

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 413	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/04/2022
NAME OF PROVIDER OR SUPPLIER ATRIA SUMMIT RIDGE		STREET ADDRESS, CITY, STATE, ZIP CODE 4880 SUMMIT RIDGE DRIVE, RENO, NEVADA ,89523		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a State Licensure annual survey conducted in your facility on 01/04/22, 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, and/or chronic illness, and/or mental illness and/or providing assisted living services, 63 Category I residents and 22 Category II residents. The census at the time of the survey was 68. Fifteen resident files were reviewed and nine employee files were reviewed. The facility received a grade of D. 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 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:			

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 Name: NATASHA STIEG Title: Executive Director Date: 03/01/2022
REPRESENTATIVE'S SIGNATURE

Division of Public and Behavioral Health

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(X4) ID PREFIX TAG 0050 SS= F	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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, record review, and interview, the Administrator failed to provide oversight and direction to staff to ensure the facility complied with certain requirements of Nevada Administrative Code 449.156 to 449.27706, inclusive, and Nevada Revised Statutes Chapter 449. Findings include: Please see Tags Y0065, Y0074, Y0102, Y0106, Y0690, Y0870, Y0874, Y0923, and Y0936. Severity: 2 Scope: 3	ID PREFIX TAG 0050	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) This deficiency is under separate Administrative Review. Notwithstanding the pending Administrative Review, the Administrator will oversee the implementation of the plans of correction outlined below and ensure compliance going forward	(X5) COMPLETION DATE 02/04/202 2

Division of Public and Behavioral Health

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(X4) ID PREFIX TAG 0065 SS= D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Qualifications of Caregivers-Age-Eng- Training - NAC 449.196 Qualifications and training of caregivers. (NRS 449.0302) 1. A caregiver of a residential facility must: (a) Be at least 18 years of age; (b) Be responsible and mature and have the personal qualities which will enable him or her to understand the problems of elderly persons and persons with disabilities; (c) Understand the provisions of NAC 449.156 to 449.27706, inclusive, and sign a statement that he or she has read those provisions; (d) Demonstrate the ability to read, write, speak and understand the English language; (e) Possess the appropriate knowledge, skills and abilities to meet the needs of the residents of the facility; and (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. Inspector Comments: Based on employee file review and interview, the facility failed to ensure 1 of 9 sampled employees obtained eight hours of annual caregiver training (Employee #9). Findings include: Employee #9 was hired as the Administrator with a start date of 04/01/07. Employee #9's personnel record lacked documented evidence of eight hours of annual caregiver training. On 01/04/22 at 4:45 PM, the Executive Director (Administrator) was unable to provide evidence the annual caregiver training had been completed. Severity: 2 Scope: 1	ID PREFIX TAG 0065	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Employee # 9 has been notified of the discrepancy and an in person training has been scheduled to be completed within the next 30 days in Las Vegas. This course will deliver the required 8 hours of annual care giver training. Going forward the state employee file tracking system will be utilized to ensure all employees receive the state mandated training as required. The Executive Director and Business office Director will continuously audit files on a regular basis throughout the year to ensure state compliance.	(X5) COMPLETION DATE 02/04/202 2
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	0074	This deficiency is under separate Administrative Review. Notwithstanding the pending Administrative Review, the Administrator had completed the elder abuse training on August 16, 2021 (certificate attached) but the certificate was not filed properly. Going forward, the Community Business Director will utilize the training tracker to ensure all employees have completed required training and certificates of completion are included in each employee's personnel file	08/16/202 1

Division of Public and Behavioral Health

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	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 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			

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	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 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 employee file review and interview, the facility failed to ensure 1 of 9 sampled employees received annual elder abuse prevention training prior to working with residents (Employees #9). Findings include: Employee #9 Employee #9 was hired as the Administrator with a start date of 04/01/07. Employee #9's personnel file lacked documented evidence of elder abuse prevention training for 2021. On 01/04/22 at 4:45 PM, the Executive			

Division of Public and Behavioral Health

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	Director (Administrator) was unable to provide evidence the annual elder abuse prevention training had been completed. Severity: 2 Scope: 1			
0102 SS= E	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 employee file review and interview, the facility failed to ensure a tuberculosis (TB) screening was completed in accordance with Nevada Administrative Code 441A for 1 of 9 sampled employees (Employee #9). Findings include: Employee #9 Employee #9 was hired as the Administrator with a start date of 04/01/07. Employee #9's personnel file lacked documented evidence of annual TB testing for 2021. On 01/04/22 at 4:45 PM, the Executive Director (Administrator) was unable to provide evidence of current TB testing for Employee #9. Severity: 2 Scope: 1	0102	This deficiency is under separate Administrative Review. Notwithstanding the pending Administrative Review, the employee completed the first step of the 2-step TB test. The serum was placed on 1/27/2022 and read on 1/29/2022 with a 0 mm reading. The second step will be placed within 7-21 days from the previous negative result. Going forward, the Community Business Director will utilize the tracker to ensure all employees have completed required TB testing and that test results are placed in each employee's personnel file	01/27/2022
0106 SS= D	Personnel File - 1st Aid & CPR - NAC 449.200 Personnel files 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1: (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation; Inspector Comments: Based on employee file review and interview, the facility failed to ensure 1 of 9 sampled employees were currently certified to perform cardiopulmonary resuscitation (CPR) and first aid (Employee #9). Findings include: Employee #9 Employee #9 was hired as the Administrator with a start date of 04/01/07. Employee #9's personnel file lacked documented evidence of current CPR and first aid certification. On 01/04/22 at 4:45 PM, the Executive Director (Administrator) was unable to provide evidence of current CPR and first aid certification for Employee #9. Severity: 2 Scope: 1	0106	Employee #9 has completed and received his CPR and First Aid certification on 2/27/2022. This was conducted by the American Red Cross and included the skills test requirement. The community Business Director will utilize the tracker tool to ensure all training is completed per state regulations going forward. Certificate has been attached.	02/27/2022

Division of Public and Behavioral Health

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(X4) ID PREFIX TAG 0690 SS= D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0690	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE 01/04/2022
	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. Inspector Comments: Based on observation and interview, the facility failed to ensure oxygen tanks were secured. Findings include: On 01/04/22 at 1:27 PM, during a tour of the facility, there was one unsecured oxygen tank in room 226. On 01/04/22 at 1:27 PM, the Maintenance Director confirmed the unsecured oxygen tank in room 226 and verbalized oxygen tanks were to be kept in a rack because they could be dangerous if knocked over.		The unsecured oxygen tank referenced has been secured. Moving forward all oxygen delivery personnel will be escorted to residents' apartments to ensure all tanks are left secured in a rack. A new task has been added to our care staff tasks that includes checking on oxygen tanks daily. Executive Director and Maintenance Director will be vigilant in spot checking rooms to ensure oxygen tanks are secured at all times.	

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	Severity: 2 Scope: 1			
0870 SS= E	Medication Administration-Accuracy & Report - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility. (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). Inspector Comments: Based on record review and interview, the facility failed to ensure a medication profile review was performed by a physician, pharmacist, or registered nurse at least once every six months for 2 of 6 sampled residents residing in the facility longer than six months (Resident #4 and #9). Findings include: Resident #4 Resident #4 was admitted to the facility on 02/14/21, with diagnoses including hypertension, hyperparathyroidism and weakness. A six-month medication profile review for Resident #4 was completed on 09/20/21, seven months after admission. Resident #9 Resident #9 was admitted to the facility on 02/28/21, with diagnoses including congestive heart failure, atrial fibrillation, hypertension, gastroesophageal reflux disease, and depression. A six-month medication profile review for Resident #9 was completed on 09/30/21, seven months after admission. On 01/04/22 at 4:14 PM,	0870	This deficiency is under separate Administrative Review. Notwithstanding the pending Administrative Review, Resident Services Director and the Executive Director will work with our contracted pharmacy to ensure medication administration reviews are happening at least every six months.	02/04/2022

Division of Public and Behavioral Health

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	the Executive Director confirmed the six-month medication profile reviews for Resident #4 and Resident #9 were completed late. Severity: 2 Scope: 2			
0874 SS= F	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, document review and interview, the administrator failed to review and initial the six month medication profile review within 72 hours for 5 of 6 sampled residents residing in the facility for longer than six months (Resident #1, #10, 15, #4 and #9). Findings include: Resident #1 Resident #1 was admitted to the facility on 05/04/21 with diagnoses including type II diabetes mellitus, chronic kidney disease, hypertension and a breast mass. Resident #1's medical record documented a medication profile review, dated 09/30/21. Resident #1's record lacked documented evidence the six month profile review had been reviewed and initialed by the Administrator. Resident #10 Resident #10 was admitted to the facility on 01/31/21 with diagnoses including dementia, atrial fibrillation, hypertension, hypothyroidism, gastro-esophageal reflux disease and osteoarthritis. Resident #10's medical record documented a medication profile review, dated 04/05/21 and 09/30/21. Resident #10's medical record lacked documented evidence the two six month medication profile reviews had been reviewed and initialed by the Administrator. Resident #15 Resident #15 was admitted to the facility on 09/11/19 with a diagnoses of heart failure due to vascular disease. Resident #15's medical record documented medication profile reviews, dated 04/05/21 and 09/30/21. Resident #15's record lacked	0874	Executive Director will ensure medication reviews are reviewed and signed by the Resident Services Director as soon as the medication report is received or updated. Going forward all reviews will be email to the Executive Director and Resident Services Director to ensure timely reviews.	02/04/2022

Division of Public and Behavioral Health

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	documented evidence the six month profile reviews had been reviewed and initialed by the Administrator. Resident #4 Resident #4 was admitted to the facility on 02/14/21, with diagnoses including hypertension, hyperparathyroidism, and weakness. Resident #4's medication profile reviews dated 04/05/21 and 09/30/21, lacked documented evidence the profile reviews had been reviewed and initialed by the Administrator. Resident #9 Resident #9 was admitted to the facility on 02/28/21, with diagnoses including congestive heart failure, atrial fibrillation, hypertension, gastroesophageal reflux disease, and depression. Resident #9's medication profile reviews dated 04/05/21 and 09/30/21, lacked documented evidence the profile reviews had been reviewed and initialed by the Administrator. On 01/04/22 at 4:14 PM, the Executive Director confirmed the medication profile reviews for Residents #1, #10, 15, #4 and #9 had not been reviewed and initialed by the Executive Director. Severity: 2 Scope: 3			
0923 SS= D	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician; and (b) Kept in its original container until it is administered. Inspector Comments: Based on observation, record review and interview, the facility failed to properly label over the counter (OTC) medications with the resident's name and prescribing provider's name for 3 of 15 sampled residents (Resident #3, #7, and #10). Findings include: Resident #3 Resident #3 was admitted to the facility on 10/31/21 with diagnoses including dementia and atrial fibrillation. Resident #3's January 2022 Medication Administration Record (MAR) documented Daily Vite tablet 400 microgram tablet multivitamins, take one tablet by mouth every day. The medication	0923	An in service has been scheduled for all resident medication assistants to review the proper labeling of OTC medications. Resident Medication Technicians and Resident Services Director will meet every six months to review proper medication storage and best practices. Resident services director and Executive director will make sure the plan of correction is implemented.	02/08/2022

Division of Public and Behavioral Health

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	container did not document the prescribing provider's name. On 01/05/22 at 1:00 PM, the Medication Technician confirmed the medication container lacked the prescribing provider's name. Resident #7 Resident #7 was admitted to the facility on 04/24/21 with diagnoses including lymphoma, melanoma, chronic kidney disease, and hypothyroidism. Resident #7's January 2022 MAR documented Vitamin C 500 milligram tablet, take one tablet by mouth every day with ferrous sulfate. The medication container did not document the prescribing provider's name. On 01/05/22 at 1:49 PM, the Medication Technician confirmed the medication container lacked the prescribing provider's name. Resident #10 Resident #10 was admitted to the facility on 01/31/21 with diagnoses including dementia, atrial fibrillation, hypertension, hypothyroidism, gastro-esophageal reflux disease and osteoarthritis. Resident #10's January 2022 MAR documented: - Oasis tears plus, administer one drop in each eye three times per day. - Refresh liquigel 1% drops, administer one drop in each eye three times per day. The medication containers did not document the resident's name or the prescribing provider's name. On 01/05/22 at 1:33 PM, the Medication Technician confirmed the medication containers lacked the resident's name and the prescribing provider's name. Severity: 2 Scope: 1			

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 413	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/04/2022
NAME OF PROVIDER OR SUPPLIER ATRIA SUMMIT RIDGE		STREET ADDRESS, CITY, STATE, ZIP CODE 4880 SUMMIT RIDGE DRIVE, RENO, NEVADA ,89523		
(X4) ID PREFIX TAG 0936 SS= D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0936	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE 03/15/202 2
	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. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 15 sampled residents met the requirements concerning tuberculosis (TB) testing (Resident #15). Findings include: Resident #15 Resident #15 was admitted to the facility on 09/11/19 with a diagnoses of heart failure due to vascular disease. Resident #15's filed documented a QuantiFERON TB test was given on 08/26/19. The resident's file lacked documented evidence of a 2020 TB test. The resident was administered a 1-step TB test on 05/11/21 and read negative on 05/13/21. The residents file lacked documented evidence of a second step TB test. On 01/04/22 at 3:39 PM, the Regional Vice President verbalized Resident #15 should have been administered a second step TB test. Severity: 2 Scope: 1		Resident #15 will be receiving the First step of her Tb test on Tuesday March 1st at 5:15pm, she will receive her second one on Tuesday March 15th at 5:00pm. The Executive Director is working on scheduling a community wide Tb clinic to ensure all residents and staff have the required TB screening. The Resident Services Director will continue to monitor our trackers to ensure no one misses the required testing within the proper time frame allowed per regulation	