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 _____	03/16/2023

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 regrading State Licensure survey conducted at your facility on 03/16/23. This State Licensure Survey was conducted 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. Nine resident files were reviewed and ten employee files were reviewed. The facility received a grade of B. 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 deficiencies were identified:	0000		
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 Y0255, Y0450, Y0690, Y0876, Y1001, and Y1021. 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.	05/07/2023

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: MELISSA QUARANTO Title: Adminstrator Date: 05/15/2023

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 _____	03/16/2023

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
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.	0053	Please refer to original statement of deficiency/Plan of Correction - Event ID 966G11 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	05/07/2023
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.	0179	Please refer to original statement of deficiency/Plan of Correction - Event ID 966G11 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	05/07/2023
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 and interview, the Administrator failed to ensure refrigerated food was dated, labeled, and covered, and the facility was free from expired and moldy foods, with the potential to affect 57 of 57 residents. Findings include: On 03/16/23 at 10:12 AM, the Cook verbalized food items in the walk in refrigerator were dated the day they were opened or prepared and should be discarded five days from the prep dated. On 03/16/23 at 10:12 AM, a tray of cooked chicken breast was dated 03/10/23. The Cook confirmed the cooked chicken breast was prepared on 03/10/23 and should have been discarded on 03/15/23. On 03/16/23 at 10:14 AM, a large container of pumpkin pudding was dated 03/09/23. The Cook confirmed the pumpkin pudding was labeled	0255	Inservice with culinary staff will be conducted on May 8. Staff will check refrigerators on a daily basis to ensure that all food items are discarded at their expiration date. In the absence of the Dining Services Director, the Executive Director or designee will monitor on a weekly basis to ensure compliance.	05/07/2023

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 _____	03/16/2023

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
	as prepared on 03/09/23 and should have been discarded on 03/14/23. On 03/16/23 at 10:16 AM, four packages of tortillas were open, exposed, and lacked an open date, and one package of tortillas was dated 01/13/23. The Cook confirmed four packages of tortillas were open and exposed and lacked an open date, and the package of tortillas dated 01/13/23 were outdated and should have been discarded. On 03/16/23 at 10:18 AM, a moldy eggo waffle was undated. The Cook confirmed the waffle was moldy and should have been dated and discarded within the appropriate timeframes. On 03/16/23 at 10:19 AM, a large container of egg salad was dated 03/05/23. The Cook confirmed the egg salad was dated 03/05/23 and should have been discarded on 03/10/23. The Cook verbalized it was important to discard food within the appropriate time frame to prevent residents from becoming ill with foodborne illness. The Cook confirmed it was not appropriate to have exposed, undated, and/or expired food in the refrigerator. The facility policy titled "Food Storage," revised 05/2019, documented all items must be covered, labeled, and dated. Label opened items or site prepared ready to eat foods with the date it is opened or prepared. Staff will use or discard the refrigerated food according to the Food and Dining Services - Maximum Food Storage Periods. Severity: 2 Scope: 3			

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 _____	03/16/2023

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 #2). Findings include: Employee #2 Employee #2 was hired as a Caregiver with a start date of 01/20/23. Employee #2's personnel file lacked documentation of CPR training completed within 30 days of employment. On 03/16/23 at 1:43 PM, the Regional Vice President of Operations confirmed the training was not completed within 30 days employment. Severity: 2 Scope: 1	0450	Employee #2 had missed CPR training due to illness, the employee has completed CPR training on xxxx. All personnel files have been audited and all staff are in compliance. Business office manager will utilize the training checklist for new hires to ensure this regulation is met. Business Office Manager or designee will review monthly for compliance.	05/07/2023
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.	0532	Please refer to original statement of deficiency/Plan of Correction - Event ID 966G11 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	05/07/2023

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 _____	03/16/2023

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
0690 SS= D	Residents Requiring Use of Oxygen - NAC 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.	0690	Please refer to original statement of deficiency/Plan of Correction - Event ID 966G11 After survey it was discovered that the day prior resident had requested DME provider to remove oxygen rack. Follow up with the resident and oxygen vendor was made informing them of the regulatory compliance to keep oxygen in racks and/or secured. Rack was brought in 3/17/23 and oxygen tank was secured. Review of this policy will be completed on May 24th with all staff to help ensure compliance. Wellness Director will monitor routinely for compliance.	05/07/2023
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.	0874	Please refer to original statement of deficiency/Plan of Correction - Event ID 966G11 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	05/07/2023

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 _____	03/16/2023

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
0876 SS= E	Medication Administration - NRS 449.0302 - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 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 NAC 449.1985 are met. Inspector Comments: Based on clinical record review, document review and interview, the facility failed to ensure an ultimate user agreement was completed accurately for 2 of 9 sampled residents (Resident #2, and #9). Resident #2 Resident #2 was admitted to the facility on 02/06/23, with a diagnosis of unspecified dementia. Resident #2's Ultimate User Agreement dated 02/03/23, documented the resident preferred to manage their own medications and would provide written approval from the provider to self-medicate. Resident #2's Provider's Report dated 01/24/23, documented the resident was alert and oriented to person, place, and time and the resident should receive assistance with medications. On 03/16/23 at 12:09 PM, the Regional Vice President of Operations confirmed the facility would follow the physician's assessment and it would not be appropriate for the resident to self administer medications. Resident #9 Resident #9 was admitted to the facility on 03/03/22, with diagnoses including anxiety disorder and major depressive disorder. Resident #9's Ultimate User Agreement dated 02/10/22, documented the resident preferred to manage their own medications and would provide written approval from the provider to self-medicate. Resident #9's Provider's Report dated 02/15/22, documented the resident was alert and oriented to person, place, and time and the resident was able to manage their own medications. Resident #9's Physician's	0876	As of 3/20/2023, all new move in Physicians Reports has been reviewed by the Regional Wellness Director for 1. Completeness; 2. Appropriateness in regards to medication management vs self medication. This has been completed prior to a new residents move into the community. Any discrepancy has been clarified by the individual resident's PCP prior to move in. Resident #2 – clarification of resident's ability to self medicate vs receive medication management services will be sent to resident's PCP on 5/9/2023. Request will be to indicate whether resident is able to self medicate based on documentation at office visit on 1/23/23 where resident was noted to be alert and oriented to person, place and time. Resident Service Agreement done on move in, indicated that resident was able to open medication pill bottles, read the labels, verbalize reason for the medication(s), reason for, dosage and timing accurately will also be sent to PCP. Ultimate user agreement and medication services will be updated appropriately based on clarification. Resident #9 – clarification of resident's ability to self medication vs receive medication management services will be sent to resident's PCP on 5/9/2023. Request will be to complete the Cognition portion of the Physician Report and Determination from 2/6/23. Ultimate user agreement and medication services will be updated appropriately based on clarification.	05/07/2023

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 _____	03/16/2023

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
	Annual Report dated 02/06/23, lacked documented evidence of the resident's cognitive status and ability to manage their medications. The cognition section documented the resident had mild memory loss and the resident required an escort to leave the facility. On 03/16/23 at 12:15 PM, the Executive Director (ED) verbalized Resident #9 stored and self-administered medications. The ED confirmed the Physician's Annual Report dated 02/06/23, documented memory loss and lacked documentation of the resident's ability to self administer medications. The ED verbalized the facility should have contacted the physician for clarification when the resident status changed. Severity: 2 Scope: 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 _____	03/16/2023

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
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 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.	0878	Please refer to original statement of deficiency/Plan of Correction - Event ID 966G11 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 overflowsee 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.	05/07/2023

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 _____	03/16/2023

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
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 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.	0936	Please refer to original statement of deficiency/Plan of Correction - Event ID 966G11 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 regulation. See Attached	05/07/2023
1001 SS= D	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 #3). Findings include: Employee #3 Employee #3 was hired on 01/04/23 as a Caregiver. Employee #3's personnel file lacked documented evidence of the initial four hours of caregiver training within 60 days of hire. On 03/16/23 at 1:43 PM, the Regional Vice President of Operations confirmed employee #3 had not completed the initial four hours of caregiver training within 60 days of employment. Severity: 2 Scope: 1	1001	Employee #3 will complete required training by May 24. Business Office Manager has audited files to ensure compliance. Business Office Manager will monitor utilizing the training checklist to ensure compliance.	05/24/2023

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 _____	03/16/2023

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 4 sampled employees who worked at the facility for greater than 60 days (Employee #1, #2, #3, and #4). Findings include: On 03/16/23, the facility was endorsed to care for persons with chronic illnesses. Employee #1 Employee #1 was hired on 12/02/22 as a Medication Technician. Employee #1's personnel record contained documentation of 3.5 hours of chronic illness training Employee #2 Employee #2 was hired on 01/20/23 as a Caregiver. Employee #2's personnel record contained documentation of 3.5 hours of chronic illness training. Employee #3 Employee #3 was hired on 01/04/23 as a Caregiver. Employee #3's personnel record contained documentation of 3.5 hours of chronic illness training Employee #4 Employee #4 was hired on 10/18/22 as a Caregiver. Employee #4's personnel record contained documentation of 3.5 hours of chronic illness training. On 03/16/23 at 1:43 PM, the Regional Vice President of Operations confirmed Employee's #1, #2, #3, and #4 had not completed the initial four hours of chronic illness within 60 days of employment. Severity: 2 Scope: 3	1021	On May 24th all staff will be trained on the additional hours required to mee the 4 hour Chronic Illness training. Our online training program will be reviewed and adjusted to meet the Chronic Illness 4 hour training for all new hires. Business Office manger will track for compliance utilizing the new training checklist.	05/24/2023
1700 SS= D	Annual Assessment of History of Each Resident - NRS 449.1845 Administrator of residential facility for groups to conduct	1700	Please refer to original statement of deficiency/Plan of Correction - Event ID 966G11	05/07/2023

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 _____	03/16/2023

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
	annual assessment of history of each resident and cause provider of health care to conduct certain examinations and assessments; placement based on assessment. 1. The administrator of a residential facility for groups shall: (a) Annually cause a qualified provider of health care to conduct a physical examination of each resident of the facility; (b) Annually conduct an assessment of the history of each resident of the facility, which must include, without limitation, an assessment of the condition and daily activities of the resident during the immediately preceding year; and (c) Cause a qualified provider of health care to conduct an assessment of the condition and needs of a resident of the facility to determine whether the resident meets the criteria prescribed in paragraph (a) of subsection 2: (1) Upon admission of the resident to the facility; and (2) If a physical examination, assessment of the history of the resident or the observations of the administrator or staff of the facility, the family of the resident or another person who has a relationship with the resident indicate that: (I) The resident may meet those criteria; or (II) The condition of the resident has significantly changed. 2. If, as a result of an assessment conducted pursuant to paragraph (c) of subsection 1, the provider of health care determines that the resident: (a) Suffers from dementia to an extent that the resident may be a danger to himself or herself or others if the resident is not placed in a secure unit or a facility that assigns not less than one staff member for every six residents, any residential facility for groups in which the resident is placed must meet the requirements prescribed by the Board pursuant to subsection 2 of NRS 449.0302 for the licensing and operation of residential facilities for groups which provide care to persons with Alzheimer's disease or other severe dementia. (b) Does not suffer from dementia as described in paragraph (a), the resident may be placed in any residential facility for groups. 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)		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 01/04/202 3 STATE	