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 _____	**12/19/2023**

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 complaint survey conducted at your facility on 12/19/23, in accordance with Nevada Administrative Coder (NAC) Chapter 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 four. Four resident records, one closed resident record, and two employee records were reviewed. The facility received a grade of A. There were two complaints investigated. Complaint #NV00069938 with the following allegations could not be subtantiated due to a lack of evidence: Allegation #1: Medications were not being administered. Allegation #2: A resident was not provided a specialized diet. Complaint #NV00069949 with the following allegations could not be subtantiated due to a lack of evidence: Allegation #1: A resident was neglected resulting in an injury after an unwitnessed fall. The investigation into the allegations included the following: Observation of the interactions between the resident of concern, and the caregiver. Interviews with two residents including the resident of concern, the Administrator, and a caregiver. Review of four resident records and one closed resident record including the resident of concern. The review included physician orders, medication administration records, physician placement determination, activities of daily living logs, staffing schedules and facility menus. A deficiency unrelated to the allegations was identified (see tag Y0960 and Y1700). 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,	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: EUGENE GASATAYA Title: Administrator Date: 04/26/2024

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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	or local laws. The following deficiencies were identified:			
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 interview and clinical record review, the facility failed to ensure a resident with the diagnosis of dementia and a determination by a physician the resident was in need of a facility endorsed for the care of the resident was not retained for admission for 1 of 5 sampled residents (Resident #3). Findings include: Resident #3 Resident #3 was admitted to the facility on 04/21/23, with diagnoses including alcohol induced dementia, hypertension and hyperlipidemia. The determination of the physician dated 04/21/23, indicated the resident required a facility endorsed for the care of Alzheimer's related diagnosed residents. On 12/19/23 at 11:05 AM, the Administrator explained the Caregiver was responsible for reviewing the forms and had not noticed the physician marked the resident was in need a facility endorsed to care for Alzheimer's or related conditions. The Administrator verbalized the facility was not endorsed for Alzheimer's and dementia. Severity: 2 Scope: 1	0960	0960 NAC 449.2754 and 449.0302 Residential facility which provides care for persons with Alzheimers disease ..... related dementia Facility is in compliance. Administrator had submitted for the additional Alzheimers and related dementia endorsement sometime ago and was contacted by HCQC to complete the application. I am in the process of contacting the State Fire Marshall Division and completing the application for two new endorsements - Alzheimers disease and related dementia along with mental illness. Documentation from the physician placement determination was found. It was dated March 28, 2023 and the document does not state that resident #3 is required to be in a locked memory care unit. Administrator will put in the smart phone for reminder to have the necessary endorsement applied for during the annual renewal of licenses to ensure that these necessary endorsements are included in the yearly renewal of the professional license. basis.	04/26/2024
1700 SS= F	Annual Assessment of History of Each Resident - NRS 449.1845 Administrator of residential facility for groups to conduct	1700	1700 NRS 449.1845. Administrator of residential	04/26/2024

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	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 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 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. Administrator has worked diligently with the legal guardian and has moved resident #1 to an appropriate senior living facility on 12/19/23. Administrator has also worked tirelessly with another legal guardian and has moved resident #5 to an appropriate facility for young adults on 10/26/23. Resident #2 legal guardian is still having great difficulty obtaining a primary care physician. To this date, resident's insurance card is being rejected by multiple PCP as an acceptable form of payment. Legal guardian of resident #2 has all the forms needed to complete the physician assessment forms; however, the new updated insurance card is still an obstacle in getting a new primary care physician. Administrator is working with the legal guardian to see if they can save monies to pay privately for the services of an alternative health center to get resident #2 to complete a physician assessment. Administrator have reviewed the admission agreement packets and have ensured that the physician placement assessment forms are included. Administrator will require that this form be completed before any new resident is admitted.	

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	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 record review and interview, the facility failed to obtain a Physician Placement Determination Statement to determine the appropriate facility type and care for 1 of 5 sampled residents (Resident #1, #2 and #5). Findings include: Resident #1 Resident #1 was admitted to the facility on 06/05/20, with diagnoses including psychiatric disorder, chronic obstructive pulmonary disease and chronic pain syndrome. Resident #1's record lacked documented evidence a Physician Placement Determination Statement had been completed either before or since the resident's admission on 06/05/20. Resident #2 Resident #2 was admitted to the facility on 06/26/23, with diagnoses including dementia, and adult failure to thrive. Resident #2's record lacked documented evidence a Physician Placement Determination Statement had been completed either before or since the resident's admission on 06/26/23. Resident #5 Resident #5 was admitted to the facility on 09/21/21 and discharged from the facility on 10/26/23, with diagnoses including type two diabetes, coronary artery disease and diabetic retinopathy. Resident #5's record lacked documented evidence a Physician Placement Determination Statement had been completed either before or since the resident's admission on 09/21/21. On 12/19/23 at 11:05 AM, the Administrator confirmed Resident #1, #2, and #5 did not have a Physician Placement Determination Statement completed. Severity: 2 Scope: 3			