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
	444	A. BUILDING _____ B. WING _____	12/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHISPERING HEIGHTS	2397 EMPIRE RANCH ROAD, CARSON CITY, NEVADA ,89701

(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 an annual State Licensure survey conducted in your facility on 12/10/19. This State Licensure survey was conducted by the Division of Public and Behavioral Health in accordance with NAC 449, Residential Facilities for Groups. The facility is licensed for eight Residential Facility for Group beds for elderly and disabled persons, eight Category II residents. The census at the time of the survey was five. Five resident files were reviewed and two employee files were reviewed. The facility received a grade 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 are deficiencies identified:	0000		

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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 record review, document review and interview, the facility failed to ensure 1 of 2 employee's annual tuberculosis (TB) testing requirements was available for review during survey (Employee #1). Findings include: Employee #1 Employee #1 was hired as an Administrator with a start date of 11/06/11. The employee file contained TB testing dated 09/17/18, and 09/28/18 both with negative results. The employee file lacked documented evidence of annual TB testing for 2019. On 12/10/19 at 11:15 AM, the Administrator confirmed Employee #1 did not have a current TB test for 2019 available for review during the onsite survey. The Administrator verbalized the TB test was completed, the paperwork was at his house. Severity: 2 Scope: 2	0102	Employee #1 had TB skin test done on 1-29 -20 and it will be read on 1-31-20, see attachment. Employees files will be inspected by assistant administrator every 6 month to comply with this regulation.	01/29/202 0

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0106 SS= F	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 record review and interview, the facility failed to ensure staff were trained in first aid and cardiopulmonary resuscitation (CPR) for 2 of 2 sampled employees (Employee #1 and #2). Findings include: Employee #1 Employee #1 was hired as the Administrator and had a start date of 11/06/11. Employee #1's employee file documented CPR and first aid training had expired on 09/2019. The employee file lacked documented evidence of new CPR and first aid training was completed. On 12/10/19 at 10:38 AM, the Administrator confirmed the CPR and first aid training had expired in September 2019 and acknowledged the months lapse in CPR and first aid training, expressed the employee was working without current training. Employee #2 Employee #2 was hired as a Caregiver and had a start date of 03/27/08. Employee #2's employee file documented CPR and first aid training had expired on 08/2019. The employee file lacked documented evidence of new CPR and first aid training was completed. On 12/10/19 at 10:38 AM, the Administrator confirmed the CPR and first aid training had expired in August 2019 and acknowledged the months lapse in CPR and first aid. Severity: 2 Scope: 3	0106	Employee #2 proof of cpr and first aid compliance is attached to POC. (01-11-19) Employee #1 is registered for CPR and First Aid Training on 02/13/20, see attachment. Employees files will be inspected by assistant administrator every 6 month to comply with this regulation.	01/29/2020

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0178 SS= D	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observations and an interview, the facility failed to ensure the common hallway area was maintained. Findings include: On 12/10/19 at 11:45 AM, in the common hallway area there were three holes in the drywall and black marks along the wall. On 12/10/19 at 11:48 AM, the Administrator verbalized they were done with the wheelchairs when the residents came out from the bathroom. The Administrator acknowledged the holes in the drywall and the black marks along the wall and indicated the holes in the drywall needed to be repaired. Severity: 2 Scope: 1	0178	The hole in the wall is fixed as of 12-15-19 (see attachment) The assisting administrator will check walls every other month for structure integrity starting in 12-16-19	12/15/2019

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0938 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: (g) An evaluation of the resident ' s ability to perform the activities of daily living and a brief description of any assistance he or she needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his or her ability to perform the activities of daily living; and (3) In any event, not less than once each year. Inspector Comments: Based on interview and record review, the facility failed to ensure an Activities of Daily Living (ADL) Assessment was completed annually for 1 of 5 residents (Resident #5). Findings include: Resident #5 Resident #5 was admitted to the facility on 11/24/15 with diagnoses including chronic anticoagulation, atrial fibrillation and unspecified dementia with behavioral disturbance. Resident #5's file lacked documented evidence of an annual ADL assessment for 2019. The last documented ADL assessment was dated 11/08/18. On 12/10/19 at 10:25 AM, the Administrator verbalized the assessment must have been missed and was aware it needed to be completed at least annually. Severity: 2 Scope: 1	0938	Resident #5 ADL's document done on 12-16-19 See attachment Residents files will be inspected by assistant administrator every 6 month to comply with this regulation.	12/16/2019