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 _____	**08/01/2022**

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 and complaint survey conducted at your facility on 08/01/22. 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 with Category II residents. The census at the time of the survey was six. Five resident files were reviewed and three employee files were reviewed. The facility received a grade of A. There was one complaint investigated. Complaint #NV00066739 with the following allegations could not be substantiated due to a lack of evidence. Allegation #1 the resident was not receiving their medications, Allegation #2 the resident was not allowed to check their blood sugars for six days, Allegation #3 the facility took away the residents' continuous blood glucose monitor, Allegation #4 the facility was not providing insulin to the resident, Allegation #5 the resident was not being served a diabetic diet and was being given mostly peanut butter and jelly sandwiches with canned fruit, Allegation #6 the resident was not able to go to their appointments because the facility would not take her, and Allegation #7 there were no staff in the home to assist the resident. The investigation into the allegations included the following: Observation of the interactions between the resident of concern, the Administrator, and the caregiver. Interviews with three residents including the resident of concern, the Administrator, and a caregiver. Review of six resident records including the resident of concern. The review included physician orders, medication administration records, history and physicals, activities of daily living logs, and facility menus. The findings and conclusions of any investigation by the	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: EUGENE GASATAYA Title: Administrator Date: 09/22/2022

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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	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:			
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 record review, document review, and interview, the facility failed to ensure employees met the requirements concerning tuberculosis (TB) testing for 1 of 3 employees (Employee #1). Findings include: Employee #1 Employee #1 was hired as a caregiver 03/21/19. Employee #1 had TB testing completed on 07/13/20, and 07/11/21. The employee filed lacked documented evidence of a one-step TB test completed by 07/31/22. On 08/01/22 at 10:45 AM, the Administrator verbalized Employee #1 did not have a TB test completed by 07/31/22, and would need to have a two-step TB test completed because the test was late. Severity: 2 Scope: 1	0102	0102 NAC 449.200 TB Screening Facility is now in compliance. Employee #1 completed the 2 step TB test. Administrator along with the RN, caregiver, and resident using the smartphone technology has setup annual reminders a month before expiration to prevent TB tests from expiring.	08/02/2022
0870 SS= E	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-	0870	0870 NAC 449.2742 Medication Administration Accuracy & Report Facility is now in compliance. Resident #3 pharmacy does not provide a six month medication review. Administrator will keep trying to obtain this document. Resident #5 and Resident #6 pharmacy reviews will now include the doctors signature when he visits the facility next month. Administrator will be using the smartphones of the resident, staff, and his personal device to set up reminders a month before the pharmacy review is due letting technology assist with this skeleton	08/02/2022

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	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 record review and interview, the facility failed to ensure a medication profile review was performed by a physician, pharmacist or registered nurse at least once every six months for 3 of 6 sampled residents residing in the facility for longer than six months (Resident #3, #5, and #6). Findings include: Resident #3 Resident #3 was admitted to the facility on 09/29/21, with diagnoses including angina and heart transplant. Resident #3's record lacked documented evidence of medication profile reviews for 2021, and 2022. Resident #5 Resident #5 was admitted to the facility on 06/06/20, with diagnoses including chronic obstructive pulmonary disease and lung cancer. Resident #5's record lacked documented evidence of a medication profile reviews for 2021, and 2022. Resident #6 Resident #6 was admitted to the facility on 12/08/18, with diagnoses including a history of falls and hip fracture. Resident #6's record revealed medication profile reviews dated 06/01/21, and 12/01/21. Resident #6's record lacked documented evidence of a medication profile review for 2022. On 08/01/22 at 11:30 AM, the Administrator confirmed Resident #3, Resident #5, and Resident #6 lacked medication profile reviews every 6 months. Severity: 2 Scope: 2		staff that is just getting by on a daily basis.	
0936 SS= E	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents	0936	0936 NAC 449.2749 Maintenance and contents of separate files	08/02/2022

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	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 record review and interview, the facility failed to ensure 3 of 6 sampled residents met the requirements concerning tuberculosis (TB) testing in accordance with Nevada Administrative Code (NAC) 441A (Resident #1, #4, and #6). Findings include: Resident #1 Resident #1 was admitted to the facility on 03/15/22, with a diagnosis of cerebral atherosclerosis. Resident #1's file lacked documented evidence of a two-step TB test being completed within five days of admission to the facility. Resident #4 Resident #4 was admitted to the facility on 07/09/22, with a diagnosis of type II diabetes. Resident #4's file lacked documented evidence of a two-step TB test being completed within five days of admission to the facility. Resident #6 Resident #6 was admitted to the facility on 12/08/18, with diagnoses including history of falls and a hip fracture. Resident #6's file contained an annual one-step TB test read as negative on 07/11/21, however, the resident's file lacked documented evidence of a one-step TB test completed by 07/31/22. On 08/01/22 at 11:35 AM, the Administrator confirmed the missing two-step and annual TB tests and was unable to find the tests in the resident's files. The Administrator verbalized Resident #1 and Resident #4 had not completed the two-step		Facility is now in compliance. Resident #1 and Resident #6 2 step TB tests were completed. Administrator is using technology to have his smart phone set up yearly reminders a month before the TB tests expires along with the RN, staff, and resident smartphones to ensure documents are processed on a timely basis. Resident #4 refused the 2 step TB tests insisting she doesn't want 4 TB tests in a matter of 3 months.	

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	TB tests and Resident #6 had not completed the annual 2022 TB test. Severity: 2 Scope: 2			
1600 SS= D	A facility shall: Inspector Comments: Based on interview, the facility failed to develop policies addressing the facility's program for cultural competency. Findings include: The Caregiver confirmed facility policies had not been developed for a cultural competency program for the facility. Severity: 2 Scope: 1	1600	1600 Cultural Competency program Facility is in compliance. The administrator have completely trained the caregivers in this area. Due to language barrier, caregivers are not well verse in remembering them after their training. Caregivers were taught and trained about discrimination policies including cultural diversity and cultural components. Cultural competency training is a new language for employees but the administrator will review them on a monthly basis until it is memorized and understood. Administrator have taken numerous classes in Cultural Diversity where Cultural Competency is a component including the required CEU's on Ethics every two years.	08/02/2022