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 _____	09/20/2024

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 09/20/24. 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 six. 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		
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 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	0074	When completing your Plan of Correction you must address all of the following: 1) How you will correct the specific finding(s) stated in the Statement of Deficiencies (MUST ADDRESS); Digital yearly reminders will be set in the Administrator cell phone calendar and the assisting administrators cell phone calendar 2) What measures or systematic change(s) will be put into place to ensure the deficient practice does not recur (MUST ADDRESS); The administrator will ask employee #2 to have the test and certification done no less than 2 weeks from the due date from the las training. 3) How the corrective action(s) will be monitored to ensure the deficient practice will not recur (MUST ADDRESS) the dates for the training will be set digitally in the administrators and the employees	09/30/2024

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	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 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		phone. This will be monitored by the administrator of the facility. 5) The date the corrective action will be completed (MUST INCLUDE); AND 09/30/2024 6) You must attach all supporting documents into the system (MUST INCLUDE). **See attached**	

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	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 personnel file review and interview, the Administrator failed to ensure 1 of 2 employees received initial elder abuse training prior to beginning work at the facility (Employee #2). Findings include: Employee #2 Employee #2 was hired by the facility as a Caregiver with a start date of 03/27/2008. Employee 2's personnel file lacked documentation of a timely elder abuse training completed annually. Elder abuse training dated 05/23/2023 and 08/19/2024, was completed three months late. On 09/20/2024 at 11:58 AM, the Administrator confirmed Employee #2 did not complete annual elder abuse prevention training in a timely manner. The Administrator acknowledged all trainings need to be completed prior to due dates annually for all employees. Severity: 2 Scope: 1			
0933	Maintenance and Contents of Separate File	0933	1) How you will correct the specific	10/01/202

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SS= D	- 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: (d) A statement from the resident ' s physician concerning the mental and physical condition of the resident that includes: (1) A description of any medical conditions which require the performance of medical services; (2) The method in which those services must be performed; and (3) A statement of whether the resident is capable of performing the required medical services. Inspector Comments: Based on interview and clinical record review, the facility failed to ensure a standard placement determination was accurately completed by a provider upon admission for 1 of 6 residents (Resident #4). Findings include: Resident #4 Resident #4 was admitted to the facility on 01/31/24, with diagnoses including diabetes, arthritis, and chronic pain. Resident #4's clinical record lacked documentation of a Physician Placement Determination completed on or prior to admission, and annually thereafter. Physician Placement Determination dated 08/08/24, was completed seven months late. On 09/20/24 at 10:07 AM, the Administrator confirmed Resident #4's Physician Placement Determination was completed late, and should be completed on or prior to admission to the facility. Severity: 2 Scope: 1		finding(s) stated in the Statement of Deficiencies (MUST ADDRESS); Resident #4 came into the facility with the condition that she was going to see a visiting doctor the same day that she arrived in Whispering Heights. Minutes after she arrive she refused to see visiting doctor. We asked her to go to the hospital and she refused. And she could not go back home because it was an unsafe environment for her. POC: Every new admission will be done with a completed "Physician Placement Determination" before or upon arrival of the resident. 2) What measures or systematic change(s) will be put into place to ensure the deficient practice does not recur (MUST ADDRESS); Whispering Heights will get Direct communication with the resident's physician before admission 3) How the corrective action(s) will be monitored to ensure the deficient practice will not recur (MUST ADDRESS); The administrator or the assistant administrator will get in touch with the physician before admission of the resident. 4) The title of the person (position) responsible for ensuring the plan of correction is implemented (DO NOT INCLUDE PERSONAL NAMES, JUST USE THE TITLE or POSITION) (MUST ADDRESS); The administrator will ensure that the POC will be implemented. 5) The date the corrective action will	4

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			be completed (MUST INCLUDE); AND 10-1-2024 6) You must attach all supporting documents into the system (MUST INCLUDE).	