Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	370	A. BUILDING _____ B. WING _____	11/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIERRA PLACE RETIREMENT COMMUNITY	1111 W COLLEGE PARKWAY, CARSON CITY, NEVADA ,89703

(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 11/16/21. This survey was conducted by the Division of Public and Behavioral Health in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for 76 Residential Facility for Group, Category II beds for elderly and disabled persons, and/or persons with chronic illness, with assisted living services. The census at the time of the survey was 41. 15 resident files were reviewed, and 10 employee records were reviewed. The facility received a regrading/complaint investigation 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 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		
0178 SS= D	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 keep the enclosed refuse area free from hazardous material. Findings include: On 11/16/21 at 9:45AM, three pink Ballon Time helium tanks were located in the enclosed refuse area. The tanks were stored on the ground and surrounded by dry leaves. On 11/16/21 at 11:20 AM, the Plant Operations Director confirmed the helium tanks were not stored appropriately in the refuse area. The Plant Operations Director acknowledged the helium tanks surrounded by leaves were a fire hazard. \ Severity: 2 Scope: 1	0178	In accordance to NAC 449.209 Health and sanitation. SierraPlace will ensure that all waste will be disposed of in the proper wastecontainers. The Executive Director, and the Plant Operations Director willensure that the premises are clean and the interior, exterior and landscapingare well maintained. •□□□□□□□Helium Tanks will be thrown in the wastemanagement bin if they are less than five gallons. If the tank does not fit inthe bin and/or waste management refuses to pick them up from the property, thePlant Operations Director will dispose of the tank at the local refuse center.	12/01/2021

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: KARRIE A BARRETT Title: Executive Director Date: 12/02/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	370	A. BUILDING _____ B. WING _____	11/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIERRA PLACE RETIREMENT COMMUNITY	1111 W COLLEGE PARKWAY, CARSON CITY, NEVADA ,89703

(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
0870 SS= D	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-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 1 of 15 sampled residents residing in the facility for longer than six months (Resident #8). Findings include: Resident #8 Resident #8 was admitted to the facility on 01/30/20, with diagnoses including hypertension, hypothyroidism, coronary artery disease, and atrial fibrillation. Resident #8's record contained one medication review dated 10/06/21. There were no other completed medication reviews in the resident's record. On 11/16/21 at 11:08 AM, the Wellness Director confirmed a medication review for Resident #8 had not been completed within the first six months the resident had been in the facility. The Wellness Director confirmed a medication review should have been completed by July 2021. Severity: 2 Scope: 1	0870	In accordance with NAC 449.2742 Sierra Place has establishedpolicies and procedures in place regarding the administration of medication inregard to reviews for accuracy and appropriateness, at least once every sixmonths. Sierra Place has a contracted agreement with Sierra Specialty Pharmacy toperform these reviews every six months as required by NAC 449.2742. (Please see attached). To ensure all residentsmedications are reviewed at least every six months Sierra Place ExecutiveDirector and Wellness Director will request a review upon adding a new residentonto the Sierra Place Medication Management Program and subsequently every sixmonth thereafter.	12/01/2021