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 _____	09/21/2023

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 09/21/23. 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 was 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 seven. Seven 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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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 caregivers were certified to perform cardiopulmonary resuscitation (CPR) and first aid for 2 of 2 sampled caregivers (Employee #1 and #2). Findings include: Employee #1 Employee #1 was hired as the Administrator and had a start date of 11/06/11. The employee's file contained a first aid and CPR training certificate with an expiration date of 02/13/22; however, the CPR and first aid training were not renewed until 03/23/22. On 09/21/23 at 11:20 AM, the Caregiver confirmed the lapse in CPR and first aid training and further explained the employee was providing care to the residents during the lapse in the first aid training. Employee #2 Employee #2 was hired as a Caregiver and had a start date of 03/27/08. The employee's file contained a first aid and CPR training certificate with an expiration date of 03/24/23; however, the CPR and first aid training were not renewed until 05/04/23. On 09/21/23 at 11:20 AM, the Administrator confirmed was providing care to the residents. On 09/21/23 at 11:20 AM, the Administrator and Caregiver confirmed the lapse in CPR and first aid training and further explained the employee was providing care to the residents during the lapse in the first aid training. Severity: 2 Scope: 3	0106	1) First Aid and CPR training was already taken by employees 2) First Aid and CPR training will be taken 1 month before the due date 3) First Aid and CPR training will be schedule in calendar 4 month before due date 4) This will be monitored by the assistant administrator 5) A reminder has been set in a digital calendar 9/29/2023 6) See attachment 7) All all annual certifications will be check every 4 month	09/23/2023

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0620 SS= D	Written Policy on Admissions - NAC 449.2702 Written policy on admissions; eligibility for residency. (NRS 449.0302) 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast; (b) Requires restraint; (c) Requires confinement in locked quarters; or (d) Requires skilled nursing or other medical supervision on a 24-hour basis. Inspector Comments: Based on record review and interview, the facility failed to ensure a resident receiving skilled nursing services was not allowed to admit or remain in the facility for 1 of 7 residents (Resident #1). Findings include: Resident #1 Resident #1 was admitted to the facility on 03/27/23, with diagnoses including prostate cancer, spindle cell carcinoma, seizure, and chronic kidney disease stage three, weakness of both lower extremities. On 09/21/23 at 9:48 AM, the Caregiver verbalized the resident was bedbound. On 09/21/23 at 10:20 AM, Resident #1 was laying in the supine position asleep. On 09/21/23 at 10:13 AM, the Administrator confirmed Residents #1 was receiving skilled nursing care and a waiver had not been submitted to the State Agency. Severity: 2 Scope: 1	0620	1) An exemption request for bed fast resident have been summitted to DPBH on October 19, 2023 2) Once a resident is permanently unable to get out of bed a bedfast exemption will be requested to DPBH within 2 days 3)This will be monitored every time the resident has a change in mobility 4) The assistant administrator will be responsible for this plan of correction 5) Date of completion 10/19/2023 6)see attached	10/03/2023

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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 7 sampled residents met the requirements concerning tuberculosis (TB) testing in accordance with Nevada Administrative Code (NAC) 441A (Resident #4). Findings include: Resident #4 Resident #4 was admitted to the facility on 12/11/18, with diagnoses including mental retardation, history of headache and mild peripheral edema. Resident #4's clinical record documented a Quantiferon TB test completed on 09/02/22, with a negative result. Resident #4's clinical record lacked documented evidence of a TB test for 2023. On 09/21/23 at 10:42 AM, the Caregiver confirmed Resident #4 did not have a TB test completed in 2023 and verbalized the TB test had not been completed on time. Severity: 2 Scope: 1	0936	1) TB tests have been taken by resident 4 on 9/26/2023 and second step on 10/3/2023 2) TB tests will be taken at least 2 weeks before the due date 3) TB tests will be schedule in a digital calendar with alert 5 weeks before due date 4) This will be monitored by the assistant administrator 5) A reminder has been set in a digital calendar on 9/29/2023 6) See attachment 7) All all annual certifications/tests will be checked every 4 month by assistant administrator	10/03/2023