STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4501	A. BUILDING _____ B. WING _____	04/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VISTA ADULT CARE	1079 RICCO DRIVE, SPARKS, NEVADA ,89434

(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 at your facility on 04/14/22. This State Licensure Survey was conducted in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for seven beds for the elderly and disabled with special endorsements to provide services to persons with mental illness, and/or persons with chronic illness, and/or persons with intellectual disabilities, Category II. The census at the time of survey was six. Seven resident files and three 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 investigation, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The following regulatory deficiencies were identified:	0000		
0174 SS= F	Health& Sanitation-odors-hazards-insects-dirt - NAC 449.209 Health and sanitation. (NRS 449.0302) 4. To the extent practicable, the premises of the facility must be kept free from: (a) Offensive odors; (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility; (c) Insects and rodents; and (d) Accumulations of dirt, garbage and other refuse. Inspector Comments: Based on observation and interview, the facility failed to ensure it was free from ants and rodents. On 04/14/22 at 10:35 AM, a tour of the facility revealed ants in the top shelf of a kitchen cabinet where dry cereal and can goods were stored. Ants were found in a canister of sugar on the same shelf. On 04/14/22 at 10:42 AM, the Owner confirmed ants were located in the kitchen cabinet and in the canister of sugar. On 04/14/22 at 10:46 AM, mouse droppings and urine were found in a kitchen cabinet where dry rice was stored and in a kitchen cabinet where pots, pans,	0174	POC TAG 0174: 1) After the surveyor / inspector left the facility, the Administrator instructed the caregivers to clean thoroughly the areas of the kitchen cabinet and kitchen sink with mouse droppings and urine. All contaminated dry cereals and can goods were discarded inside the trash bin. All pots, pans, and Tupperware were disinfected and cleaned properly. 2) To ensure that this deficiency will not recur again,	05/16/2022

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	and Tupperware were stored. Mouse droppings were found under the kitchen sink. On 04/14/22 at 10:49, the Owner confirmed mouse droppings and urine were found in two kitchen cabinets and under the kitchen sink. Severity: 2 Scope: 3		the Administrator instructed the caregivers to clean the inside and outside of the kitchen cabinets weekly to be sure that the place is free of rodents and insects and follow the Facility Maintenance / Cleaning Checklist. 3) The Administrator will monitor the cleaning of the premises by going through the Facility Maintenance / Cleaning Checklist while doing the inspection of the facility weekly. 4)The Facility Administrator and the Facility Manager will ensure that the Plan of Correction is implemented. 5) April 14, 2022 6) Please see attached Facility Maintenance / Cleaning Checklist.	

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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 facility was free from expired foods. On 04/14/22 at 10:29 AM, a 30 ounce (oz) container of coleslaw with an expiration date of 03/30/22, a 30 oz container of potato salad with an expiration date of 04/07/22, and a 30 oz container of potato salad with an expiration date of 03/26/22 were located in the refrigerator. On 04/14/22 at 10:30 AM, the Caregiver confirmed the items were expired and verbalized the items should have been discarded. Severity: 2 Scope: 1	0178	POC TAG 0178: 1) On the date of the survey, the Administrator instructed the caregivers to throw away inside the trash bin the containers of coleslaw and potato salad in the refrigerator with an expiration date of 03/26/22 and 04/07/22. 2) The Administrator re instructed the caregivers to read the expiration date daily and before serving the food. 3) The Administrator posted a Reminder / Notice on the door of the refrigerator stating **"Please read/check the expiration date daily and before serving the food. If the food is expired, please discard it right away. Thank you very much for compliance"** 4) The Administrator and the Facility Manager will make a periodic inspection weekly to ensure that there is no expired food in the refrigerator. 5) April 14, 2022 6) Please see copy of the "Reminder / Notice"	05/16/2022
0870 SS= A	Medication Administration-Accuracy & Report - NAC 449.2742 Administration of	0870	POC TAG 0870:	05/16/2022

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	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). Inspector Comments: Based on clinical record review and interview, the facility failed to ensure a medication profile review was conducted at least once every six months for 3 of 7 sampled residents (Resident #2, #5, and #6). Findings include: Resident #2 Resident #2 was admitted to the facility on 11/01/17 with diagnoses including Parkinson's disease, dementia, and cognitive disorder Resident #2's clinical record contained medication profile reviews dated 10/03/21 and 04/13/22. The time period between the October 2021 and April 2022 medication profile reviews exceeded six months. Resident #5 Resident #5 was admitted to the facility on 10/25/16 with a diagnosis of dementia. Resident #5's clinical record contained medication profile reviews dated 10/03/21 and 04/13/22. The time period between the October 2021 and April 2022 medication profile reviews exceeded six months. Resident #6 Resident #6 was admitted to the facility on 10/25/16 with diagnoses including hypertension, anxiety disorder, and diabetes type two. Resident #6's clinical record contained medication profile reviews dated 09/24/21 and		1) The Administrator sent new Medication Reviews Profile for Residents #2, #5, and #6 to the proper Medical Professionals to change the dates within the six months period. 2) The Administrator will ensure that this deficiency will not recur again by sending the Medication Reviews Profile to Physician, Pharmacist, or Registered Nurse in a timely manner and have all the forms signed / reviewed every six months. 3)The Administrator will monitor the Medication Reviews Profile of all the residents by writing in the calendar the present date of the last reviews and the expiration date. 4) The Facility Administrator is the one responsible in ensuring the Plan of Correction is implemented. 5) April 20, 2022	

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	04/13/22. The time period between the September 2021 and April 2022 medication profile reviews exceeded six months.. On 04/14/22 at 11:44, the Owner verbalized the Medication Regimen Reviews for Resident #2, #4, and #6 were completed later than the six month requirement. Severity: 1 Scope: 1			