Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2194	A. BUILDING _____ B. WING _____	07/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A SUMMERDALE HOMES AT RIBEIRO, LLC	1868 RIBEIRO CIRCLE, RENO, NEVADA ,89503

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a State Licensure annual grading survey conducted at your facility on 07/10/19. 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 six Residential Facility for Group beds for elderly and disabled persons Category II residents. The census at the time of the survey was six. Six resident files were reviewed and four employee files were reviewed. The facility received a grade of B. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified:	0000		
0074 SS= D	Elder Abuse Training - NRS 449.093 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	0074	Employee #4 completed the annual Elder Abuse training through the State of Nevada. Administrator will ensure that the deficiency does not recur by having monthly reviews of the annual renewals. Administrator will also hire the designee to come one day once a month on their day off to go over files like the Elder Abuse training and other annual renewals. Administrator will review the designee's findings. Administrator have implemented a new system of checks and balances to ensure that employee training will be current at all times.	07/23/2019

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	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 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			

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	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 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 record review, document review and interview, the facility failed to ensure 1 of 4 employees completed the initial elder abuse prevention training. (Employee #4) Findings include: Employee #4 Employee #4 was hired to work as a Caregiver in 2019. Employee #4's file lacked documented evidence of initial elder abuse prevention training. On 07/10/19 at 2:00 PM, the Caregiver was unable to provide documented evidence of elder abuse prevention training for Employee #4 and confirmed the employee had not completed the required training prior to providing resident care. Severity: 2 Scope: 1			

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0100 SS= E	Personnel File - NAC 449.200 Personnel files. (NRS 449.0302) 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: (a) The name, address, telephone number and social security number of the employee; (b) The date on which the employee began his or her employment at the residential facility; (c) Records relating to the training received by the employee; (e) Evidence that the references supplied by the employee were checked by the residential facility. Inspector Comments: Based on record review, document review and interview, the facility failed to ensure 2 of 4 employees had hire dates documented in the employee files (Employee #2 and #4). Findings include: Employee #2 Employee #2 was hired as a caregiver in 2019. Employee #2's file lacked documented evidence of an exact hire date. Employee #4 Employee #4 was hired as a caregiver in 2019. Employee #4's file lacked documented evidence of an exact hire date. On 0710/19 at 2:00 PM, the Caregiver could not explain what the exact date of hire was for Employee #2 and #4. Severity: 2 Scope: 2	0100	Employee #2 and #4 are caregivers on emergency loan from two separate group homes since February of 2019. Both employees finally signed contracts with Summerdale Home to work on a regular basis. Administrator will ensure that the deficiency does not recur by hiring individuals to work exclusively for the facility and not accept employees who will be working concurrent with another facility.	07/23/2019

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0102 SS= E	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 record review, document review and interview, the facility failed to ensure employees met the requirements for a pre-employment physical examination prior to working for 2 of 4 employees. (Employee #2 and #3) Findings include: Employee #2 Employee #2 began working as a Caregiver in 2019. Employee #2's file documented a pre-employment physical exam, dated 02/21/19, and the exam lacked a physician statement the employee was free of communicable disease. Employee #3 Employee #3 began working as a Caregiver on 02/06/18. Employee #3's file documented a pre-employment physical exam, dated 01/23/18, and the exam lacked a physician statement the employee was free of communicable disease. On 07/10/19 at 2:00 PM, the Caregiver acknowledged the findings for Employee #2 and #3. Severity: 2 Scope: 2	0102	Since the administrator was on duty from December 2018 to January 2019, he was unable to accompany the new caregivers on their pre-employment exam. To ensure that future employees have the proper pre-employment exam including a physician statement that the employee is free of communicable disease/s, a checklist will be given to the employee to take with them and to present them to their assigned physician. Administrator will ensure that the deficiency does not occur by having new employees produce the complete items in the pre-employment exam before being hired.	07/10/2019

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0859 SS= D	Medical Care of Resident After Illness - NAC 449.274 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 his or her physician. The resident must be cared for pursuant to any instructions provided by the resident ' s physician. Inspector Comments: Based on interview, document review and record review, the facility failed to ensure a physical examination including a review of systems was completed before admission for 2 of 6 residents (Resident #3 and #4). Findings include: Resident #3 Resident #3 was admitted to the facility on 3/18/19, with diagnoses including chronic obstructed pulmonary disease, hypertension, osteoarthritis, kyphosis, blindness and macular degeneration. Resident #3's record lacked documentation of a physical exam including a review of systems prior to admission. On 07/10/19 at 12:05 PM, the Caregiver acknowledged the findings and verbalized there was no documentation of a physical exam completed prior to admission. Resident #4 Resident #4 was admitted to the facility on 12/08/18, with diagnoses including dementia, macular degeneration, muscle weakness, heart failure, atrial fibrillation and vitamin D deficiency. Resident #4's record documented a physical exam with a review of systems, dated 05/12/18, more than six months after admission to the facility. On 07/10/19 at 11:15 AM, the Caregiver acknowledged Resident #4's annual physical exam was after admission to the facility. Severity: 2 Scope: 1	0859	The documentation of a physical exam including a review of systems prior to admission was requested from the hospital social workers. Unfortunately, incomplete fax documents comes in at the same time the resident is admitted. As the administrator, I will request that these required documents be submitted during the initial assessment while I'm in the hospital.	07/10/2019
0938 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	0938	Administrator have trained the caregivers for assistance in documentation. Since two caregivers are on duty Thursdays, one of them will assist with reviews to ensure timely annual ADL assessment for each resident.	07/18/2019

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	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: (g) An evaluation of the resident ' s ability to perform the activities of daily living and a brief description of any assistance he or she needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his or her ability to perform the activities of daily living; and (3) In any event, not less than once each year. Inspector Comments: Based on document review, record review and interview, the facility 1) failed to evaluate a resident's ability to perform activities of daily living upon admission to the facility for 1 of 6 residents (Resident #4) and 2) failed to evaluate a resident's ability to perform activities of daily living (ADL) at least annually for 2 of 6 (Resident #1 and #5). Findings include: Resident #4 Resident #4 was admitted to the facility on 12/08/18, with diagnoses including dementia, macular degeneration, muscle weakness, heart failure, atrial fibrillation and vitamin D deficiency. Resident #4's record documented evidence of an initial ADL assessment completed on 01/23/19, approximately seven weeks after the resident was admitted to the facility. On 07/10/19 at 11:15 AM, the Caregiver verbalized the ADL assessment was completed late for Resident #4. Resident #1 Resident #1 was admitted to the facility on 04/07/18, with diagnoses including dementia, delirium, coronary arteriosclerosis, hypertension and anemia. Resident #1's record lacked documentation of an annual ADL for 2019. On 07/10/19 at 11:00 AM, the Caregiver acknowledged the findings and verbalized there was no ADL for 2019. Resident #5 Resident #5 was admitted to the facility on 12/26/16 with			

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	diagnoses including dementia, mild depression, hypothyroidism and bilateral glaucoma. Resident #5's record documented an annual ADL assessment for 2018, dated 01/23/19, approximately 30 days late. On 07/10/19 at 11:30 AM, the Caregiver acknowledged the late annual ADL assessment. Severity: 2 Scope: 2			
0960 SS= D	Alzheimer's Care Application for Endorsement - NAC 449.2754 Residential facility which provides care to persons with Alzheimer ' s disease: Application for endorsement; general requirements. (NRS 449.0302) 1. A residential facility which offers or provides care for a resident with Alzheimer ' s disease or related dementia must obtain an endorsement on its license authorizing it to operate as a residential facility which provides care to persons with Alzheimer ' s disease. The Division may deny an application for an endorsement or suspend or revoke an existing endorsement based upon the grounds set forth in NAC 449.191 or 449.1915. Inspector Comments: Based on record review and interview, the facility failed to obtain a physician placement determination for residents diagnosed with dementia for 1 of 6 residents (Resident #2). Findings include: Resident #2 Resident #2 was admitted to the facility on 04/24/19 with a diagnosis of dementia. Resident #2's record lacked documented evidence of a physician placement determination for the dementia diagnosis. On 06/18/19 at 2:10 PM, Resident #2 did not know what year it was, did not know who the current president was, did not know what day of the week it was, and was unaware of the Caregiver's name. On 07/10/19 at 2:20 PM, the Administrator confirmed Resident #2's diagnosis of dementia and the resident's record lacked a physician placement determination for the dementia diagnosis. Severity: 2 Scope: 1	0960	Administrator will add the physician placement determination forms for the dementia patients with diagnosis in the admission packet whether it is needed or not . This new approach will ensure that future resident/s with dementia will have the documentation process started as soon as admission is concluded. The administrator will also hire the designee to come one day once a month on their day off to go over all the admission packets and review their contents. Administrator will review the designee's findings. Administrator have implemented a new system of checks and balances to ensure that new residents with dementia will have their physician placement determination form in place before admission.	07/11/2019