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 _____	08/05/2020

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

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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 08/05/20. 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 six. Six resident files were reviewed and two employee files were reviewed. The facility received a grade C. Your facility has recieved a C or D grade for this inspection. 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 are deficiencies identified:	0000		
0074 SS= F	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	0074	1- On August 5th, 2020 Employee 1 and Employee 2 completed the Elder Abuse Training. 2- A Check list for all required training was created 3 and 4- The check list will be reviewed every month by facility the Administrator and/or Assistant Administrator 5-This action was completed on 8/5/20 6- Certificate already emailed to surveyors on August 5th, 2020	08/05/2020

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	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 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			

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	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 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 document review and interview, the facility failed to ensure 2 of 2 employees completed the annual elder abuse training (Employee #1 and #2). Findings include: Employee #1 Employee #1 was hired at the facility as the			

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	Administrator on 12/20/1994. Employee #1's personnel file documented elder abuse prevention training last completed on 10/17/18. Employee #1's personnel file lacked documented evidence of current elder abuse prevention training certificate. Employee #2 Employee #2 was hired at the facility as a Caregiver on 03/27/08. Employee #2's personnel file documented elder abuse prevention training last completed in 2018. Employee #2's personnel file lacked documented evidence of a current elder abuse prevention training certificate. On 08/05/20 at 1:00 PM, the Caregiver and Administrator confirmed neither of them had a current elder abuse prevention training certificate in their personnel files. Severity: 2 Scope: 3			

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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 observation and interview the Administrator failed to ensure the exterior of the house was maintained to be free of hazards. Findings include: On 08/05/20 at 10:27 AM, during a tour of the facility, there was a wheelchair ramp off of the backyard porch. The ramp had a 4 inch gap between the ramp and the porch. In addition, next to the ramp, was a splintered wooden bench. The bench was wobbly and unsteady. On 08/05/20 at 10:32 AM, the Caregiver demonstrated how easily the bench could fall over by nudging the bench with foot and verbalized the bench was a safety hazard for the residents if they chose to sit on the bench. The Caregiver confirmed the bench was splintered and unsteady. The Caregiver confirmed there was a four inch gap between the porch and the wheelchair ramp. The Caregiver verbalized the gap was a safety risk for the residents because their wheelchairs could get stuck or a foot could clip through the gap, injuring residents. On 08/05/20 at 11:13 AM, the Administrator confirmed the four inch gap between the ramp and the porch. The Administrator confirmed the splintered, unsteady bench in the backyard. The Administrator verbalized the gap and the bench were both safety hazards for the residents. Severity: 2 Scope: 1	0178	1- On August 6th the bench and the ramp ware removed. 2- A Check was implemented that include a facility tour every month to identify and correct safety issues inside and out side the facility 3 and 4- The check list will be reviewed every month by facility the Administrator and/or Assistant Administrator 5-This action was completed on 8/6/20 6- Check list copy included with this POC 8/30/20	08/06/2020

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0272 SS= C	Service of Food - Menus - NAC 449.2175 3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days. Inspector Comments: Based on observation, document review and interview, the facility failed to plan menus a week in advance and post current menus. Findings include: On 08/05.20 at 10:17 AM, there was a food menu posted on the refrigerator dated June 2020. A food menu for July and August 2020 could not be located. On 08/05/20 at 10:17 AM, the Caregiver confirmed a current food menu was not posted and verbalized a food menu was never created for the months of July 2020 and August 2020. On 08/05/20 at 11:13 AM, the Administrator confirmed a current food menu was not created and posted. Severity: 1 Scope: 3	0272	1- On August 5th menus have been updated and posted. 2- A Check list for the monthly updating of menus was created 3 and 4- The check list will be reviewed and updated every month by facility the Administrator and/or Assistant Administrator 5-This action was completed on 8/5/20 6- Check list included	08/05/2020
0532 SS= C	Activities for Residents - NAC 449.260 Activities for residents. (NRS 449.0302) 1. The caregivers employed by a residential facility shall: (g) Post, in a common area of the facility, a calendar of activities for each month that notifies residents of the major activities that will occur in the facility. The calendar must be: (1) Prepared at least 1 month in advance; and (2) Kept on file at the facility for not less than 6 months after it expires. Inspector Comments: Based on observation and interview, the facility failed to post an activities calendar for 6 of 6 residents. Findings include: On 08/05/20 at 10:15 AM, there was an activities calendar posted on the refrigerator dated June 2020. An activities calendar for July and August 2020 could not be located. On 08/05/20 at 10:16 AM, the Caregiver confirmed there was not a current activities calendar posted and admitted an activity calendar was not created and posted for the months of July and August 2020. On 08/05/20 at 11:13 AM, the Administrator confirmed there was not a current activities calendar posted. Severity: 1 Scope: 3	0532	1- On August 5th, 2020 a calendar of activities have been updated and posted. 2- A Check list for the monthly updating of Activity Calendar was created 3 and 4- The check list will be reviewed and updated every month by facility the Administrator and/or Assistant Administrator 5-This action was completed on 8/5/20 6- Check list included	08/05/2020

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0791 SS= F	Diabetes - Disposal of Sharps - NAC 449.2726 - Residents having diabetes 3. The caregivers employed by a residential facility with a resident who has diabetes shall ensure that: (b) Syringes and needles are disposed of appropriately in a sharps container which is stored in a safe place; and Inspector Comments: Based on observation and interview, the facility failed to provide a sharps container to a resident who self-administered insulin. Findings include: On 08/05/20 at 10:10 AM, during a tour of the facility, located under the kitchen sink, there were three water bottles full of blood glucose sticks with blood droplets present on them. One of the water bottles did not have a lid on the bottle. On 08/05/20 at 10:10 AM, the Caregiver confirmed three water bottles, located under the kitchen sink, were full of blood glucose sticks with droplets of blood present on them. The Caregiver verbalized all residents have access to the kitchen and could locate the bottles full of blood glucose sticks. The Caregiver explained the resident disposed the blood glucose sticks after each use in the water bottles. The water bottles were kept under the kitchen sink and there were no sharps containers available in the facility. The Caregiver verbalized keeping the water bottles in the kitchen with blood glucose sticks in them was an infection control issue for all of the residents in the facility. On 08/05/20 at 11:13 AM, the Administrator confirmed there were three water bottles, located under the kitchen sink, full of blood glucose sticks with blood droplets present on them. The Administrator verbalized the facility did not have any sharps containers for the resident to properly dispose of the blood sticks and explained all residents have access to the kitchen. Severity: 2 Scope: 3	0791	1- On August 10th, 2020 a sharp container was bought. 2- A Check list for the monthly inspection of the Sharp container was created 3 and 4- The check list will be reviewed and updated every month by facility the Administrator and/or Assistant Administrator 5-This action was completed on 8/10/20 6- Check list included	08/10/2020

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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 interview, document review and record review, the facility failed to ensure an annual physical examination with a review of systems signed by a medical professional was completed for 1 of 6 residents (Resident #1). Findings include: Resident #1 Resident #1 was admitted to the facility on 12/11/18, with a diagnosis of cognitive impairment of unknown cause. Resident #1's record documented an admission physical exam, dated 12/11/18. Resident #1's record lacked documented evidence of an annual physical exam for 2019. On 08/05/20 at 11:13, the Administrator confirmed Resident #1 did not have an annual physical examination completed nor was an attempt made to complete the physical examination. On 08/05/20 at 12:56 PM, the Caregiver confirmed there was not a current physical examination for Resident #1 and verbalized there was no attempt made to complete the physical examination. Severity: 2 Scope: 1	0859	On august the 11th, 2020, the resident was seen by her doctor for her annual Physical All physical examinations records will be tracked monthly A check list will be used and monitored monthly by the administrator or/and assistant administrator to monitor all residents physical examinations for the yearly exam. Done on 8/11/20	08/11/2020

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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 6 sampled residents met the requirements for tuberculosis (TB) testing in accordance with NRS 441 A (Resident #1). Findings include: Resident #1 Resident #1 was admitted to the facility on 12/11/18, with a diagnosis of cognitive impairment of unknown cause. Resident #1's file documented a one-step TB test administered on 02/05/19 and read on 02/07/19. Resident #1's file documented a two-step TB test on 06/06/2020 with a second test on 06/12/20, four months late. On 08/05/20 at 11:13 AM, the Administrator confirmed Resident #1's TB test for 2020 was four months late and verbalized the TB test needed to be completed by the end of February 2020. On 08/05/20 at 12:49 PM, the Caregiver confirmed Resident #1's TB test for 2020 was four months late and verbalized the TB test should have been completed by the end of February 2020. Severity: 2 Scope: 1	0936	1- Files will be reviewed to follow make sure all residents and employees TB test are current. 2- A Check list for the monthly updating of TB test records was created 3 and 4- The check list will be reviewed and updated monthly, the 6th of the month, by facility the Administrator and/or Assistant Administrator 5-This action was completed on 8/6/20 6- Check list included	08/05/2020