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 _____	07/05/2023

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 07/05/23. 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, category-II Residential Facility for Group beds for elderly and disabled persons. The census at the time of the survey was five. Five resident records and three employee records 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 regulatory deficiencies were identified:	0000		
0690 SS= F	Residents Requiring Use of Oxygen - NAC 449.2712 Residents requiring use of oxygen. (NRS 449.0302) 1. A person who requires the use of oxygen must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless he or she: (a) Is mentally and physically capable of operating the equipment that provides the oxygen; or (b) Is capable of: (1) Determining his or her need for oxygen; and (2) Administering the oxygen to himself or herself with assistance. 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician; and (b) Ensure that: (1) The resident ' s physician evaluates periodically the condition of the resident which necessitates his or her use of oxygen; (2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored; (3) Persons do not smoke in those areas where smoking is prohibited; (4) All electrical equipment is inspected for defects which	0690	0690 NAC 449.2712 (NRS 449.0302) (5) Facility is in compliance. Accellence picked up 8 extra tanks that do not have a rack. Due to a Nevada Energy alert to disrupt power supply for about 8 hours, extra tanks were ordered but not needed when power was only out for 3 hours. In the event of future construction work near the area, Administrator will call oxygen supplier the next day to pickup extra tanks used and unused.	07/07/2023

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	may cause sparks; (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; (6) The equipment used to administer oxygen is in good working condition; (7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and (8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident. Inspector Comments: Based on observation and interview, the facility failed to ensure Oxygen tanks were stored securely. Findings include: On 07/05/23 at 10:08 AM, six tall Oxygen tanks were standing in the garage to the left of the kitchen entrance. The tanks were not in a rack or secured to a wall. On 07/05/23 at 10:09 AM, the Caregiver confirmed the tanks were not secured and should have been placed in a rack. On 07/05/23 at 12:05 PM, the Administrator confirmed the Oxygen tanks were not secured as the facility did not have a rack for them. Severity: 2 Scope: 3			

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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 record review and interview, the facility failed to ensure a resident met the requirements for tuberculosis (TB) screening in accordance with Nevada Administrative Code (NAC) 441A (Resident #1). Findings include: Resident #1 Resident #1 was admitted on 09/29/21, with diagnoses including type II diabetes mellitus and coronary artery disease. Resident #1's annual one-step TB screening was administered on 03/02/22 and read on 03/05/22 with a negative result. Resident #1's record lacked documented evidence a TB screening had been completed since 03/05/22. On 07/05/23 at 11:50 AM, the Administrator confirmed Resident #1 had not completed a TB screening since 03/05/22. Severity: 2 Scope: 1	0936	0936 NAC 449.2749 (NRS 449.0302) Maintenance and Contents of Separate File for each resident We just obtained TB test. Our main pharmacy that delivers meds is no longer allowed to provide TB test and syringes for our residents. Administrator have set up accounts at bigger pharmacies that are allowed to provide the TB test and syringes. Staff and Administrator will program the annual TB test on their smart phones to have annual TB testing on a timely basis every year.	07/20/2023
0938 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: (g) An evaluation of the resident '	0938	0938 NAC 449.2749 (NRS 449.0302 1-3) Facility is in compliance. Annual needs assessments were all updated immediately following the yearly survey. Administrator and staff will program the admit dates of all the resident in their smart phones and set a reminders for their annual ADL's.	07/05/2023

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	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 record review and interview, the facility failed to ensure an Activities of Daily Living (ADL) assessment was completed annually for 2 of 5 residents (Resident #1 and #2). Findings include: Resident #1 Resident #1 was admitted on 09/29/21, with diagnoses including type II diabetes mellitus and coronary artery disease. Resident #1's record documented a completed ADL assessment dated 09/29/21. Resident #1's record lacked documented evidence an ADL assessment had been completed since 09/29/21. Resident #2 Resident #2 was admitted on 06/05/20, with diagnoses including type II diabetes mellitus, congestive heart failure and chronic obstructive pulmonary disease. Resident #2's record documented a completed ADL assessment dated 05/31/22. Resident #2's record lacked documented evidence an ADL assessment had been completed since 05/31/22. On 07/05/23 at 12:00 PM, the Administrator confirmed Resident #1 had not had an ADL assessment completed since the resident's admission date of 09/29/21, and Resident #2 did not have a current ADL assessment completed for 2023. Severity: 2 Scope: 1			