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 _____	07/16/2021

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

(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 conducted at your facility on 07/16/21. 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 five. Five resident files were reviewed and three employee files were reviewed. The facility received a grade of A. 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		

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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, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observations and interview, the facility failed to ensure the common hallway area and kitchen was maintained and the outside premise was free of debris. Findings include: On 07/16/21 at 9:40 AM, the front yard of the facility was observed to have the following item stored: - Washing machine equipment. On 07/16/21 at 11:16 AM, the Caregiver verbalized the facility replaced the washing machine and confirmed the equipment needed to be removed from the front yard. On 07/16/21 at 9:42 AM, in the common area in the hallway there was damaged drywall on the corner of the corridor wall and black marks along the walls. On 07/16/21 at 9:42 AM, the Caregiver acknowledged the drywall and black marks along the wall. On 07/16/21 at 9:42 AM, in the kitchen there were missing floor tiles and ripped tiles. On 07/16/21 at 9:42 AM, the Caregiver acknowledged the missing floor tiles and ripped tiles. Severity: 2 Scope: 3	0178		08/09/2021

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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 record review and interview, the facility failed to ensure a physical examination was completed prior to admission for 1 of 5 residents (Resident #5). Findings include: Resident # 5 Resident # 5 was admitted to the facility on 07/15/21 with diagnoses including type 2 diabetes, acute kidney injury, and prostate enlargement. Resident #5's clinical record lacked documented evidence of a physical examination completed prior to admission to the facility. On 07/16/21 at 10:25 AM, the Caregiver confirmed the resident's initial physical examination was not located in the resident file. Severity: 2 Scope: 1	0859		07/09/2021

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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 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 5 sampled residents residing in the facility for longer than six months (Resident #3). Findings include: Resident #3 Resident #3 was admitted to the facility on 04/17/20, with diagnoses including schizophrenia. Resident #3's medical record lacked documented evidence of a six-month pharmacy review had been conducted. On 07/16/21 at 10:17 AM, the Caregiver confirmed the medication review for Resident #3 had not been completed on time. Severity: 2 Scope: 1	0870		08/01/2021