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
	413	A. BUILDING _____ B. WING _____	03/10/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATRIA SUMMIT RIDGE	4880 SUMMIT RIDGE DRIVE, RENO, NEVADA ,89523

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a State Licensure annual survey conducted in your facility on 03/10/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 85 Residential Facility for Group beds for elderly and disabled persons Category I and Category II residents. The census at the time of the survey was 70. Fifteen resident files were reviewed and six employee files were reviewed. The facility received a grade of C. 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		
0074 SS= D	Elder Abuse Training - NRS 449.093 Training to recognize and prevent abuse of older persons: Persons required to receive; frequency; topics; costs; actions for failure to complete. 1. An applicant for a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before a license to operate such a facility, agency or home is issued to the applicant. If an applicant has completed such training within the year preceding the date of the application for a license and the application includes evidence of the training, the applicant shall be deemed to have complied with the requirements of this subsection. 2. A licensee who holds a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must annually receive training to recognize and prevent	0074	The referenced deficiency in the left column has since been rectified. The Community Business Director had misplaced the documentation to support the elder abuse training for the employee in question. This requirement is part of our onboarding process for anyone to begin employment here at Atria and is scheduled annually for all tenured employees. We (as in Executive Director or designee) will continue to monitor this closely and ensure all set forth guidelines are completed with set forth expectations. This is also apart of our quarterly business office audits that will be managed by the Executive Director.	05/01/2021

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	the abuse of older persons before the license to operate such a facility, agency or home may be renewed. 3. If an applicant or licensee who is required by this section to obtain training is not a natural person, the person in charge of the facility, agency or home must receive the training required by this section. 4. An administrator or other person in charge of a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the facility, agency or home provides care to a person and annually thereafter. 5. An employee who will provide care to a person in a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the employee provides care to a person in the facility, agency or home and annually thereafter. 6. The topics of instruction that must be included in the training required by this section must include, without limitation: (a) Recognizing the abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; (b) Responding to reports of the alleged abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; and (c) Instruction concerning the federal, state and local laws, and any changes to those laws, relating to: (1) The abuse of older persons; and (2) Facilities for intermediate care, facilities for skilled nursing, agencies to provide personal care services in the home, facilities for the care of adults during the day, residential facilities for groups or homes for individual residential care, as applicable for the person receiving the training. 7. The facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for			

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	groups or home for individual residential care is responsible for the costs related to the training required by this section. 8. The administrator of a facility for intermediate care, facility for skilled nursing or residential facility for groups who is licensed pursuant to chapter 654 of NRS shall ensure that each employee of the facility who provides care to residents has obtained the training required by this section. If an administrator or employee of a facility or home does not obtain the training required by this section, the Division shall notify the Board of Examiners for Long-Term Care Administrators that the administrator is in violation of this section. 9. The holder of a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care shall ensure that each person who is required to comply with the requirements for training pursuant to this section complies with such requirements. The Division may, for any violation of this section, take disciplinary action against a facility, agency or home pursuant to NRS 449.160 and 449.163. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 6 sampled employees completed the annual elder abuse prevention training. (Employee #6). Findings include: Employee #6 Employee #6 was hired as a Resident Medication Assistant on 09/16/11. The employee's personnel file documented annual elder abuse prevention training last completed on 12/18/19, however, the employee's file lacked documented evidence of annual elder abuse prevention training completed in 2020. On 03/10/21 at 11:40 AM, the Community Business Director confirmed Employee #6 had not taken annual Elder Abuse Training in 2020. Severity: 2 Scope: 1			

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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 employees met the requirements concerning tuberculosis (TB) testing for 3 of 6 sampled employees (Employee #2, #4 and #6). Findings include: Employee #2 Employee #2 was hired on 03/16/18, as the Director of Culinary Services. Employee #2's personnel record lacked documented evidence of a current TB screening. Employee #4 Employee #4 was hired on 06/29/11, as a Resident Services Assistant. Employee #4's personnel file documented a positive TB test on 06/01/16 and a negative x-ray result on 06/01/16. Employee #4 personnel file last documented an annual TB signs and symptoms questionnaire on 04/29/19. The employee's personnel file lacked documented evidence of TB signs and symptoms questionnaires for 2020 and 2021. Employee #6 Employee #6 was hired on 09/16/11, as a Resident Medication Assistant. Employee #6's personnel file documented a TB test last completed on 02/28/20 and lacked documented evidence of a TB screening for 2021. On 03/10/21 at 11:40 AM, the Community Business Director explained there weren't any TB tests completed in 2020 nor 2021 for employees. The Community Business Director verbalized there was no signs and symptoms screening for TB completed for 2020 nor 2021 and confirmed Employee #2 did not have a current TB test, Employee #4 did not have signs and symptoms completed for 2020 nor 2021 and Employee #6 did not have a TB test for 2021. Severity: 2 Scope: 2	0102	Regarding the deficiency stated in the left-hand column regarding the need for TB screening, Atria legal and Compliance team will be addressing. According to findings by the CDC, during the Covid-19 vaccination process it is recommended that no other vaccinations or injectables be given, specifically Tuberculin. Our last date of vaccines was given here locally at our community on 2/25/21, and the earliest we could schedule a full building clinic TB testing is the week of 5/17/21. Our best efforts were made to ensure our residents and staff alike were able to receive the vaccine appropriately. It is our standard protocol to have residents and staff have a 2 step TB done before move-in or start date and done annually after that. This will be checked quarterly by our Resident Services Director, or designee if not available, in a constant effort to catch issues proactively. TB clinic has been done and all residents and staff alike are up to date as of 6/17/21.	05/01/2021
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	0690	The deficiency regarding not having appropriate O2 signage on the outside of the door for residents on O2 was solved same day. All appropriate documentation	05/01/2021

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	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, interview, and document review the facility failed to ensure 2 of 16 residents rooms where oxygen was in use had an oxygen in use sign posted outside of the door (Room 114 and 212) and an oxygen tank was stored appropriately for 1 of 16 resident rooms where oxygen was in use (Room 226) . Findings include: On 03/10/21 at 10:10 AM, Room 114 had an oxygen concentrator in the room. There was not an oxygen in use sign posted outside of room 114. On 03/10/21 at 10:13 AM, the Maintenance Director verbalized there should have been an oxygen in use sign posted outside of room 114. On 03/10/21 at 10:55 AM, Room 212 had an oxygen		was filled out and assessed by our on-staff nurse. We have also implemented a weekly audit process to ensure all signage is correctly identified for all residents needing so. This audit process was also put in place daily to ensure all O2 tanks are being stored correctly per state standards. We do not expect this to be an issue moving forward. The Resident Services Director or designee will oversee the ongoing audit process.	

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	concentrator in the room. There was not an oxygen in use sign posted outside of room 212. On 03/10/21 at 10:56 AM, the Maintenance Director verbalized there should have been an oxygen in use sign posted outside of room 212. On 03/10/21 at 11:20 AM, an oxygen tank was leaning against a wall in room 226. On 03/10/21 at 11:21 AM, the Maintenance Director verbalized the oxygen tank should have been secured in a rack. The facility policy titled "Oxygen Use," revised 04/29/14, documented appropriate signage would be posted on the resident's apartment door denoting oxygen use and extra oxygen tanks would be stored in an approved containment system. No unused tanks would be left unsecured. Severity: 2 Scope: 1			

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0859 SS= D	Medical Care of Resident After Illness - NAC 449.274 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 his or her physician. The resident must be cared for pursuant to any instructions provided by the resident ' s physician. Inspector Comments: Based on record review and interview, the facility failed to ensure a general physical examination had been completed annually for 2 of 15 sampled residents (Resident #10 and 15). Findings include: Resident #10 Resident #10 was admitted to the facility on 103/24/18, with diagnoses including chronic obstructive pulmonary disorder and diabetes. Resident #10's clinical record documented a general physical exam dated 09/26/19. Resident #10's clinical record lacked documented evidence of a physical examination in 2020. On 03/10/21 at 1:16 PM, the Resident Services Director confirmed Resident #10 did not have a physical examination in 2020. Resident #15 Resident #15 was admitted to the facility on 12/05/15, with diagnoses including dementia, chronic obstructive pulmonary disorder and hypertension. Resident #15's clinical record documented a general physical exam dated 09/25/19. Resident #15's clinical record lacked documented evidence of a physical examination in 2020. On 03/10/21 at 1:16 PM, the Resident Services Director confirmed Resident #15 did not have a physical examination in 2020. Severity: 2 Scope: 1	0859	The deficiency identified by NAC- 449.274 for appropriate documentation and follow up for medical illness has since been rectified. Provider response for annual Physician Reports has not been what we would like to see, but we have made amore concentrated effort at chasing these down and holding providers accountable. This will be managed more closely, and we will initiate the communication weeks in advance of when the report is due. The Resident Services Director or Designee will take on oversight of this process. In congruence, this will be monitored monthly by the Executive Director to ensure all provider reports are within the acceptable timeframe for renewal.	05/01/2021
0878 SS= D	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	0878	Regarding deficiencyNAC-449.2742, medication change orders, this has also since been rectified, the day of inspection. We recently put a daily audit into place done by our medication technicians and reviewed by leadership (Resident Services Director)weekly. This audit will cross	05/01/2021

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	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. Inspector Comments: Based on record review and interview, the facility failed to ensure medication containers indicated a change in medication for 2 of 15 sampled residents (Residents #1 and #3). Findings include: Resident #1 Resident #1 was admitted to the facility on 03/01/17, with diagnoses including atrial fibrillation, hypertension, and hypothyroidism. Resident #1's physician order dated 11/16/19, documented acetaminophen 325 milligrams (mg) take two tablets by mouth twice daily. Resident #1's physician order dated 03/01/21, documented acetaminophen 325 mg take two tablets by mouth every 8 hours.		reference all provider orders to existing MARS, and all associated medications, along with provider reports and all orders received. We do not expect this to be an issue moving forward as it will be proactively caught.	

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	Resident #1's medication administration record (MAR), dated 03/01/21, documented acetaminophen 325 mg take two tablets by moth every 8 hours. Resident #1's medication bottle documented acetaminophen 325 mg take two tablets by mouth twice daily. Resident #1's acetaminophen 325 mg medication bottle lacked an order change label. Resident #3 Resident #3 was admitted to the facility on 02/18/19 with a diagnosis of Parkinson's Disease. Resident #3's physician order dated 01/01/21, documented senexon-s 8.6-50 mg take one tablet by mouth daily as needed. Resident #3's physician order dated 02/01/21, documented senexon-s 8.6-50 mg take one tablet by mouth daily. Resident #3's MAR, dated 03/01/21, documented senexon-s 8.6 -50 mg take one tablet by mouth daily for constipation. Resident #3's medication bottle documented senexon-s 8.6-50 mg take one tablet by mouth daily as needed. Resident #3's senexon-s 8.6-50 mg medication bottle lacked an order change label. On 03/10/21 at 1:22 PM, the Resident Services Coordinator confirmed there were no order change labels on Resident #3's senexon-s 8.6-50 mg bottle and Resident #1's acetaminophen 325 mg bottle. Severity: 2 Scope: 1			
0920 SS= E	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,	0920	Medication storageNAC-449.2748 is a continual effort to ensure all residents who self-medicate are following our set forth guidelines. We have increased our audits to daily and put up signs in frequent abuser's rooms to help compliance. We have provided extra space with lock and key and have even put automatically locking doors on other residents to ensure meds are behind a locked door. We expect the increase in auditing and other preventative measures to yield better outcomes in the future. We are also looking to put residents on our med plan if they cannot comply. This process will be run daily by Medication Technicians and overseen by our Resident Services Director.	05/01/2021

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	including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room. Inspector Comments: Based on observation, interview, and document review the facility failed to ensure medications in resident rooms were safely stored in a locked area and inaccessible to other residents or visitors for 6 of 26 rooms of residents who managed their own medications (Room 114, 136, 219, 223, 224, and 232). Findings include: On 03/10/21 at 10:10 AM, the door to room 114 was open and the medicine cabinet in the bathroom was unlocked. The following medications were unsecured: - Advil migraine, 200 milligram (mg) tablets - Acetaminophen PM, 500 mg/25 mg caplets - Hyland's leg cramps tablets - Aspercreme On 03/10/21 at 10:11 AM, the Maintenance Director verbalized the medications were unsecured and should have been locked inside of the medicine cabinet. On 03/10/21 at 10:32 AM, the door to room 136 was unlocked and the door to the medicine cabinet was open. The following medications were unsecured: - Diphenhydramine 25 mg tablets - Aspirin 325 mg tablets - Atorvastatin 40 mg tablets - Promethazine 12.5 mg tablets - Methocarbamol 750 mg tablets - Zinc 50 mg tablets - 14 unlabeled medication cups full of pills were stacked up on the bottom shelf of the medicine cabinet with the door open. - Three epi-pens were on top of the resident's dresser - Budesonide 3 mg tablets were stored on the resident's dresser On 03/10/21 at 10:38 AM, the Maintenance Director verbalized the medications should have been locked in the medicine cabinet and anyone would have had access to the medications with the door to the room open and the medications unsecured. On 03/10/21 at 10:57 AM, the door to room 219 was unlocked. The medicine cabinet was open with no medications inside. The resident verbalized the resident was unable to reach the medicine cabinet and kept medications hidden in a bag inside of the room. On 03/10/21 at 11:00 AM, the Maintenance			

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	Director verbalized the facility should have provided a lock box or provided an alternate locked compartment to accommodate the resident and keep the resident's medications secure. On 03/10/21 at 11:10 AM, the door to room 223 was unlocked and the medicine cabinet was unlocked. The following medications were unsecured: - Aleve PM, 220 mg/25 mg tablets - Fluoxetine 20 mg tablets - Pantoprazole 40 mg tablets - Metoprolol 100 mg tablets - Lisinopril 40 mg tablets - Amitriptyline 25 mg tablets - Norco 5 mg/325 mg tablets On 03/10/21 at 11:12 AM, the Maintenance Director verbalized the medications were unsecured and should have been stored in a locked medicine cabinet. On 03/10/21 at 11:17 AM, the door to room 224 was unlocked and the medicine cabinet was unlocked. The following medications were unsecured: - ZZZquil 12 ounce bottle - Vitamin D3 125 micrograms (mcg) tablets - Magnesium 400 mg tablets On 03/10/21 at 11:19 AM, the Maintenance Director verbalized the medications should have been locked inside of the medicine cabinet. On 03/10/21 at 11:20 AM, the door to room 232 was unlocked and the medicine cabinet was open. The following medications were unsecured: - Clindamycin 1% lotion - Meloxicam 7.5 mg tablets - Norco 5/325 mg tablets - Gabapentin 100 mg tablets - Midadrine 5 mg tablets - Levothyroxine 100 mcg tablets - Omeprazole 40 mg tablets - Levothyroxine 125 mcg tablets On 03/10/21 at 11:27 AM, the Maintenance Director verbalized the medications should have been locked in the medicine cabinet. The facility policy titled "Medication Storage in Resident Apartment," revised 07/14/15, documented residents who store their own medications must use a designated storage area in their apartment and lock their apartment door when they were not present to ensure the medications were not accessible to other residents or visitors. Severity: 2 Scope: 2			
0936 SS= I	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	0936	Regarding the deficiency stated in the left-hand column regarding the need for TB screening, Atria legal and Compliance team will be addressing. According to findings by	05/01/2021

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	maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on record review, interview and document review, the facility failed to ensure the census was free of potential exposure of a communicable disease due to a lack of required screening and testing concerning tuberculosis (TB) in accordance with Nevada Administrative Code (NAC) 441A for 10 of 15 sampled residents (Resident #1, #3, #4, #5, #6, #7, #10, #12, #14 & #15), and 25 unsampled residents (Resident #16, #17, #18, #19, #20, #21, #22, #23, #24, #25, #26, #27, #28, #29, #30, #31, #32, #33, #34, #35, #36, #37, #38, #39 & #40). This deficient practice increased the risk of exposure of infectious agents to residents, employees, and visitors. Findings include: Resident #1 Resident #1 was admitted to the facility on 03/01/17 with diagnoses including atrial fibrillation, hypertension, and hypothyroidism. Resident #1's clinical record contained an annual 1-step TB test administered on 01/22/20 and read negative on 01/24/20. The resident's file lacked documented evidence of an annual TB test completed in 2021. Resident #3 Resident #3 was admitted to the facility on 01/31/19 with diagnosis of Parkinson's Disease. Resident #3's clinical record contained an annual 1-step TB test administered on 01/22/20 and read positive on 01/24/20. The resident had a chest x-ray on 1/24/20 with no active TB present. The resident's file lacked documented evidence of a TB signs and symptoms questionnaire completed in 2021. Resident #4 Resident #4 was admitted to the facility on 11/04/16 with diagnoses to include atrial fibrillation and cerebral vascular accident. Resident #4's clinical record contained an annual 1-step		the CDC, during the Covid-19 vaccination process it is recommended that no other vaccinations or injectables be given, specifically Tuberculin. Our last date of vaccines was given here locally at our community on 2/25/21, and the earliest we could schedule a full building clinic TB testing is the week of5/17/21. Our best efforts were made to ensure our residents and staff alike were able to receive the vaccine appropriately. It is our standard protocol to have residents and staff have a 2 step TB done before move-in or start date and done annually after that. This will be checked quarterly by our Resident Services Director, or designee if not available, in a constant effort to catch issues proactively. TB clinic has been done and all residents and staff alike are up to date as of 6/17/21.	

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	TB test administered on 12/17/19 and read negative on 12/19/19. The resident's file lacked documented evidence of an annual TB test completed in 2020. Resident #5 Resident #5 was admitted to the facility on 09/21/12 with diagnoses to include hypertensive renal disease. Resident #5's clinical record contained an annual 1-step TB test administered on 11/12/19 and read negative on 11/14/19. The resident's file lacked documented evidence of an annual TB test completed in 2020. Resident #6 Resident #6 was admitted to the facility on 01/20/20 with diagnoses to include a history of prostate cancer. Resident #6's clinical record contained an initial 1-step TB test administered on 01/13/20 and read negative on 1/15/20. The resident's file lacked documented evidence that a 2-step was administered, and lacked evidence of an annual TB test completed in 2021. Resident #7 Resident #7 was admitted to the facility on 01/17/17 with diagnoses to include Parkinson's Disease. Resident #7's clinical record contained an annual 1-step TB test administered on 04/22/19 and read negative on 04/24/19. The resident's file lacked documented evidence of an annual TB test completed in 2020. Resident #10 Resident #10 was admitted to the facility on 03/24/18 with diagnoses to include chronic obstructive pulmonary disorder and diabetes. Resident #10's clinical record contained an annual 1-step TB test administered on 09/30/19 and read negative on 10/02/19. The resident's file lacked documented evidence of an annual TB test completed in 2020. Resident #12 Resident #12 was admitted to the facility on 05/31/19 with diagnoses to include cerebrovascular accident, hypertension, and cognitive impairment. Resident #12's clinical record contained an initial Quantiferon TB test administered on 03/19/19 and read negative. The resident's file lacked documented evidence of an annual TB test completed in 2020. Resident #14 Resident #14 was admitted to the facility on 10/22/20 with diagnoses to include pulmonary embolism with acute cor pulmonale. Resident #14's clinical record contained an initial 1-step TB test administered on 10/16/20 and read negative on 10/19/20.			

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	The resident's file lacked documented evidence that a 2-step was administered. Resident #15 Resident #15 was admitted to the facility on 11/30/15, with diagnoses including dementia, hypertension and chronic obstructive pulmonary disorder. Resident #15's clinical record contained an annual 1-step TB test administered on 01/22/20 and read negative on 01/24/20. The resident's file lacked documented evidence of an annual TB test completed in 2021. Unsampled Residents: Resident #16 Resident #16 was admitted to the facility on 02/18/19. Resident #16 's clinical record contained an annual 1-step TB test administered on 01/22/20 and read negative on 01/24/20 . The resident's file lacked documented evidence of an annual TB test completed in 2021. Resident #17 Resident #17 was admitted to the facility on 08/31/18. Resident #17's clinical record contained an annual 1-step TB test administered on 07/01/19 and read negative on 07/03/19. The resident's file lacked documented evidence of an annual TB test completed in 2020. Resident #18 Resident #18 was admitted to the facility on 06/12/20. Resident #18's clinical record contained an initial 1-step TB test administered on 06/08/20 and read negative on 06/10/20. The resident's file lacked documented evidence that a 2-step was administered. Resident #19 Resident #19 was admitted to the facility on 08/31/20 . Resident #19's clinical record contained an initial 1-step TB test administered on 08/26/20 and read negative on 08/28/20. The resident's file lacked documented evidence that a 2-step was administered. Resident #20 Resident #20 was admitted to the facility on 09/21/12. Resident #20 's clinical record contained an annual 1-step TB test administered on 11/12/19 and read negative on 11/14/19. The resident's file lacked documented evidence of an annual TB test completed in 2020. Resident #21 Resident #21 was admitted to the facility on 10/21/20. Resident #21's clinical record contained an initial 1-step TB test administered on 10/14/20 and read negative on 10/16/20. The resident's file lacked documented evidence that a 2-step was administered. Resident #22 Resident #22 was admitted to			

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	the facility on 12/10/18. Resident #22's clinical record contained an annual 1-step TB test administered on 11/12/19 and read negative on 11/14/19. The resident's file lacked documented evidence of an annual TB test completed in 2020. Resident #23 Resident #23 was admitted to the facility on 10/07/16. Resident #23's clinical record contained an annual 1-step TB test administered on 09/23/19 and read negative on 09/25/19. The resident's file lacked documented evidence of an annual TB test completed in 2020. Resident #24 Resident #24 was admitted to the facility on 07/25/19. Resident #24's clinical record contained an initial 1-step TB test administered on 04/16/19 and read negative on 04/18/19. The resident's file lacked documented evidence that a 2-step was administered, and lacked evidence of an annual TB test completed in 2020. Resident #25 Resident #25 was admitted to the facility on 03/02/20. Resident #25 's clinical record contained an initial 1-step TB test administered on 01/29/20 and read negative on 02/01/20, and a 2-step TB test administered on 02/08/20 and read negative on 02/11/20. The resident's file lacked documented evidence of an annual TB test completed in 2021. Resident #26 Resident #26 was admitted to the facility on 11/20/20. Resident #26's clinical record contained an initial 1-step TB test administered on 11/08/20 and read negative on 11/10/20 . The resident's file lacked documented evidence that a 2-step was administered. Resident #27 Resident #27 was admitted to the facility on 10/20/20. Resident #27's clinical record contained an initial 1-step TB test administered on 01/10/20 and read negative on 01/13/20, and the 2-step TB test administered on 01/29/20 and read negative on 01/31/20. The resident's file lacked documented evidence of an annual TB test completed in 2021. Resident #28 Resident #28 was admitted to the facility on 12/05/20. Resident #28's clinical record contained an initial 1-step TB test administered on 11/18/20 and read negative on 11/20/20. The resident's file lacked documented evidence that a 2-step was administered. Resident #29 Resident #29 was admitted to the facility on 10/15/19.			

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	Resident #29's clinical record contained an initial 1-step TB test administered on 09/18/19 and read negative on 09/20/19, and the 2-step TB test administered on 09/25/19 and read negative on 09/27/19. The resident's file lacked documented evidence of an annual TB test completed in 2020. Resident #30 Resident #30 was admitted to the facility on 03/18/19. Resident #30 's clinical record contained an initial 1-step TB test administered on 03/04/19 and read negative on 03/04/19. The resident's file lacked documented evidence that a 2-step was administered, and lacked evidence of an annual TB test completed in 2020. Resident #31 Resident #31 was admitted to the facility on 03/31/18. Resident #31 's clinical record contained an annual 1-step TB test administered on 03/26/19 and read negative on 03/28/19. The resident's file lacked documented evidence of an annual TB test completed in 2020. Resident #32 Resident #32 was admitted to the facility on 10/30/20. Resident #32 's clinical record lacked documented evidence a TB test had been administered.. Resident #33 Resident #33 was admitted to the facility on 01/31/21. Resident #33's clinical record lacked documented evidence a TB test had been administered. Resident #34 Resident #34 was admitted to the facility on 09/11/19. Resident #34's clinical record contained an initial Quantiferon TB test administered on 08/26/19 and read negative. The resident's file lacked documented evidence of an annual TB test completed in 2020. Resident #35 Resident #35 was admitted to the facility on 06/09/17. Resident #35's clinical record contained an annual 1-step TB test administered on 05/03/19 and read negative on 05/06/19, and the 2-step TB test administered on 05/13/19 and read negative on 05/15/19. The resident's file lacked documented evidence of an annual TB test completed in 2020. Resident #36 Resident #36 was admitted to the facility on 09/16/19. Resident #36's clinical record contained an initial Quantiferon TB test administered on 09/09/19 and read negative. The resident's file lacked documented evidence of an annual TB test completed in 2020. Resident #37 Resident #37 was admitted to the			

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	facility on 07/30/19. Resident #37's clinical record contained an annual 1-step TB test administered on 07/25/19 and read negative on 07/27/19, and the 2-step TB test administered on 08/05/19 and read negative on 08/07/19. The resident's file lacked documented evidence of an annual TB test completed in 2020. Resident #38 Resident #38 was admitted to the facility on 07/30/19. Resident #38's clinical record contained an annual 1-step TB test administered on 07/25/19 and read negative on 07/27/19, and the 2-step TB test administered on 08/05/19 and read negative on 08/07/19. The resident's file lacked documented evidence of an annual TB test completed in 2020. Resident #39 Resident #39 was admitted to the facility on 12/05/19. Resident #39's clinical record contained an annual 1-step TB test administered on 12/01/19 and read negative on 12/03/19, and the 2-step TB test administered on 12/11/19 and read negative on 12/13/19. The resident's file lacked documented evidence of an annual TB test completed in 2020. Resident #40 Resident #40 was admitted to the facility on 04/24/18. Resident #40's clinical record contained an annual 1-step TB test administered on 03/26/19 and read negative on 03/28/19. The resident's file lacked documented evidence of an annual TB test completed in 2020. On 03/11/20 at 11:59 AM, the Community Business Director verbalized TB testing was not completed due to COVID-19, and conducting signs and symptoms on residents was not on the facility radar. The facility was waiting for the Corporate Office to inform them when testing would resume. On 03/11/20 at 2:15 PM, the Regional Vice President verbalized the Registered Nurse who conducted the TB test resigned from the facility. An email from a local lab, dated 12/30/20, documented "we have canceled all Atria Clinics due to the COVID vaccine and per your Corporate office." On 03/11/20 between 2:30 PM and 3:30 PM, the Resident Service Director assisted surveyor staff with the TB test dates listed above. The Resident Service Director confirmed the missing TB tests. The facility policy titled, "Infection Prevention and Control			

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	Program", dated 11/18/20 documented Atria is committed to providing and Infection Prevention and Control Program designed to protect the safety of resident, employees, and visitors by reducing the risk of exposure to infectious agents and appropriately managing any exposure or infectious disease outbreaks. Infectious Disease: Those diseases which are caused by infectious agents such as bacteria, protozoans, fungi, parasites, or viruses which are spread from one person to another. Diseases caused by infectious agents includes but is not limited to tuberculosis, methicillin-resistant staphylococcus, vancomycin resistant enterococci, clostridium difficile, influenza, gastroenteritis, and coronavirus. Severity: 3 Scope: 3			