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 _____	04/18/2022

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 grading re-survey State Licensure survey conducted in your facility on 04/18/22, 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 61. Ten resident files were reviewed and eight employee files were reviewed. The facility received a grade of A. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil 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.	0050	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 3KUO11.	04/18/2022

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: NATASHA STIEG Title: Executive Director Date: 05/10/2022

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0065 SS= D	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.	0065	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 3KUO11.	04/18/2022

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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, document review and interview, the facility failed to ensure a tuberculosis (TB) screening was completed within the required timeframe for 2 of 8 sampled employees (Employee #1 and #5). Findings include: Employee #3 Employee #3 was hired as a Resident Services Assistant with a start date of 09/28/20. Employee #3's employee file documented a two-step TB test with the first step given on 09/18/20 and read negative on 09/21/20 and the second step given on 10/07/20 and read negative on 10/09/20. Employee #3's employee file lacked documented evidence of a TB test for 2021 and continued to provide care to residents. On 04/18/22 at 10:41 AM, the Executive Director confirmed Employee #3 did not have an annual TB test for 2021 and verbalized the lack of completing the TB employee screening posed a risk to residents. Employee #5 Employee #5 was hired as a Resident Medical Assistant with a start date of 01/31/22. Employee #5's employee file documented an x-ray for a positive purified protein derivative (PPD) read negative on 12/05/14. Employee #5's employee file lacked documented evidence of a positive PPD and TB screening questionnaire upon hire. On 04/18/22 at 11:50 AM, the Executive Director confirmed Employee #5 did not have evidence of a positive TB and lacked documented evidence of TB screening questionnaire upon hire before working with residents. Severity: 2 Scope: 2	0102	The Executive Director was able to schedule a community wide TB test clinic provided by LabCorp. The clinic has been scheduled for 6/20/2022 at 10:00am. All employees will be participating to ensure we are in compliance with the State of Nevada regulations.	06/20/2022

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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;	0106	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 3KUO11.	04/18/2022
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 3KUO11.	04/18/2022

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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).	0870	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 3KUO11.	04/18/2022
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.	0874	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 3KUO11.	04/18/2022

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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 2 of 10 sampled residents (Resident #4 and #5). Findings include: Resident #4 Resident #4 was admitted to the facility on 07/27/21 with diagnoses including anemia, coronary artery disease and short term memory loss. Resident #4's April 2022 Medication Administration Record (MAR) documented calcium 600-vitamin D3 600 milligram (mg) 200 tablet take 2 tablets by mouth every night for supplement. The medication container did not document the resident's name or the prescribing provider's name. On 04/18/22 at 11:36 AM the Resident Service Coordinator confirmed the over-the-counter medication container lacked the resident #4's name and lacked the prescribing provider's name. Resident #5 Resident #5's April 2022 MAR documented acetaminophen 500 mg tablet take 1 tablet by mouth every 4 hours as needed for pain. The physician's order dated 10/30/19 documented acetaminophen 500 mg tablet take 1 tablet by mouth every 4 hours as needed for pain. On 04/18/22 at 11:33 AM the Resident Service Coordinator confirmed the over-the-counter medication container lacked the resident #5's name and lacked the prescribing provider's name. The Resident Service Coordinator verbalized it was importance to have the resident's name and prescribing provider's name on the medication, to ensure which physician prescribed the medication and the resident who would be administered the medication. Severity: 2 Scope: 1	0923	A mandatory in-service was provided to all medication technicians to review proper medication labeling. The Executive Director will perform random audits to ensure all medications are labeled correctly	05/10/2022

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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. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 10 sampled residents met the requirements concerning tuberculosis (TB) testing (Resident #6). Findings include: Resident #6 Resident #6 was admitted to the facility on 10/07/16 with a diagnoses of atrial fibrillation. Resident #6's filed documented a 1-step TB test on 09/23/19 and read negative on 09/25/19. The resident's file lacked documented evidence of a 2020 TB test, a 2021 TB test, and a 2022 TB test. On 04/18/22 at 10:36 AM, the Executive Director verbalized the facility could not find a clinic to provide a community wide TB test. The Executive Director acknowledged Resident #6 should have a current TB test on file. The facility's Plan of Correction to the annual 01/04/22 survey documented the Executive Director was working on scheduling a community wide TB clinic to ensure all residents have the required TB screening, by 03/15/22. Severity: 2 Scope: 1	0936	The Executive Director was able to schedule a community wide TB test clinic provided by LabCorp. The clinic has been scheduled for 6/20/2022 at 10:00am. All Residents will be participating to ensure we are in compliance with the State of Nevada regulations.	06/20/2022