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 _____	**07/16/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATRIA SEVILLE	**2000 N RAMPART BLVD, LAS VEGAS, NEVADA ,89128**

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an Annual State Licensure and complaint survey, completed at your facility on 07/16/24, in accordance with Nevada Administrative Code (NAC) Chapter 449, Requirements for Residential Facilities for Groups. The facility is licensed for 144 Residential Facility for Group beds for elderly and disabled persons and/or Assisted Living Services and/or persons with chronic illness and/or persons with mental illness, 103 Category I residents and 41 Category II residents. The census at the time of the survey was 144. Twenty-six resident files and ten employee files were reviewed. The facility received a grade of B. There were two complaints investigated. Substantiated without deficient Practice: 1. Complaint #NV00071504 was substantiated with no deficient practice. Unsubstantiated: 2. Complaint #NV00071617 could not be substantiated. No regulatory deficiencies could be identified. The investigation of complaints included: Observation of grooming and physical appearance for residents, meal observation, and a tour of the facility. Interviews were conducted with residents, Medical Technicians, the Wellness Director, and the Administrator. Record Review of 26 records, which included the resident's of concern. Document Review included facility policy and procedures, menus, account summaries, and incident reports. 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 investigation, 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		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: MARKIE HAMLIN Title: Executive Director Date: 08/16/2024

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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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 and interview, the facility failed to ensure an annual and an initial two-step tuberculosis (TB) test was completed for 2 of 10 employees (Employee #5 and #10). Findings include: Employee #5 (E5) E5 was hired on 05/25/23 as a Residential Aide. E5's file documented an initial two-step TB test was completed on 05/31/23. E5's file lacked documented evidence of a completed annual TB test. Employee #10 (E10) E10 was hired on 07/03/24 as a Residential Aide. E10's file lacked documented evidence of an initial two-step TB test. On 07/16/24 in the afternoon, the Assistant Administrator acknowledged E5's file lacked documented evidence of a completed annual TB test and acknowledged E10's file lacked documented evidence of an initial two-step TB test. Severity: 2 Scope: 1	0102	Employee 5 and employee 10 have completed required TB testing. To monitor compliance on an ongoing basis, Executive Director and Community Business Director will complete an employee file review prior to the first day of work.	08/16/2024

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0255 SS= F	Permits-Comply with NAC 446 on Food Service - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 6. A residential facility with more than 10 residents shall: (a) Comply with the standards prescribed in chapter 446 of NAC; and (b) Obtain the necessary permits from the Division. Inspector Comments: Based on observation on 07/16/2024, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Critical Violations: a. Raw shell eggs were used for eggs cooked to order which may include undercooked eggs with runny yolk. b. A pan of pooled raw eggs was stored over fresh spinach and tuna salad in the top of the deli prep refrigerator. A pan of raw shell eggs in the top of the deli prep refrigerator was over a pan containing a veggie burger and hot dogs in the bottom portion of the refrigerator. 2. Major Violations: a. Multiple staff working in the kitchen were not in hair nets or another form of hair restraint while preparing toast, handling clean ware and performing other food service operations. b. Non-food contact surfaces of the cook's line ventilation hood filters were soiled with grease build-up and the table under the grill was soiled with grease and debris. c. The floor was soiled with debris under tables and equipment throughout the kitchen. d. The floor was worn, pitted and torn in multiple areas throughout the kitchen. Severity: 2 Scope: 3	0255	Pasteurized shell eggs are nowbeing ordered. Issues cited in the deli prep refrigerator were immediatelyrectified. In Service Training for all Culinary staff members regarding properfood storage was conducted by Director of Culinary Services. Hair restraintpolicy change was implemented for all culinary staff members and In ServiceTraining was completed. Director of Culinary Services will follow strictadherence to food storage requirements and hair restraint policy by conductingbi-weekly spot checks following staff huddle. Director of Culinary Serviceswill document any deficiencies noted during spot checks to be reviewed withExecutive Director for possible Corrective Action. Director of CulinaryServices will ensure the execution of weekly cleaning schedule and monthly deepcleaning schedule to address cleanliness violations noted.	08/16/2024

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0859 SS= D	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 2 of 25 residents received an annual physical examination (Resident #15 and Resident #17). Findings include: Resident #15 (R15) R15 was admitted on 07/02/22. R15's file lacked documented evidence of an annual physical examination. R15's file revealed a last annual physical examination dated 06/14/23. Resident #17 (R15) R17 was admitted on 08/14/22. R17's file lacked documented evidence of an annual physical examination. R17's file revealed a last annual physical examination dated 06/14/23. On 07/16/24 in the afternoon, the Administrator acknowledged R15 and R17's files lacked documented evidence of annual physical examinations. Severity: 2 Scope: 1	0859	To monitor compliance going forward the Resident Services Directorand Resident Services Coordinator will ensure a phone call is made to doctor'soffices on a weekly basis to ensure all Physicians Reports are received timelyand within guidelines. The Executive Director will be responsible of driving to doctor'soffices to request the report, if the report has not been received afterseveral attempts.	08/16/2024
0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician , physician assistant or advanced practice registered nurse has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another	0878	To monitor compliance going forwardthe Resident Services Director and Executive Director will complete a newresident MAR audit the day of move-in, ensuring all meds received havePhysicians Orders and are processed to the MAR.	08/16/2024

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	physician, physician assistant or advanced practice registered nurse. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician, physician assistant or advanced practice registered nurse. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician, physician assistant or advanced practice registered nurse must be administered as prescribed by the physician, physician assistant or advanced practice registered nurse. If a physician, physician assistant or advanced practice registered nurse orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician, physician assistant or advanced practice registered nurse must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, physician assistant or advanced practice registered nurse, a physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. Inspector Comments: Based on interview, record review and document review the			

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	facility failed to ensure medications were administered as prescribed for 1 of 25 residents' medications. (Resident #5) Findings include: Resident #5 (R5) R5 was admitted on 06/24/24, with diagnoses including coronary artery disease and hypertension. A physician's order dated 06/26/24 documented Losartan/HCTZ 100 25 milligrams (mg), take one tablet by mouth daily. The label on the medication documented Losartan - HCTZ 100 25 mg, take one tablet by mouth daily. The July 2024 MAR did not document the medication and did not document any administration of the medication to R5. On 07/16/24 in the afternoon, the Med Tech acknowledged the medication was not listed on the July 2024 MAR and verbalized the medication had not been administered as prescribed to R5. On 07/16/24 in the afternoon, the Resident Services Director confirmed the medication had a current physician's order and should have been administered as prescribed. Severity: 2 Scope: 1			
0920 SS= F	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medications for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself or herself without supervision may keep the resident ' s medication in his or her room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked	0920	To monitorcompliance going forward each department director will do room checks on theirmanager on duty day weekly to ensure all medications are locked and properly storedin the resident’s apartments. Each department Director has been assignedcertain apartments on the first and the second floor.	08/16/2024

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	or is located in a locked room. Inspector Comments: Based on observation, document review, and interview, the facility failed to ensure resident medications were kept secured in the facility for 2 of 16 residents who self-administered medications. (Resident #7 and Resident #9) Findings include: Resident #7 (R7) R7 was admitted on 07/31/14, with diagnoses including osteoporosis and congestive heart failure. On 07/16/24 at 1:03 PM, R7's room was unoccupied, and the corridor door was not locked. On R7's bathroom cabinet shelf there was a bottle of sodium citrate dihydrate USP 230 mg tablets, a bottle of Acetaminophen 500 mg tablets, a box of cold relief tablets and a bottle of naproxen sodium tablets unsecured. Resident #9 (R9) R9 was admitted on 04/23/19, with diagnoses including hypertension and chronic obstructive pulmonary disease. On 07/16/24 at 12:59 PM, R9's room was unoccupied, and the corridor door was not locked. In R9's bathroom cabinet there was a bottle of Loratadine 10 milligram (mg) tablets, two boxes of allergy relief tablets, and two bottles of naproxen sodium tablets unsecured. On 07/16/24 at 1:03 PM, the Maintenance Director acknowledged R7 and R9's medications were not secured and should have been. Severity: 2 Scope: 1			

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1840 SS= D	UNL Caregiver Training - R063-21 Sec. 4 1. An unlicensed caregiver who provides care to residents, patients or clients at a facility described in section 3 of this regulation shall annually complete evidence-based training provided by a nationally recognized organization concerning the control of infectious diseases. The training must include, without limitation, instruction concerning: (a) Hand hygiene; (b) The use of personal protective equipment, including, without limitation, masks, respirators, eye protection, gowns and gloves; (c) Environmental cleaning and disinfection; (d) The goals of infection control; (e) A review of how pathogens, including, without limitation, viruses, spread; and (f) The use of source control to prevent pathogens from spreading. 2. Each unlicensed caregiver who completes the training required by subsection 1 must provide proof of completion of that training to the administrator or other person in charge of the facility in which the unlicensed caregiver provides care. Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 10 sampled employees (Employees #3 and #4) obtained the required infection control training. Findings include: Employee #3 (E3) E3 was hired on 12/28/23 as a Medication Technician. E3's employee file lacked documented evidence of training concerning the control and prevention of infections from an approved nationally recognized organization. Employee #4 (E4) E4 was hired on 07/02/24 as a Medication Technician. E4's employee file lacked documented evidence of training concerning the control and prevention of infections from an approved nationally recognized organization. The Administrator was unable to provide documented evidence of the required infection control training for E3 and E4. Severity: 2 Scope: 1	1840	Both employees listed had completed required Infection Control Training prior to the survey date. See uploaded certificates of completion for CDC trainings.	07/15/2024