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 _____	**07/03/2024**

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 and a complaint survey conducted at your facility on 07/03/2024. 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 six. Six resident records and three employee records were reviewed. The facility received a grade of D. There were three complaints investigated. Complaint #NV00070354 with the following allegations could not be substantiated due to a lack of evidence. Allegation #1: A female resident was sexually assaulted by a male resident. Allegation #2: The Administrator did not report sexual assault to the State Ombudsman nor Adult Protective Services. Complaint #NV00070355 with the following allegations could not be substantiated due to a lack of evidence. Allegation #1: A resident had eloped from the facility. Allegation #2: A resident was beaten by another resident. Allegation #3: The Administrator did not report an elopement and physical abuse to the State Ombudsman nor Adult Protective Services. Complaint #NV00070656 with the following allegations was substantiated (See Tags 100, 104, and 178). Allegation #1: Grab bars located in the bathrooms were not secure. Allegation #2: The facility did not have a proper background check completed, statements by a contracted employee documenting any criminal convictions, and no background check documentation in the employee file. The following deficiencies could not be substantiated due to a lack of evidence. Allegation #3: An employee lacked eight hours of annual caregiver training. Allegation #4: The facility did not have the	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: Title: Date:

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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	proper lighting throughout the facility to ensure the comfort and safety of each resident. Allegation #5: There were hazards impeding the movement of residents inside and outside the facility. Allegation #6: A bathroom did not have proper ventilation to outside. Allegation #7: The bathrooms were not sufficiently lighted to include night lights from bedrooms to the bathrooms. Allegation #8: Employee files were not completed nor on-site and available for review. Allegation #9: Employees not properly trained on performing services requiring a waiver according to resident needs. The investigation into the allegations included: Observation of staff to resident interactions, resident activities, resident bedrooms, resident restroom, and inside and outside environment. Interviews were conducted with two Caregivers and the Administrator. Document review included History and Physicals, plan of care, activities of daily living, incident reports, employee trainings, and background checks for employees. 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:			
0074 SS= F	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	0074	0074 NRS 449.093. Elder Abuse Training Adult protective service training provided by ADSD was completed. Administrator along with the new caregivers will require them to use their smart phones so we can collectively ensure that our renewal dates are programmed in these devices to ensure that my training certificates are renewed on a timely basis along with the caregivers. We have a computer generated calendar printed and on display for the renewal of	08/31/2024

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	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 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		training dates so this deficiency will not recur.	

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	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 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.			

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	Inspector Comments: Based on personnel file review and interview, the facility failed to ensure 2 of 3 employees (Employee #2 and #3) had initial elder abuse prevention training prior to working with residents and 1 of 3 employees (Employee #1) completed timely annual elder abuse prevention training. Findings include: Employee #1 Employee #1 was hired as the Administrator with a start date of 08/15/2001. Employee #1's personnel file documented elder abuse training completed on 01/25/2022 and on 07/31/2023. There was a lapse of six months between the elder abuse trainings. Employee #2 Employee #2 was hired as a Caregiver with a start date of 06/03/2023. Employee #2's personnel file lacked documented evidence elder abuse training had been completed. Employee #3 Employee #3 was hired by the facility as a Caregiver with a start date of 11/2023. Employee #3's personnel file lacked documented evidence elder abuse training had been completed. On 07/03/2024 at 10:38 AM, the Administrator confirmed the Administrator had a lapse of six months between the elder abuse trainings, and Employees #2 and #3 lacked documented evidence elder abuse training had been completed. The Administrator verbalized elder abuse training was to be completed upon hire, prior to working with residents, and annually thereafter. Severity: 2 Scope: 3			
0100 SS= D	Personnel File - NAC 449.200 & R043-22 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, including, without limitation: (1) Certificates of completion for all training completed by the employee; and (2) If a tier	0100	Y 0100 NAC 449.200 & R043-22. Personnel files Administrator will ensure that emergency hire of caregivers will be completed with a new hiring packett that will include pre-employment physical to ensure that all hiring practices in the future will be met and completed before hire. Complete physical exam for employment was completed.	07/10/2024

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	2 training is not provided through a course listed on the Internet website maintained by the Division pursuant to subsection 2 of section 7 of this regulation, a list of topics covered by the training which may consist of, without limitation, the syllabus for the training or an outline of the training; (e) Evidence that the references supplied by the employee were checked by the residential facility. Inspector Comments: Based on observation, interview, and document review, the facility failed to ensure 1 of 3 employees had a completed personnel file (Employee #3). Findings include: On 07/03/2024 at 9:30 AM, Employee #3 was observed preparing and serving food to residents, assisting residents with meals, and responding to residents' needing assistance in resident rooms. Employee #3's personnel file lacked documented evidence of the following: -an application, -reference checks prior to hire, -all trainings in the employee's file were all the trainings completed, -a background check prior to hire, and -a pre-employment physical. On 07/03/2024 at 11:07 AM, Employee #3 confirmed the employee's personnel file did not have an application present, reference checks were not documented in the employee's file, the employee did not complete a background check nor the required initial caregiver trainings and did not complete a pre-employment physical. Employee #3 lacked understanding of what trainings were required upon hire and annually and verbalized the background check and pre-employment physical should have been completed upon hire. On 07/03/2024 at 10:38 AM, the Administrator explained personnel files were to contain an application for employment, proof the employee's references were checked, pre-employment physicals were due prior to employment and working with residents and background checks were required to be completed upon hire and expiration of the			

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	background check results. Severity: 2 Scope: 1			
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 personnel file review and interview, the facility failed to ensure a pre-employment physical examination was completed for 1 of 3 employees (Employee #3). Findings include: Employee #3 Employee #3 was hired by the facility as a Caregiver with a start date of 11/2023. Employee #3's personnel file lacked documented evidence a pre-employment physical had been completed. On 07/03/2024 at 11:07 AM, Employee #3 confirmed the employee's pre-employment physical was not done and verbalized a pre-employment physical was required to be completed by the time an employee started work with the facility. Severity: 2 Scope: 1	0102	Y 0102 NAC 449.200 Personnel Files Administrator has partnered with a health agency that will do the TB tests annually for the resident and staff. This new partnership will ensure that all residents, employees, and the administrator will remain current with their yearly TB tests.	07/10/2024

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0104 SS= D	Personnel Files - Background Checks - 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: (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. Inspector Comments: Based on employee record review and interview, the facility failed to ensure 1 of 3 employees met the background check requirements of Nevada Revised Statute (NRS) 449.122 to 449.125 (Employee #3). Findings include: Employee #3 Employee #3 was hired by the facility as a Caregiver with a start date of 11/2023. Employee #3's personnel record lacked documented evidence fingerprinting to obtain a background check result had been completed and a determination had been received from the Central Repository for Nevada Records of Criminal History. On 07/03/2024 at 11:07 AM, Employee #3 confirmed not completing a required background check and verbalized the background check should have been started by the hire date. Severity: 2 Scope: 1	0104	104 NAC 449.200 NRS 449.0302. Background Check Administrator will require fill in caregivers on a part-time basis to be fingerprinted and to meet all the credentials needed as required by the NAC and NRS for new employees.	09/01/2024

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0174 SS= F	Health& Sanitation-odors-hazards-insects-dirt - NAC 449.209 Health and sanitation. (NRS 449.0302) 4. To the extent practicable, the premises of the facility must be kept free from: (a) Offensive odors; (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility; (c) Insects and rodents; and (d) Accumulations of dirt, garbage and other refuse. Inspector Comments: Based on observation and interview, the facility failed to ensure the kitchen was free from ants. Findings include: On 07/03/2024 at 9:34 AM, during a tour of the facility, the kitchen sink area had an abundance of black ants roaming. In addition, the kitchen drawers and cabinets containing food also had black ants roaming around. On 07/03/2024 at 9:34 AM, the Caregiver confirmed there were black ants in various places in the kitchen and verbalized not knowing how long the ants had been present in the facility. On 07/03/2024 at 9:40 AM, the Administrator verbalized being unaware there was a presence of black ants in the facility and explained the ants could access resident food if not taken care of. The Administrator verbalized the facility was treated approximately three months prior, however, was unable to provide documented evidence the facility had been treated for ants. Severity: 2 Scope: 3	0174	0174 NAC 449.209 NRS 449.0302. Health and Sanitation Facility has hired a pest control company to treat the home once every three months. The company came out on August 2, 2024 and sprayed the interior and exterior of the facility.	08/02/2024
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 observation and interview, the facility failed to maintain a safe environment in the resident bathroom by ensuring the grab bar in the shower was secure, an electrical outlet in a	0178	0178 NAC 449.209 NRS 449.0302. Health and Sanitation Administrator and caregivers permanently remove unnecessary items from the utility table. Administrator will check the laundry room unannounced on a weekly basis to ensure that no chemicals are put in the utility table. As stated in previous inspection, the grab bars attached to the bathroom walls are not safe to use and can	08/19/2024

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	resident room did not have exposed live electrical wires, and food was not stored with chemical agents. Findings include: On 07/03/2024 at 9:42 AM, located on a countertop outside of the kitchen were the following items: -One case of bottled water. -Two bags of potatoes. -Five bags of brown rice. -One 170 fluid ounce laundry soap container with soap in the container. -One container of disinfectant wipes. -Two boxes of latex gloves. -One box of fabric softener dryer sheets. -One spray bottle with a clear unknown substance; and, -One Spray bottle, 12 fluid ounces of stainless steal cleaner and polish. On 07/03/2024 at 9:46 AM, the Caregiver confirmed chemicals and food were being stored together and verbalized storing cleaning agents with food was prohibited because it can make residents sick. On 07/03/2024 at 9:56 AM, a resident room had a missing electrical plate and the electrical socket. There were exposed, live, electrical wires coming from the outlet. On 07/03/2024 at 9:59 AM, the Caregiver confirmed the residents room had a missing electrical plate and electrical socket and was unable to verbalize how long it had been missing. The Caregiver confirmed there were exposed, live, electrical wires putting residents in the facility at a safety risk of being electrocuted. On 07/03/2024 at 10:00 AM, a grab bar in the resident's bathroom shower area had missing screws and was able to be moved approximately two inches in each direction. On 07/03/2024 at 10:00 AM, the Caregiver confirmed the grab bar in the shower was able to be moved and was not secure to the wall. The Caregiver denied a resident could injure themselves from the loose grab bar in the shower. Severity: 2 Scope: 3		only be replaced by a complete remodel of the bath tub. For the last seven years, we've been using removable and reusable grab bars that can hold up to 350 pounds. Electrician covered the exposed phone line with a wall plate.	
0590 SS= G	Rights of Residents; Procedure for Filing - NAC 449.268 Rights of residents; procedure for filing grievance, complaint or report of incident; investigation and response. (NRS 449.0302) 1. The administrator of a residential facility shall ensure that: (a) The residents are not	0590	0590 NAC 449.268, NRS 449.0302 Rights of Residents The administrator will use Uber to transport residents to and from medical appointments	12/11/2024

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	abused, neglected or exploited by a member of the staff of the facility, another resident of the facility or any person who is visiting the facility; Inspector Comments: Based on record review and interview, the facility failed to ensure residents were protected from financial exploitation when the Administrator requested a resident pay $350.75 for transportation to two medical appointments, payable directly to the Administrator, despite the resident's admission agreement stating transportation to medical appointments would be charged at a rate $50 per transport to and from each appointment for 1 of 6 sampled residents (Resident #4). Findings include: Resident #4 Resident #4 was admitted to the facility on 06/26/2023, with a diagnosis of dementia. Resident #4's record contained a letter dated 06/18/2024. The letter was addressed to the resident's public guardian and written by the Administrator. The letter indicated the Administrator accompanied Resident #4 to a medical appointment on 05/03/2024, for a total of two hours and 22 minutes and on 05/14/2024, for a total of two hours and 19 minutes. The Administrator's hourly rate for 2024 was $75 per hour ($1.25 per minute) to assist Resident #4 to medical appointments. The total amount charged for the two services was $350.75. The letter requested a check for the total amount be made payable to the Administrator. Resident #4's Admission and Agreement Record documented the Administrator would charge $50.00 for each transport to and from an appointment. Checks were to be made payable to the Administrator or the Caregiver. The agreement was binding for the Administrator and the responsible party and would remain in effect until the resident was discharged from the facility. The agreement was signed by the resident's public guardian on 06/29/2023, and signed by the Administrator on 06/26/2023. On		with an hourly administrative fee of $75 plus the cost of transportation in the event family members or the appointed guardian cannot take their love ones or clients to medical appointments. explanation of the service cost.	

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	07/03/2024 at 1:57 PM, the Administrator explained a resident's monthly rent covered food, toiletries, incontinence briefs and whatever else the resident needed. When residents had medical appointments, residents were transported via taxi or ride share services. The Administrator explained the Administrator was the only staff allowed to accompany residents to medical appointments and residents were charged an hourly rate for the Administrator's time. The Administrator confirmed Resident #4 did not have an agreement in place indicating the resident would pay $75 per hour for the Administrator's time spent accompanying the resident to medical appointments. The Administrator explained the facility's previous admission agreement included a $50 fee for transportation to medical appointments however there was no fee mentioned in the current admission agreement the facility used for new admissions. The Administrator confirmed the Administrator was an employee of the facility. The Administrator confirmed the request made to Resident #4 was to make a check payable directly to Administrator. When asked why a check was requested to be made payable directly to the Administrator and not to the facility, the Administrator verbalized this was a separate fee from the facility and if the resident wanted the Administrator to go "above and beyond" the Administrator needed to be paid. A blank copy of a current Resident Admission and Agreement Record, provided by facility staff, documented Summerdale Homes staff were prohibited from handling residents' monies. Severity: 3 Scope: 1			

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0791 SS= F	Diabetes - Disposal of Sharps - NAC 449.2726 - Residents having diabetes 3. The caregivers employed by a residential facility with a resident who has diabetes shall ensure that: (b) Syringes and needles are disposed of appropriately in a sharps container which is stored in a safe place; and Inspector Comments: Based on observation and interview, the facility failed to properly dispose glucose lancets in a sharps container for a resident who self-monitored glucose levels. Findings include: On 07/03/2024 at 9:47 AM, located in a cabinet in the dining room was a water bottle containing approximately six lancets used to monitor glucose levels. On 07/03/2024 at 9:47 AM, the Caregiver confirmed there was a water bottle with approximately six used glucose lancets were unsecured and not in a sharps container. The Caregiver proceeded to pull out a sharps container from the locked medicine cabinet and explained all lancets were to be placed in a sharps container to protect the health and safety of each resident. Severity: 2 Scope: 3	0791	0791 NAC 449.2726 Disposal of Sharps Administrator and caregivers did a sweep of the entire facility to dispose of any unwanted items in a safe container. Administrator and staff will ensure that all sharp items are accounted for and to be secured in the locked cabinet. A daily sweep of there facility is now in place.	12/11/2024

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0859 SS= E	Medical Care of Resident After Illness - NAC 449.274 and R043-22 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 a qualified provider of health care in accordance with NRS 449.1845. The resident must be cared for pursuant to any instructions provided by the qualified provider of health care. Inspector Comments: Based on record review and interview, the facility failed to ensure an initial physical examination was completed on or prior to admission for 1 of 6 sampled residents (Resident #4) and an annual physical examination was completed for 1 of 6 sampled residents (Resident #3). Findings include: Resident #4 Resident #4 was admitted to the facility on 06/26/2023, with a diagnosis of dementia. Resident #4's record lacked documented evidence of an initial physical examination completed on or prior to the resident's admission to the facility. Resident #3 Resident #3 was admitted to the facility on 04/28/2023, with diagnoses including hepatitis C, alcohol abuse, and hypertension. Resident #3's record included an initial physical examination completed on 04/26/2023. Resident #3's clinical record lacked an annual physical examination for 2024. On 07/03/2024 at 1:23 PM, the Caregiver confirmed Resident #3's record lacked an annual physical examination for 2024 and Resident #4's record lacked an initial physical examination. Severity: 2 Scope: 2	0859	0859 NAC 449.274, R043-22 Medical Care of Resident after Illness Administrator will ensure to follow up after each visit by a primary care physician and call requesting a copy of the physician report. Administrator has instructed staff to review hospice notes and make copies of the hospice RN visits to put in the main file for that resident. Administrator will inspect these files on a monthly basis so that the resident files have the same medical information in the hospice binder.	09/03/2024
0870 SS= E	Medication Administration-Accuracy & Report - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregiver and employees of	0870	0870 NAC 449.274 R043-22 NRS 449.0302. Medical Care of Residents	08/07/2024

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	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 record review and interview, the facility failed to ensure a medication profile review was performed by a physician, pharmacist, or a registered nurse at least once every six months for 2 of 6 sampled residents (Resident #2 and #4). Findings include: Resident #2 Resident #2 was admitted to the facility on 04/21/2023, with diagnoses including alcohol-induced dementia, hypertension, and coronary artery disease. Resident #2's record lacked documented evidence a medication profile review had been completed since the resident's admission to the facility. Resident #4 Resident #4 was admitted to the facility on 06/26/2023, with a diagnosis of dementia. Resident #4's record lacked documented evidence a medication profile review had been completed since the resident's admission to the facility. On 07/03/2024 at 12:58 PM, the Caregiver confirmed medication profile reviews were not completed for Residents #2 and #4. The		Administrator will ensure that pharmacy reviews are done in a timely fashion having the entire staff use the smart devices along with a posted calendar for renewal dates on pharmacy reviews. Pharmacy reviews have been updated and the administrator has assigned a health agency to ensure pharmacy reviews are done on a timely fashion 2x per year for each resident.	

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	Caregiver explained medication profile reviews were not being completed every six months as required. Severity: 2 Scope: 2			
0872 SS= D	Medication Educ Initial/annual Administrator - NAC 449.2742 and R043-22 - 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: (f) In his or her first year of employment as an administrator of the residential facility, receive, from course approved by the Division pursuant to section 12 of this regulation, at least 16 hours of training in the management of medication consisting of not less than 12 hours of classroom training and not less than 4 hours of practical training and obtain a certificate acknowledging completion of such training. (g) After receiving the initial training required by paragraph (f), receive annually from a course approved by the Division pursuant to section 12 of this regulationat least 8 hours of training in the management of medication and provide the residential facility with satisfactory evidence of the content of the training and his or her attendance at the training. Inspector Comments: Based on personnel record review and interview, the facility failed to ensure 1 of 3 employees completed the required 16 hours of initial medication management training prior to the administration of medication and failed to ensure the required eight hours of medication management training was completed annually (Employee #2). Findings include: Employee #2 Employee #2 was hired as a Caregiver with a start date of 06/03/2023. Employee #2's personnel file documented Medication Management training dated 06/30/2023, and lacked documented evidence of eight hours of annual Medication Management training, On 07/03/2024 at 10:51 AM,	0872	0872 NAC 449.2742 R043-22. Administration of Medication Administrator will use the smart phone and coordinate with the staff for future training to that as a unit we won't miss renewal dates especially medication administration record. Administrator has also partnered up with a health agency that will certify caregivers in this area and assist with timely scheduling to avoid lapses in certificate training.	07/15/2024

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	Employee #2 confirmed the employee had been administering resident medications since the hire date at the facility and was late with completing the initial Medication Management training and did not have annual Medication Management training. Severity: 2 Scope: 1			
0936 SS= F	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 4 of 6 sampled residents met the requirements concerning tuberculosis (TB) testing in accordance with Nevada Administrative Code (NAC) 441A (Resident #2, #3, #4, #5). Findings include: Resident #2 Resident #2 was admitted to the facility on 04/21/2023, with diagnoses including alcohol-induced dementia, hypertension, and coronary artery disease. Resident #2's record included a one-step TB test given on 03/13/2023, and read negative on 03/15/2023. Resident #2's clinical record lacked documented evidence of an annual one step TB test for 2024. Resident #3 Resident #3 was admitted to the facility on 04/28/2023, with diagnoses including hepatitis C, alcohol abuse, and hypertension. Resident #3's record included a one-step TB test given on 04/01/2023, and read negative on 04/03/2023. Resident #3's clinical record lacked documented	0936	0936 NAC 449.2749 NRS 449.449.0302 Maintenance and Contents of Separate File Resident #2 took the Quantiferon TB Gold Plus on 7/12/2024 and tested negative. Resident #3 took a 2 step Mantoux method and tested negative on July 17, 2024 but passed away on July 24, 2024. Resident #4 took a Quantiferon TB Gold Plus on 7/5/2024 and tested negative. Resident #5 took a 2 step Mantoux skin test on November 12, 2023 and November 19, 2023 with negative results - current. To ensure timely yearly TB testing, administrator hired the services of a health agency responsible for scheduling and administering the yearly TB testing using only the Quantiferon TB Gold Plus test.	07/12/2024

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	evidence of an annual one step TB test for 2024. Resident #4 Resident #4 was admitted to the facility on 06/26/2023, with a diagnosis of dementia. Resident #4's record included a one-step TB test given on 08/22/2023. Resident #4's clinical record lacked a read date for the TB test given on 08/22/2023 and a second step initial TB test. Resident #5 Resident #5 was admitted to the facility on 01/10/2024, with diagnoses including transient ischemic attack, dyslipidemia, and chronic obstructive pulmonary disease. Resident #5's record included documentation of the administration of a TB test on 11/12/2023, and 11/19/2023, both tests lacked a read date. On 07/03/2024 at 1:11 PM, the Caregiver explained a two-step TB test was required upon admission and a one-step TB test was required annually for all residents. The Caregiver confirmed the lack of documented evidence of the completed TB tests for Residents #2, #3, #4, and #5. Severity: 2 Scope: 3			
1235 SS= C	Patient's Rights - Patient to be informed - NRS 449A.118 Patient to be informed of rights upon admission to facility; required disclosures and notices. [Effective through December 31, 2019.] 1. Every medical facility and facility for the dependent shall inform each patient or the patient's legal representative, upon the admission of the patient to the facility, of the patient's rights as listed in NRS 449A.100 and 449A.106 to 449A.115, inclusive. 2. In addition to the requirements of subsection 1, if a person with a disability is a patient at a facility, as that term is defined in NRS 449A.218, the facility shall inform the patient of his or her rights pursuant to NRS 449A.200 to 449A.263, inclusive. 3. In addition to the requirements of subsections 1 and 2, every hospital shall, upon the admission of a patient to the hospital, provide to the patient or the patient's legal representative a written disclosure approved by the Director of the Department of Health and Human Services, which written disclosure must set	1235	1235 Patient's Right NRS 449.118. NRS 449A. 100 NRS 449.449A. 106 NRS 449.115. Patient Rights Administrator has informed current residents and will inform incoming residents of their rights before admission. It's part of the admission records where the client or their guardian signs off. The resident rights to choose their roommate, handling of monies, visitation, and all other rights under the NAC regulations pertaining to patient rights will be discussed prior to admission.	12/11/2024

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	forth: (a) Notice of the existence of the Bureau for Hospital Patients created pursuant to NRS 232.462; (b) The address and telephone number of the Bureau; and (c) An explanation of the services provided by the Bureau, including, without limitation, the services for dispute resolution described in subsection 3 of NRS 232.462. 4. In addition to the requirements of subsections 1, 2 and 3, every hospital shall, upon the discharge of a patient from the hospital, provide to the patient or the patient's legal representative a written disclosure approved by the Director, which written disclosure must set forth: (a) If the hospital is a major hospital: (1) Notice of the reduction or discount available pursuant to NRS 439B.260, including, without limitation, notice of the criteria a patient must satisfy to qualify for a reduction or discount under that section; and (2) Notice of any policies and procedures the hospital may have adopted to reduce charges for services provided to persons or to provide discounted services to persons, which policies and procedures are in addition to any reduction or discount required to be provided pursuant to NRS 439B.260. The notice required by this subparagraph must describe the criteria a patient must satisfy to qualify for the additional reduction or discount, including, without limitation, any relevant limitations on income and any relevant requirements as to the period within which the patient must arrange to make payment. (b) If the hospital is not a major hospital, notice of any policies and procedures the hospital may have adopted to reduce charges for services provided to persons or to provide discounted services to persons. The notice required by this paragraph must describe the criteria a patient must satisfy to qualify for the reduction or discount, including, without limitation, any relevant limitations on income and any relevant requirements as to the period within which the patient must arrange to make payment. As used in this subsection, "major hospital" has the			

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	meaning ascribed to it in NRS 439B.115. 5. In addition to the requirements of subsections 1 to 4, inclusive, every hospital shall post in a conspicuous place in each public waiting room in the hospital a legible sign or notice in 14-point type or larger, which sign or notice must: (a) Provide a brief description of any policies and procedures the hospital may have adopted to reduce charges for services provided to persons or to provide discounted services to persons, including, without limitation: (1) Instructions for receiving additional information regarding such policies and procedures; and (2) Instructions for arranging to make payment; (b) Be written in language that is easy to understand; and (c) Be written in English and Spanish. (Added to NRS by 1983, 822; A 1985, 1749; 1999, 1053, 3252; 2003, 1880; 2005, 947; 2011, 362, 697) - (Substituted in revision for NRS 449.730) Inspector Comments: Based on record review and interview, the facility failed to ensure residents and/or resident representatives were informed of resident rights upon admission for 6 of 6 sampled residents (Resident #1, #2, #3, #4, #5, and #6). Findings include: Resident #1 Resident #1 was admitted to the facility on 06/07/2024, with diagnoses including dementia, end stage renal disease, atrial fibrillation, and dyslipidemia. Resident #1's record lacked documented evidence the resident and/or the resident's representative was informed of the resident's rights upon admission to the facility. Resident #2 Resident #2 was admitted to the facility on 04/21/2023, with diagnoses including alcohol-induced dementia, hypertension, coronary artery disease, and atria fibrillation. Resident #2's record lacked documented evidence the resident and/or the resident's representative was informed of the resident's rights upon admission to the facility. Resident #3 Resident #3 was admitted to the facility on 04/28/2023, with			

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	diagnoses including hepatitis c, hypertension, and cerebral vascular accident. Resident #3's record lacked documented evidence the resident and/or the resident's representative was informed of the resident's rights upon admission to the facility. Resident #4 Resident #4 was admitted to the facility on 06/26/2023, with a diagnosis of dementia. Resident #4's record lacked documented evidence the resident and/or the resident's representative was informed of the resident's rights upon admission to the facility. Resident #5 Resident #5 was admitted to the facility on 01/10/2024, with diagnoses including debility, transient ischemic attack, dyslipidemia, and chronic obstructive pulmonary disease. Resident #5's record lacked documented evidence the resident and/or the resident's representative was informed of the resident's rights upon admission to the facility. Resident #6 Resident #6 was admitted to the facility on 02/14/2024, with diagnoses including anxiety, depression, and chronic respiratory failure. Resident #6's record lacked documented evidence the resident and/or the resident's representative was informed of the resident's rights upon admission to the facility. On 07/03/2024 at 12:58 PM, when asked how residents were informed of rights upon admission to the facility, the Caregiver verbalized residents' rights were posted on the wall. The Caregiver confirmed the facility lacked documented evidence residents and/or the residents' representatives were informed of the residents' rights upon admission. Severity: 1 Scope: 3			
1700 SS= E	Annual Assessment of History of Each Resident - NRS 449.1845 Administrator of 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. 1. The administrator of a residential facility for groups shall: (a)	1700	1700 NRS 449.1845 Annual Assessment of History of Each Resident Standard physician determination is part of the admission agreement packet since 2020. Administrator will require this document via fax prior to admission to	01/31/2025

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	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. 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		ensure this document is at hand prior to discharge to the facility. In addition, administrator is in process of obtaining the current physician placement assessment from the primary care physicians. Administrator has hired an event coordinator to ensure that these annual requirements are completed before their expiration dates.	

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	review and interview, the facility failed to ensure a physician placement determination was completed upon admission to the facility for 1 of 6 sampled residents (Resident #4) and was completed annually for a resident with a diagnosis of dementia for 1 of 6 sampled residents (Resident #2). Findings include: The facility's Plan of Correction (POC) dated 04/26/2024, documented, "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 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." Resident #4 Resident #4 was admitted to the facility on 06/26/2023 with a diagnosis of dementia. Resident #4's record lacked a physician placement determination. On 07/03/2024 at 1:41 PM, the Caregiver confirmed Resident #4's record continued to lack a physician placement determination. The Caregiver confirmed Resident #1 was admitted to the facility after the correction date of 04/26/2024. Resident #2 Resident #2 was admitted to the facility on 04/21/2023, with diagnoses including alcohol-induced dementia, hypertension, and coronary artery disease. Resident #2's record documented an initial physician placement determination was completed on 04/19/2023. Resident #2's record lacked documented evidence of the completion of a physician placement determination for 2024. On 07/03/2024 at 1:11 PM, the Caregiver confirmed Resident #2 had not had an annual physician placement determination completed since 04/19/2023. Severity: 2 Scope: 2			
1830 SS= C	Infection Control Required Training - Infection Control Required Training LCB File No. R048-22 Sec. 5 4. The persons	1830	1830 R048-22 Sec. 5 4 Infection Control	08/25/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**07/03/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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	designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training. Inspector Comments: Based on personnel file review and interview, the primary and secondary infection control staff failed to complete the required 15 hours of infection control training (Employee #1 and #2). Findings include: Employee #1 Employee #1 was hired by the facility as the Administrator with a start date of 08/15/2001. Employee #1's personnel file lacked documented evidence 15 hours of infection control training had been completed. Employee #2 Employee #2 was hired by the facility as a Caregiver with a start date of 06/03/2023. Employee #2's personnel file lacked documented evidence 15 hours of infection control training had been completed. On 07/03/2024 at 10:38 AM, the Administrator verbalized the Administrator and Employee #2 were the primary and secondary infection control staff. The Administrator confirmed the initial infection control training was not completed. Severity: 1 Scope: 3		Required Training Administrator completed over 70 hours of the CDC training for infection control and prevention earning 2 CEU's. Employee #2 was given the facility infection control and prevention training every year. The facility infection and prevention control policy was modeled after the CDC guidelines. Employee #2 is secondary infection control staff. The entire staff signatures current and past are on the last page of the infection control prevention manual that is in the facility binder. Administrator along with the staff has created a yearly schedule to ensure this training is documented on a timely basis.	