAR) in order to meet the Physicians prescribed medications and order. The owner verbalized and proved to the administrator that such medication Senna Docusate Sodium was no longer included in the delivery of the medication to the facility when	02/19/2025

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(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
	registered nurse. 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, 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. Inspector Comments: Based on observation, clinical record review, and interview, the facility failed to ensure medications were on-site to administer as prescribed for 1 of 10 residents (Resident #9). Findings include: Resident #9 Resident #9 was admitted to the facility on 10/22/2024, with diagnoses including		resident # 9 was admitted November 22, 2024 since according to the physician on the time of discharged the resident is no longer in need of the medication because the resident is no longer constipated why the medication was no longer needed by the resident # 9. In order to refrain from this deficiency, the administrator will make a thorough check on the residents' MAR and residents' discontinued, current and active medications more often. Likewise, the administrator must double check all orders and prescriptions from their Primary Care Physician (PCP) to ensure that this Statement Of Deficiencies will never happen again. 02/19/2025 TAG 0878 Attachment #4 Copy of the Medication List from the Primary Care Physician (PCP) Senna Docusate Sodium is no longer in their list and to include a copy of the New Admission Requirements. 02/19/2025	

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		A. BUILDING _____ B. WING _____	**11/14/2024**

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	hypertension, type two diabetes mellitus, and dyslipidemia. A physician's order dated 10/22/2024, documented Senna Docusate Sodium oral tablet 8.6-50 milligram (mg). Give two tablets by mouth in the evening for constipation. Resident #9's November 2024 Medication Administration Record (MAR) documented Senna Docusate Sodium extended release tablet, 8.6-50 mg. Take two tablets by mouth in the evening for constipation. There was no documentation the medication had been administered per the physician's order. On 11/14/2024 at 10:46 AM, Resident #9's Senna Docusate Sodium was not on-site and available to administer to the resident. On 11/14/2024 at 10:57 AM, the Owner confirmed Resident #9's Senna Docusate Sodium was not on-site and available to administer to the resident and explained the Owner had made the decision to stop the medication on their own without any contact with the resident's physician and without obtaining a discontinued physician's order. Severity: 2 Scope: 1			
0895 SS= D	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 limitation, whether the medication is to be administered according to a routine	0895	TAG 0895 : Administration of Medication Maintenance - NAC 449.2744 and R043-22 The administrator ensure that the owner and caregiver must see to it that all medications for the resident must always be in the Medication Administration Record in order to meet the Physicians order. The owner verbalized and proved to the administrator that such medication Nystatin Powder was no longer included in the delivery of the medication when resident # 9 was admitted November 22, 2024 since the affected area of the resident was already healed and gone, that is why the medication is no longer needed by resident # 9 and not written into the	02/19/2025

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	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. Inspector Comments: Based on observation, clinical record review and interview, the facility failed to ensure the Medication Administration Record (MAR) documented a current and active medication a resident was receiving for 1 of 10 residents (Resident #9). Findings include: Resident #9 Resident #9 was admitted to the facility on 10/22/2024, with diagnoses including hypertension, type two diabetes mellitus and dyslipidemia. On 11/14/2024 at 10:46 AM, during a medication review, Resident #9 had a medication onsite and documented the following: -Nystatin Powder. Apply one gram topically two times per day. A physician's order dated 09/26/2024, documented Nystatin 100,000 unit/gram powder. Apply to groin topically every shift for rash. Resident #9's November 2024 MAR lacked documented evidence of Nystatin powder. On 11/14/2024 at 10:46 AM, the Owner confirmed the MAR lacked documented evidence of the Nystatin Powder for Resident #9 and verbalized all medications needed to be transcribed onto the MAR so Caregivers were aware of what medications had been administered and when the last dose of administration was. The Owner could not verbalize if the medication had been administered to the resident. Severity: 2 Scope: 1		Medication Administration Record (MAR). However, the administrator instructed the owner when admitting residents may request and submit a New Admission Requirements to determine that such medications are having a discontinuation (D/C) order from the physician of all medications to be included in the discharge documents of the resident in order that this Statement of Deficiency will never happen again. 02/19/2025 TAG 0895 Attachment: A copy of the New Admission Requirements. 02/19/2025	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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0920 SS= F	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 1. Medication, including, without 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. Inspector Comments: Based on observation and interview, the facility failed to ensure medications belonging to a caregiver were secure and inaccessible to 10 of 10 residents in the facility. Findings include: On 11/14/2024 at 8:46 AM, one round yellow pill in a medication administration cup was sitting on the dining room table. Medications were not being administered at the time to residents. On 11/14/2024 at 8:46 AM, the Caregiver explained the medication was the Caregiver's but could not explain what the classification of the unknown pill and confirmed the medication was unsecured and accessible to all residents in the facility. On 11/14/2024 at 8:47 AM, the Owner confirmed there was an unsecured pill located on the dining room table and verbalized all medications were required to be locked at all times and inaccessible to residents. Severity: 2 Scope: 3	0920	TAG 0920 : Medication: Storage - NAC 449.2748 Medication: That administrator must ensure and strictly instructed and ordered the owner and caregiver that all medications must be administered to the resident and make sure that those medications are taken correctly, and no medications must be left anywhere unattended that maybe taken mistakenly taken by other residents. That all medications to include over-the-counter medications, PRN mediations must be kept and stored in a locked area that is cool and dry. The administrator had talked and ensured to the caregiver directly not to leave any medications even if it is her own or resident's own to anywhere unattended to make sure no residents can take such medication accidentally and to prevent improperly taking medications not intended to that resident. By so doing, the administrator must see to it that such instruction must be followed strictly so that this situation or incident may never happen again and to be in compliance with the NAC 449.2748. 02/03/2025	02/03/2025

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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 clinical record review and interview, the facility failed to ensure 1 of 10 sampled 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 10/30/2024, with diagnoses including chronic kidney disease, dyslipidemia and abnormal aortic aneurysm. Resident #7's clinical record lacked documented evidence an initial two-step TB test was completed. On 11/14/2024 at 10:20 AM, the Administrator explained a two-step TB test was required upon admission for residents and confirmed Resident #7 lacked an initial two-step TB test completed upon admission. Severity: 2 Scope: 1	0936	TAG 0936 : 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. That the administrator will ensure that all residents must undergo 2 steps of TB Test upon admission in the facility. The administrator instructed the owner as the admitting person to always include at least the first step of TB Test by the resident when admitted and then initiate the 2nd TB Test by a qualified medical person to administer the TB Test. That the administrator must ensure that a health certificate (TB Test Result) for a new admitted resident must be administered the two steps TB Screening. If the result is Positive the resident must submit on to a Chest Radiogram (X-ray) and medical evaluation for active Tuberculosis. If the result is Negative it must be followed by next TB Test before a year (365 days) and every year thereafter. But if the first step lapsed after 365 days then the resident will submit again for two steps TB screening. The administrator must strictly instructed the owner and caregiver to check	01/13/2025

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			and double check the accuracy of the TB Test and report to the administrator of any thing that needs to be corrected in order that all records must in compliance pursuant to the NAC 449.2749 especially with respect to Chapter 441A of NRS for resident so that this Statement of Deficiency will never happen again. 01/13/2025 TAG 0936: Attachment #2 of Copy of the first step TB Screening for resident # 7. 2nd step TB screening is due after two weeks. 01/13/2025	
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)	1600	Tag 1600 : Preferred Name/Pronoun P& P - NAC 449.011943 Policies concerning preferred names and pronouns; The administrator and the owner had implemented policies that whoever is admitted in this facility shall be addressed based on their preferred gender identity. it is likewise implemented, that all caregivers, visitors, doctors, or anyone wishes to see the resident are hereby obliged to address the residents' preferred address. The administrator must ensure to asked all residents the gender identity and pronouns they preferred and shall put into record. This shall also be applied to all incoming residents. PRONOUNS: HE/HIM SHE/HER THEY/THEM OR ANY PREFERRED ADDRESSES THEY WISH TO BE CALLED.	02/18/2025

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	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 developed in the patient or resident; and (III) Surgically removed, enhanced, altered or constructed in the patient or resident. Inspector Comments: Based on record review and interview, the facility failed to ensure resident records included the resident's preferred name and pronoun and in accordance with his or her gender identity or expression for 10 of 10 residents. Finding include: On 11/14/2024 at 9:29 AM, the Owner confirmed the faciliyt had not developed a method to include a resident's perferred name and pronoun in accordance with the resident's gender identity or expression in the resident records. Severity: 2 Scope: 3		02/18/2025	
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	1700	TAG 1700 : 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. The administrator must ensure that the owner or any admitting person to request all the New	02/19/2025

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	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 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) Inspector Comments: Based on clinical record review and interview, the facility failed to ensure initial and annual Standard Physician Assessment and Placement Determination were completed for 3 of 10 sampled residents (Resident #1, #4, and		Admission Requirements submitted in order to be in compliance with all the needed documents as part of the resident's file and to be kept in a safe and locked compartment for al least 5 years. The administrator strictly instructed the owner to request from the discharging medical person to avail all the New Admission Requirements submitted as part of the resident's file when moving to a group home facility to be in compliance with the NRS 449.1845 and by doing so this Statement of Deficiencies (SOD) will never happen again. 02/19/2025 TAG 1700: ATTACHMENT # 7 Copies of the Physician's Placement Determination and Standard Physician Assessment of Residents #1, 4 and 10 signed by their respective Primary Care Physician submitted in to the facility. The New Admission Requirements is now included as part of this attachment. 02/19/2025	

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	#10). Findings include: Resident #1 Resident #1 was admitted to the facility on 01/15/2021, with a diagnosis of Alzheimer's Disease. Resident #1's clinical record documented a Standard Placement Determination dated 01/12/2023, however lacked an annual Standard Placement Determination for 2024. Resident #4 Resident #4 was admitted to the facility on 11/09/2022, with diagnoses including history of cardiovascular accident and cognitive decline. Resident #4's clinical record documented a Standard Placement Determination dated 01/12/2023, however lacked an annual Standard Placement Determination for 2024. Resident #10 Resident #10 was admitted to the facility on 08/12/2024, with diagnoses including Alzheimer's Disease and senile degeneration of the brain. Resident #10's clinical record lacked documented evidence a Standard Placement Determination was completed upon admission to the facility. On 11/14/2024 at 10:41 AM, the Owner confirmed Resident #1 and #4 lacked an annual Standard Placement Determination and Resident #10 lacked an initial Standard Placement Determination upon admission to the facility. The Owner verbalized not knowing what the requirement nor regulation was with regards to Standard Placement Determinations. Severity: 2 Scope: 1			
1825 SS= F	Designation/Training persons for IC Program - NAC 449.0109 Designation and training of person responsible for infection control. 3. The program to prevent and control infections within the facility for the dependent developed pursuant to paragraph (a) of subsection 1 must provide for the designation of: (a) A primary person who is responsible for infection control; and (b) A secondary person who is responsible for infection control when the primary person is absent to ensure that someone is responsible for infection control at all times. 4. The persons designated pursuant to subsection 3 as responsible for infection	1825	TAG 1825 : Designation/Training persons for IC Program - NAC 449.0109 The administrator ensures that there are Primary and Secondary Persons designated as the responsible person in compliance with the NAC 449.0109 Designation of person responsible for infection control. That in the absence of the Primary person the secondary person will be responsible for the prevention and	01/28/2025

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	control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training. Inspector Comments: Based on interview and record review, the facility failed to ensure a primary and secondary person were responsible for the facility's infection control program were identified with the potential to affect 10 of 10 residents. Findings include: On 11/14/2024 at 9:30 AM, the facility lacked documented evidence to identify a primary and secondary person responsible for the facility's infection control program. On 11/14/2024 at 9:30 AM, the Owner verbalized the facility had not designated a primary and secondary person responsible for the facility's infection control program. Severity: 2 Scope: 3		control of infection in the facility at all times. 01/28/2025 TAG 1825 Attachment # 8. Copies of the certificates of the Primary and Secondary persons is attached as to who are designated as responsible for the infection control in this facility. 01/28/2025	
1830 SS= F	Do not use See Tag 1825 - Infection Control Required Training LCB File No. R048-22 Sec. 5 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection	1830	TAG 1830 Infection Control Required Training LCB File No. R048-22 Sec. 5 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention	01/14/2025

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GOLDEN VALLEY GROUP CARE	**2690 MARGARET DRIVE, RENO, NEVADA ,89506**

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	Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training. Inspector Comments: Based on personnel file review and interview, primary and secondary infection control staff lacked the required infection control training. Findings include: Employee personnel files lacked the required infection control and prevention training required for an infection control staff. On 11/14/2024 at 10:20 AM, the Owner confirmed the facility had not designated a primary and secondary person responsible for the facility's infection control program and the required infection control training was not completed. Severity: 2 Scope: 3		of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training. The Administrator will make sure that there is always a Primary and Secondary persons designated pursuant to section 3 as responsible for Infection Prevention and Control Program. The owner is designated as the Primary person and the caregiver is the secondary person responsible for the prevention and control of infection in the facility for all residents herein. That the administrator have strictly instructed both the owner and the caregiver to obtain their certificates of completion and both primary and secondary persons designated as responsible for the prevention and control of infection in this facility were able to complete their training and certified to be in compliance with the Infection Required	

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 _____	**11/14/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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			Training LCB File No. RO48 section 5 4. That the administrator will see to it that both designated persons will obtain their certificates every 3 years to comply with the above said training in order to prevent this SOD that will happen again. 01/08/2025 TAG 1830 - Attachment #9 Certificates of 1 to 15 Modules of Infection Prevention and Control of Patricia Lite the Primary Person designated as responsible for the prevention and control of infection in this facility. 01/14/2025	