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 _____	10/25/2022

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 10/25/22. 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 57. Fifteen resident files were reviewed, and seven employee records were reviewed. The facility received a grade of D. Your facility has received a C or D grade for this inspection. NAC 449.27706 Resurvey: Application and fee; failure to comply. 2. If the Bureau issues a placard to a residential facility that includes a grade of "C" or "D," the administrator must submit an application to the Bureau for a resurvey of the facility not later than 30 days after the facility receives the placard. The fee for an application for a resurvey is $600 and must accompany the application. 3. The Bureau may revoke the license of a residential facility that is required to submit an application for a resurvey pursuant to subsection 2 if the facility fails to submit the application in accordance with the provisions of that subsection. 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		

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 _____	10/25/2022

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
0050 SS= F	Administrator's Responsibilities - Oversight - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.27706, inclusive, and chapter 449 of NRS. Inspector Comments: Based on observation, document review, record review and interview, the Administrator failed to provide oversight and direction for the employees to provide the necessary needed services and protective supervision. Findings include: Please see TAGs Y0053, Y0179, Y0255, Y0450, Y0532, Y0690, Y0874, Y0876, Y0878, Y0936, Y1001, Y1021, and Y1700. Severity: 2 Scope: 3	0050	Administrator will continue routine onsite visits, and video conferences with Executive Director/Designee. Any reviews, audits, discussions will be documented and kept in a binder in the Executive Director's office.	01/11/2023
0053 SS= F	Administrator's Responsibilities-Complete Rec - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 4. Ensure that the records of the facility are complete and accurate. Inspector Comments: Based on clinical record review, document review and interview, the facility failed to ensure tuberculosis (TB) testing records were complete, including the time given and/or results read, for 8 of 15 sampled residents (Resident #8, #13, #15, #9, #14, #1, #4 and #12). Findings include: Resident #8 Resident #8 was admitted to the facility on 10/14/22 with diagnoses including type II diabetes mellitus and hypothyroidism. Resident #8's clinical record documented an admission first step TB test given on 10/12/22 at 10:40 AM and read negative on 10/14 22. Resident #8's TB testing lacked a result reading time. Resident #13 Resident #13 was admitted to the facility on 08/13/19 with diagnoses including dementia, hypothyroidism, anemia, hypertension, and stage III chronic kidney disease. Resident #13's clinical record documented an annual TB test given on 07/12/22 and read negative on 07/14/22 and a second annual	0053	This TB test form was updated as of this survey visit 10/25/22. Administrator will ensure updated TB test form will be utilized going forward. Updated form includes indicated times of test reading to maintain compliance with this regulation. See attached document	10/25/2022

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 _____	10/25/2022

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
	TB test given on 07/2/ 22 and read negative on 07/22/22. Both TB tests lacked documented evidence of the times given and read. Resident #15 Resident #15 was admitted to the facility on 09/20/18 with diagnoses including hypertension, atrial fibrillation, and congenital kyphosis. Resident #15's clinical record documented an annual TB test given on 08/31/22 and read negative on 09/02/22 and a second annual TB test given on 09/02/22 and read negative on 09/05/22. Both TB tests lacked documented evidence of the times given and read. Resident #1 Resident #1 was admitted to the facility on 04/01/22 with diagnosis including Parkinson's disease, essential hypertension, and hyperlipidemia, unspecified. Resident #1's annual TB test was documented as given on 09/08/22 and read on 09/11/22 with result 0 (negative). Resident #4 Resident #4 was admitted to the facility on 03/21/19 with diagnosis including paroxysmal atrial fibrillation, rheumatoid arthritis, and osteoporosis. Resident #4's annual TB test was documented as given on 01/13/22 and read on 01/16/22 with result 0 (negative). Resident #12 Resident #12 was admitted to the facility on 08/03/22 with diagnoses including heart disease, chronic kidney disease and macular degeneration. Resident #12's record documented an annual TB test given on 05/26/22 and read negative on 05/29/22 and a second annual TB test given on 06/09/22 and read negative on 06/12/22. Both TB tests lacked documented evidence of the times given and results read. Resident #9 Resident #9 was admitted to the facility on 08/14/19 with diagnoses including dementia and hypothyroidism. Resident #9's annual TB test was documented as given on 07/12/22 and read on 07/14/22 with result 0 mm (negative). Resident #14 was admitted to the facility on 06/30/17 with diagnoses including essential hypertension and osteoporosis. Resident #14's annual TB test was documented as given on 04/14/22 and read on 04/17/22 with result 0 mm (negative). On 10/25/22 at 11:34 AM, the Wellness Director explained a TB test must be read for results within 48 to 72 hours from the time it was given. The Wellness			

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 _____	10/25/2022

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
	Director verbalized the facility used a standard form for TB test results and had never seen times documented. The Wellness Director confirmed as a document in a medical record, the Wellness Director was unable to confirm the residents had their TB test results read within the required hours because the facility only required the dates be documented. On 10/25/22 at 11:36 AM, a Wellness Director Registered Nurse (RN) from another licensed facility verbalized the RN would put the time on the form if the RN was documenting the test given and read results to verify the read time was within the 48 to 72 hours of the date and time given. Severity: 2 Scope: 3			
0179 SS= D	Health & Sanitation - Screens - NAC 449.209 Health and sanitation. (NRS 449.0302) 6. All windows that are capable of being opened in the facility and all doors that are left open to provide ventilation for the facility must be screened to prevent the entry of insects. Inspector Comments: Based on observation and interview, the facility failed to ensure a resident's room (Room #102) had a screen covering an opened window. Findings include: On 10/25/22 at 10:24 AM, bedroom #102's window lacked a screen. On 10/25/22 at 10:24 AM, the Maintenance Supervisor confirmed the window lacked a screen. Severity: 2 Scope: 1	0179	Screen was replaced immediately as of 10/25/2022. Plant Ops director will do routine rounds around the grounds for visual checks of windows, to ensure screens are properly placed. Administrator/designee will add this task to TELS and monitor for completion. See attachment	10/25/2022

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 _____	10/25/2022

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
0255 SS= E	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 10/25/22, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Critical Violations: a. Sliced pastrami/corned beef was observed labeled with a preparation date of 10/13/22 in the walk-in refrigerator. b. Chicken was observed labeled with a preparation date of 10/14/22 in the walk-in refrigerator. Interview with kitchen staff revealed a possibility the chicken from 10/24/22 was inadvertently labeled for 10/14/22. 2. Major Violations: a. A box with exposed veggie burgers was observed in the walk-in freezer. b. The handsink located near the dishwashing area had no handwashing soap in the dispenser at the time of inspection. c. The handsink located near the food preparation line had no paper towels to dry hands at the time of inspection. d. A soap detergent (blue dawn) was stored in an unlabeled bottle near the server area dump sink. Severity: 2 Scope: 2	0255	Dining Services Director conducted an in-service with culinary staff on 10/26/2022. As of 10/26/2022, staff have been trained to utilize Dining Checklist to ensure proper labeling, food storage, and appropriate supplies are compliant at beginning of each shift. Administrator/designee will review routinely for compliance. See attachments	10/26/2022

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 _____	10/25/2022

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
0450 SS= D	First Aid & CPR - NAC 449.231 First aid and cardiopulmonary resuscitation. (NRS 449.0302) 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training. Inspector Comments: Based on personnel file review and interview, the facility failed to ensure 1 of 4 sampled employees received first aid and Cardiopulmonary Resuscitation (CPR) training within 30 days of employment (Employee #7). Findings include: Employee #7 Employee #7 was hired as the Resident Services Coordinator with a start date of 08/01/22. Employee #7's personnel file contained documentation of CPR training completed on 10/06/22. On 10/25/22 between 12:35 PM and 3:03 PM, the Wellness Director confirmed the training was completed more than 30 days after employment. Severity: 2 Scope: 1	0450	Administrator/designee will audit all personnel files by 1/16/2023 for CPR certifications. Administrator will utilize checklist for new hires to ensure this regulation is met. See attached	01/16/2023
0532 SS= C	Activities for Residents - NAC 449.260 Activities for residents. (NRS 449.0302) 1. The caregivers employed by a residential facility shall: (g) Post, in a common area of the facility, a calendar of activities for each month that notifies residents of the major activities that will occur in the facility. The calendar must be: (1) Prepared at least 1 month in advance; and (2) Kept on file at the facility for not less than 6 months after it expires. Inspector Comments: Based on observation and interview, the facility failed to post a current activities calendar for 57 of 57 residents. Findings include: On 10/25/22 at 9:15 AM, the facility did not have a curently activities calendar posted publicly. On 10/25/22 at 9:15 AM, the Life Enrichment Coordinator confirmed an activities calendar was not posted and verbalized the facility usually has a calendar posted. Severity: 1 Scope: 3	0532	Weekly/Monthly Calendar was posted prior to surveyor's exit on 10/25/2022. Administrator/designee will review monthly calendar, and ensure it is posted in the designated area on the first of each month. See attached	10/25/2022
0690	Residents Requiring Use of Oxygen - NAC	0690	Administrator/Executive Director were not	12/28/202

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 _____	10/25/2022

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
SS= D	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 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 two oxygen tanks located inside a resident's room were secured. Findings include: On 10/25/22 at 10:49 AM, in Room 113's closet, two small oxygen tanks were stored in a milk crate. One oxygen tank was lying on its side. On 10/25/22 at 10:49 AM, the Administrator confirmed the oxygen tank was unsecured in the resident's room and should be stored in a rack. Severity: 2 Scope: 1		present during the time of this survey, and cannot visually confirm tanks present laying on their side in Resident #13's closet. During POC implementation process, no tanks were found, and it was determined that Resident #13 has never had orders for O2 on file. To better track and self-audit, Administrator/Designee will utilize a spreadsheet of "Special Care Needs" routinely. Staff were in-serviced on Oxygen Handling/Proper Storing on 12/28/2022 by the Regional Nurse. See attached	2

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 _____	10/25/2022

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
0874 SS= E	Medication Administration-Report Received - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 2. Within 72 hours after the administrator of the facility receives a report submitted pursuant to paragraph (a) of subsection 1, a member of the staff of the facility shall notify the resident's physician of any concerns noted by the person who submitted the report. The report must be reviewed and initialed by the administrator. Inspector Comments: Based on record review and interview, the Administrator failed to ensure a medication profile review, performed by a physician, pharmacist, or registered nurse at least once every six months, was initialed by the Administrator for 4 of 15 residents residing in the facility for longer than six months (Resident #11, #13, #15 and #14). Resident #11 Resident #11 was admitted to the facility on 4/28/22 with diagnoses including atrial fibrillation, debility, and anemia. Resident #11's Pharmacy Medication Review was conducted on 09/22/22 and documented a late Administrator's signature on 10/03/22. Resident #13 Resident #13 was admitted to the facility on 08/30/19 with diagnoses including dementia, hypothyroidism, anemia, hypertension, and stage III chronic kidney disease. Resident #13's Pharmacy Medication Review was conducted on 03/29/22 and lacked an Administrator's signature. Resident #13's Pharmacy Medication Review was conducted on 09/22/22 and documented a late Administrator's signature on 10/03/22. Resident #15 Resident #15 was admitted to the facility on 09/20/18 with diagnoses including hypertension, atrial fibrillation, and congenital kyphosis. Resident #15's Pharmacy Medication Review was conducted on 03/29/22 and lacked an Administrator's signature. Resident #15's Pharmacy Medication Review was conducted on 09/22/22 and documented a late Administrator's signature on 10/03/22. On 10/25/22 at 11:40 AM, the Wellness Director confirmed the Administrator's signature was required on the Pharmacy Medication Profile Reviews and verbalized	0874	Community routinely conducts Med Reviews with contracted pharmacy in April and October. This will routinely be completed, and Administrator/designee will timestamp and sign med reviews upon receiving from pharmacy within 72 hours. Copies will be kept in ED office. See attached	01/05/2023

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 _____	10/25/2022

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
	the Administrator's signature was not on the Pharmacy Medication Reviews dated 03/29/22 for Residents #13 and #15 and was late past the 72 hours for the Pharmacy Medication Reviews dated 09/22/22 for Residents #11, #13 and #15. Resident #14 Resident #14 was admitted to the facility on 06/30/17 with diagnosis including essential hypertension and osteoporosis. Resident #14's Pharmacy Medication Review was conducted on 03/29/22 and lacked Administrator's signature. On 10/25/22 at 11:51 AM, the Wellness Director confirmed the Administrator's signature was required on the Pharmacy Medication Review and was missing. The facility lacked documented evidence the Administrator received and reviewed the Pharmacy Medication Review for Resident #14. Severity: 2 Scope: 2			
0876 SS= E	Medication Administration - NRS 449.0302 - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. (as amended by LCB File No. R109-18) 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of: (a) Controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.0302 are met. (b) Insulin using an auto-injection device only if the conditions prescribed in NRS 449.0304 and section 13 of this regulation are met. Inspector Comments: Based on clinical record review, document review and interview, the facility failed to ensure an ultimate user agreement was completed for 3 of 15 sampled residents (Resident #8, #11 and #7). Findings include: Resident #8 Resident #8 was admitted to the facility on 10/14/22 with diagnoses including type II diabetes mellitus and hypothyroidism. Resident #8's record documented an Ultimate User Agreement dated 10/18/22, four days late. The resident's medications had been administered by the facility since the resident's admission. Resident #11	0876	Administrator/desigee will review resident move-in checklist and sign/initial to ensure all required documents are received upon move-in. Resident #11 and Resident #7 now have signed Ultimate User Agreements with signatures. See attached	01/03/2023

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 _____	10/25/2022

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
	Resident #11 was admitted to the facility on 04/28/22 with diagnoses including atrial fibrillation, dyslipidemia, debility and anemia. Resident #11's clinical record documented a signed Ultimate User Agreement but lacked a date of execution. The facility had been administering the resident's medications since the resident's admission. On 10/25/22 in the afternoon, the Wellness Director confirmed the Ultimate User Agreement for Resident #8 was executed late and Resident #11 did not have a dated Ultimate User Agreement. Resident #7 Resident #7 was admitted to the facility on 09/30/11 with diagnoses including dementia, hyperlipidemia and hypothyroidism. Resident#7's clinical record documented an Ultimate User Agreement for self-administration of the resident's medications and a physician order documented the resident was not capable of administering medications. On 10/25/22 in the afternoon, the Wellness Director confirmed the facility was administering Resident#7's medications and the facility lacked an Ultimate User Agreement to administer the resident's medications. Severity: 2 Scope: 1			
0878 SS= E	Medication/OTCS, Supplements, Change Order - NAC 449.2742 - 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 has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. 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 must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The	0878	Resident #11- medications were purchased and put in the cart as of 12/16/2022- see attached. Resident #13 did have medication onsite located in the overflow- see attached. Resident #15 - Lidocaine was DC'd on 8/11/2021 on file- see attached. DC order was sent to the pharmacy for accuracy. Resident #3- Artificial Tears were delivered on 10/25/2022- see attached. Administrator/Designee will complete routine monthly cart audits, and will initiate cycle fill beginning March 1, 2023.	01/13/2023

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 _____	10/25/2022

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
	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 (Previously Y 0879) (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 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, the 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 document review, clinical record review, and interview, the facility failed to ensure medications were on-site to administer as prescribed for 5 of 15 sampled residents (Resident #8, #11, #13, #15 and #3). Findings include: Resident #8 Resident #8 was admitted to the facility on 10/14/22 with diagnoses including type II diabetes mellitus and hypothyroidism. Resident #8's Medication Administration Record dated October 2022, and physician order dated 09/28/22, documented: - trazodone 150 milligrams (mg), take one tablet by mouth at bedtime. - vitamin D 5,000 units, take one table by mouth weekly. Both medications were not available onsite at the time of the inspection. Resident #11 Resident #11 was admitted to the facility on 04/28/22 with diagnoses including atrial fibrillation, dyslipidemia, debility, and anemia. Resident #11's MAR dated October 2022 and physician order dated 07/20/22, documented: - vitamin D 1,000 units, take one tablet by mouth one time a day for supplement. - acetaminophen 325 mg, take two tablets (650 mg) by mouth every six hours as needed for mild pain. - milk of magnesia suspension, take 30 milliliters by mouth every 24 hours as needed for no bowel movement in three days. The			

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 _____	10/25/2022

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
	medications were not available onsite at the time of the inspection. Resident #13 Resident #13 was admitted to the facility on 08/30/19 with diagnoses including dementia, hypothyroidism, anemia, hypertension, and stage III chronic kidney disease. Resident #13's MAR dated October 2022, and physician order dated 03/18/22 documented: - acetaminophen 325 mg, take 2 tablets (650 mg) by mouth every six hours as needed for pain. The medication was not onsite at the time of the inspection. Resident #15 Resident #15 was admitted to the facility on 09/20/18 with diagnoses including hypertension, atrial fibrillation, and congenital kyphosis. Resident #15's MAR dated October 2022 and physician order dated 08/04/21, documented: - lidocaine 5% patch, apply one patch to affected area once daily as needed (12 hours on & 12 hours off). The medication was not onsite at the time of the inspection. On 10/25/22 at 2:30 PM, the Medication Technician confirmed the aforementioned medications were not onsite for Residents #8, #11, #13 and #15. Resident #3 Resident #3 was admitted to the facility on 08/04/22 with diagnoses including hypothyroidism, chronic obstructive pulmonary disease, and macular degeneration. On 10/25/22 at 1:53 PM, during a review of residents' medications, Resident #3 lacked artificial tears 1.4% solution. Resident #3's October 2022 MAR and Physician's Order dated 09/13/22, documented the following: -artificial tears 1.4% solution, apply one drop to both eyes every four hours as needed for dry eye. On 10/25/22 at 2:19 PM, the Medication Technician confirmed the facility lacked Resident #3's artificial tears 1.4% solution. Severity: 2 Scope: 2			
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	0936	Resident #11 will have 2-step TB test redone, using new form. The first step was started 1/10/2023, and this 2-step will be completed by 1/20/2023. For Resident #10, Provider was contacted for further documentation to rule out active TB from the chest x-ray. Administrator/designee will utilize and review all move-in documents to ensure TB is correctly read and performed to remain in compliance with this	01/20/2023

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 _____	10/25/2022

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
	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 2 of 15 sampled residents met the requirements concerning tuberculosis (TB) testing in accordance with Nevada Administrative Code (NAC) 441A (Resident #11 and #10). Findings include: Resident #11 Resident #11 was admitted to the facility on 04/28/22 with diagnoses including atrial fibrillation, dyslipidemia, debility, and anemia. Resident #11's first two-step TB test was given on 03/02/22 at 12:00 AM and read negative on 03/05/22 at 1:50 AM. The TB test was read greater than 72 hours after it was given. Resident #11's second two-step TB test on 03/09/22 at 4:00 PM and read negative on 03/11 22 at 11:50 AM. The TB test was read less than 48 hours of the time given. On 10/25/22 at 3:34 AM, the Wellness Director confirmed Resident #11's two-step TB tests were not read within the 48 to 72 time. Resident #10 Resident #10 was admitted to the facility on 07/05/22 with diagnoses including dementia, epilepsy, and dry eye. Resident #10's clinical record documented a QuantiFERON test dated 06/23/22, with a positive test result. Resident #10's clinical record documented an x-ray dated 07/04/22 for screening for respiratory tuberculosis. The report lacked documented evidence Resident #10 was clear of tuberculosis in the findings. On 10/25/22 in the afternoon, the Wellness Director confirmed the x-ray report lacked documented evidence Resident #10 was free of tuberculosis and incomplete screening for TB could present an endangerment to the resident population in the facility. Severity: 2 Scope: 1		regulation. See Attached	

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 _____	10/25/2022

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
1001 SS= F	Elderly Care Training for Caregivers - NAC 449.2758 Residential facility which provides care for elderly persons or persons with disabilities: Training for caregivers. (NRS 449.0302) 1. Within 60 days after being employed by a residential facility for elderly persons or persons with disabilities, a caregiver must receive not less than 4 hours of training related to the care of those residents. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 4 employees received four hours of initial training to care for elderly and disabled residents, within 60 days of hire (Employee #1). Findings include: Employee #1 Employee #1 was hired on 02/17/22 as Administrator. Employee #1's personnel file lacked documented evidence of the initial four hours of caregiver training within 60 days of hire. On 10/25/22 between 12:35 PM and 3:03 PM, the Wellness Director confirmed the missing training. Severity: 2 Scope: 1	1001	Employee #1 Hired on 2/17/2022 as administrator has had on going training, but documentation supporting this was not in personnel file. Certificates have been placed in personnel file. See attached. Training checklist audit for all staff will be completed quarterly for compliance by Business office Director/Administrator/Designee will be completed by 1/20/2023 to ensure compliance.	10/26/2022

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 _____	10/25/2022

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
1021 SS= F	Care for Persons with Chronic Illnesses - NAC 449.2766 Residential facility which offers or provides care for persons with chronic illnesses and debilitating diseases: Application for endorsement; training for employees. (NRS 449.0302) 2. Within 60 days after being employed by a residential facility for persons with chronic illnesses, an employee of the facility shall obtain at least 4 hours of in-service training relating to the care provided to such persons and in the actions necessary to control infections. 3. Evidence of training received pursuant to subsection 2 must be included in the employee ' s personnel file. Inspector Comments: Based on record review and interview, the facility failed to ensure caregiving staff received at least four hours of training in the care of persons diagnosed with chronic illnesses within 60 days after being hired for 4 of 7 sampled employees who worked at the facility for greater than 60 days (Employee #1, #2, #5, and #7). Findings include: On 10/25/22, the facility was endorsed to care for persons with chronic illnesses. Employee #1 Employee #1 was hired on 02/17/22 as Administrator. Employee #1's personnel record lacked documented evidence the employee had completed four hours of training in the care of persons with chronic illnesses. Employee #2 Employee #2 was hired on 08/01/22 as Wellness Director. Employee #2's personnel record contained documentation of 3.5 hours of chronic illness training. Employee #5 Employee #5 was hired on 04/11/22 as Life Enrichment Coordinator. Employee #5's personnel record lacked documented evidence the employee had completed four hours of training in the care of persons with chronic illnesses. Employee #7 Employee #7 was hired on 08/01/22 as Wellness Director. Employee #7's personnel record contained documentation of 3.5 hours of chronic illness training. On 10/25/22 between 12:35 PM and 3:03 PM, the Wellness Director confirmed the missing training. Severity: 2 Scope: 3	1021	Employee #5 has completed this training, and certificate has been placed in personnel file. Employee #1 has had on-going training, but documentation supporting this was not in personnel file. Certificate has been placed in personnel file. Employees #2 and #7 separated from employment on or around survey visit and this was unable to be completed. New Employee Onboarding/Training checklist will be utilized for all staff, and an audit will be completed quarterly for compliance by Business office Director/Administrator/Designee. Personnel file audit will be completed by 1/16/2023. see attached	01/11/2023

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 _____	10/25/2022

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
1700 SS= D	Annual Assessment of History of Each Resident Inspector Comments: Based on record review and interview, the facility failed to obtain a Standard Physician Assessment and Placement Determination for 1 of 15 residents (Resident #2). Findings include: Resident #2 Resident #2 was admitted to the facility on 10/13/22, with a diagnoses of dementia, unspecified and hypertension. Resident #2's record lacked documented evidence a Standard Physician Assessment and Placement Determination had been completed. On 10/25/22 at 2:09 PM, the Health & Wellness Director confirmed a Standard Physician Assessment and Placement Determination had not been completed for Resident #2 and was responsible to ensure all admission documents were accurately and entirely completed. Severity: 2 Scope: 1	1700	Community spoke with primary provider and had him complete the physician report and standard placement with signature. This was received 1/4/2023. Administrator/Designee will utilize Admission checklist for all new admission paperwork to ensure it is completed and received prior to admission. Checklist will be initialed by Administrator/Executive Director	01/04/2023