DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**08/10/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSTAR OF SPARKS	**2360 WINGFIELD HILLS DR, SPARKS, NEVADA ,89436**

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a grading resurvey State Licensure survey and complaint investigations conducted in your facility on 08/10/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 112 Residential Facility for Group with 80 beds which provide assisted living services for elderly and disabled persons and/or persons with chronic illnesses and 32 beds for persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 73. Nine resident files and 12 employee files were reviewed. The facility received a grade of B. 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 regulatory deficiencies were identified:	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | Name: SALVADOR GOMEZ-OROZCO | Title: Executive Director | Date: 10/09/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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0072 SS= D	Qualifications of Caregiver - Med Training - NAC 449.196 Qualifications and training of caregivers. (NRS 449.0302) 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Before assisting a resident in the administration of a medication, receive the training required pursuant to paragraph (e) of subsection 6 of NRS 449.0302, which must include at least 16 hours of training in the management of medication consisting of not less than 12 hours of classroom training and not less than 4 hours of practical training, and obtain a certificate acknowledging the completion of such training; (b) Receive annually at least 8 hours of training in the management of medication and provide the residential facility with satisfactory evidence of the content of the training and his or her attendance at the training; (c) Complete the training program developed by the administrator of the residential facility pursuant to paragraph (e) of subsection 1 of NAC 449.2742; and (d) Annually pass an examination relating to the management of medication approved by the Bureau.	0072	Please refer to original Statement of Deficiency/Plan of Correction - Event ID LX1N11.	08/10/2023
0074 SS= E	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	0074	Administrator andBusiness Office Manager will ensure all team members complete elder abusetraining at time of hire and annually thereafter. Administrator and BOM tomonitor through monthly QA.	08/15/2023

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	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 persons, including sexual abuse and violations of NRS 200.5091 to 200.50995,			

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	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 personnel file review and interview, the Administrator failed to ensure 3 of 12 sampled employees			

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	received initial elder abuse training prior to beginning work at the facility and/or annually, thereafter (Employee #5, #6, and #12). Findings include: Employee #5 Employee #5 was hired by the facility as Med Care Manager with a start date of 11/19/21. On 08/10/23, Employee #5's personnel file contained an elder abuse training certificate dated 02/10/22; however, Employee #5's personnel file lacked an elder abuse training certificate for 2023. On 08/10/23 at 11:55 AM and at Exit, the Administrator confirmed Employee #5 lacked elder abuse training for 2023. Employee #6 Employee #6 was hired by the facility as Med Care Manager with a start date of 08/02/18. On 08/10/23, Employee #6's personnel file contained an elder abuse training certificate dated 03/24/22; however, Employee #5's personnel file lacked an elder abuse training certificate for 2023. On 08/10/23 at 11:51 AM and at Exit, the Administrator confirmed Employee #6 lacked elder abuse training for 2023. Employee #12 Employee #12 was hired by the facility as Care Manager with a start date of 07/26/23. On 08/10/23, Employee #12's personnel file contained an elder abuse training certificate dated 10:19/21; however, Employee #5's personnel file lacked an elder abuse training certificate for 2023, prior to providing care. On 08/10/23 at 11:43 AM and at Exit, the Administrator confirmed Employee #12 lacked elder abuse training prior to providing care to residents. This was a repeat deficiency from the 02/09/23 annual re-licensure survey. Severity: 2 Scope: 2			
0102 SS= D	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;	0102	Please refer to original Statement of Deficiency/Plan of Correction - Event ID LX1N11.	08/10/2023

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0178 SS= E	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.	0178	Please refer to original Statement of Deficiency/Plan of Correction - Event ID LX1N11.	08/10/2023
0255 SS= D	Permits-Comply with NAC 446 on Food Service - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 6. A residential facility with more than 10 residents shall: (a) Comply with the standards prescribed in chapter 446 of NAC; and (b) Obtain the necessary permits from the Division. Inspector Comments: Based on observation on 8/10/23, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Critical Violations: a. Both A and B wing Memory Care kitchen reach-in refrigerator's were not holding at 41 degrees F. or below at the time of inspection. 2. Major Violations: a. Food and debris was accumulated on the floors in the Memory Care kitchen A wing especially around cabinets and underneath the steam table. b. The interior surfaces of both A and B wing Memory Care kitchen cabinets were soiled with food debris and moisture damage. 3. Equipment and Maintenance Violations: a. Both A and B wing Memory Care kitchen tiles were not properly sealed to the cabinets to prevent food and debris accumulation. Severity: 2 Scope: 1	0255	Culinary Director and Reflections coordinator to ensure serving kitchens in memory care are kept clean and debris free. Maintenance director to replace sealing on refrigerators to address issue of refrigerators not holding temperature. Maintenance director to address kitchen tile and replaced with approved flooring to ensure compliance with health department guidelines.	08/30/2023

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0321 SS= D	Bedroom Doors - Single Motion Locks - NAC 449.220 Bedroom doors. (NRS 449.0302) 2. A bedroom door must not be equipped with a deadbolt lock or chain stop unless the door opens directly to the outside of the facility. The doors of a bedroom and the doors of the closets in the bedroom may be equipped with locks for use by residents if: (a) The doors may be unlocked with a single motion from inside the bedroom or closet without the use of a key; and (b) The doors of the bedroom may be unlocked from outside the room and the keys are readily available at all times.	0321	Please refer to original Statement of Deficiency/Plan of Correction - Event ID LX1N11.	08/10/2023
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.	0620	Please refer to original Statement of Deficiency/Plan of Correction - Event ID LX1N11.	08/10/2023
0690 SS= D	Residents Requiring Use of Oxygen - NAC 449.2712 Residents requiring use of oxygen. (NRS 449.0302) 1. A person who requires the use of oxygen must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless he or she: (a) Is mentally and physically capable of operating the equipment that provides the oxygen; or (b) Is capable of: (1) Determining his or her need for oxygen; and (2) Administering the oxygen to himself or herself with assistance. 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician; and (b) Ensure that: (1) The resident ' s physician evaluates periodically the condition of the resident which necessitates his or her use of oxygen; (2) Signs which prohibit smoking	0690	Wellness Director to ensure all oxygen tanks are secured in approved oxygen racks. Wellness Director and Assisted Living Coordinator to monitor through routine QA.	08/30/2023

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	and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored; (3) Persons do not smoke in those areas where smoking is prohibited; (4) All electrical equipment is inspected for defects which may cause sparks; (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; (6) The equipment used to administer oxygen is in good working condition; (7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and (8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident. Inspector Comments: Based on observation and interview, the facility failed to ensure oxygen tanks were secured. Findings include: On 08/10/23 at 9:45 AM, Room 230 contained five small oxygen cylinder and two large oxygen cylinders. Five small cylinders were secured in a box intended to secure oxygen. Two cylinders were placed unsecured on the floor next to the box. On 08/10/23 at 9:48 AM, an employee confirmed the oxygen tanks were unsecured and verbalized oxygen tanks should be kept secured. A rack was to be provided by the vendor on 08/11/23 The facility policy titled "Oxygen Policy & Procedure," revised January 2020, documented, "3. Ensure that all oxygen tanks (empty or full) are stored in a secure upright position in the resident's apartment or storage closet that is approved by the fire marshal." Severity: 2 Scope: 1			

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0870 SS= D	Medication Administration-Accuracy & Report - NAC 449.2742 Administration of 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).	0870	Please refer to original Statement of Deficiency/Plan of Correction - Event ID LX1N11.	08/10/2023
0871 SS= D	Medication Administration - Plan - NAC 449.2742 Administration of 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: d) Develop and maintain a plan for managing the administration of medications at the residential facility, including, without limitation: (1) Preventing the use of outdated, damaged or contaminated medications; (2) Managing the medications for each resident in a manner which ensures that any prescription medications, over-the-counter medications and nutritional supplements are ordered, filled and refilled in a timely manner to avoid missed dosages; (3) Verifying that orders for medications have been accurately	0871	Please refer to original Statement of Deficiency/Plan of Correction - Event ID LX1N11.	08/10/2023

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	transcribed in the record of the medication administered to each resident in accordance with NAC 449.2744; (4) Monitoring the administration of medications and the effective use of the records of the medication administered to each resident; (5) Ensuring that each caregiver who administers a medication is in compliance with the requirements of subsection 6 of NRS 449.037 and NAC 449.196; (6) Ensuring that each caregiver who administers a medication is adequately supervised; (7) Communicating routinely with the prescribing physician or other physician of the resident concerning issues or observations relating to the administration of the medication; and (8) Maintaining reference materials relating to medications at the residential facility, including, without limitation, a current drug guide or medication handbook, which must not be more than 2 years old or providing access to websites on the Internet which provide reliable information concerning medications. (e) Develop and maintain a training program for caregivers of the residential facility who administer medication to residents, including, without limitation, an initial orientation on the plan for managing medications at the facility for each new caregiver and an annual training update on the plan. The administrator shall maintain documentation concerning the provision of the training program and the attendance of caregivers.			

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0885 SS= D	Medication - Destruction - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Inspector Comments: Based on observation, interview, clinical record review, and document review, the facility failed to ensure a discontinued medication was destroyed for 1 of 9 sampled residents (Resident #4). Findings include: Resident #4 Resident #4 was admitted to the facility on 02/15/23, with a diagnosis of vascular dementia, major depressive disorder and insomnia. On 08/10/23, during a review of medications for Resident #4 the following medication was stored in the drawer with the resident's medication: - Quetiapine fumarate 50 milligram tablet, take one tablet by mouth three times daily. Physician Order dated 06/07/23, documented prescription was to be discontinued and a change in dosage. On 08/01/23 at 12:29 PM, the Medication Technician verbalized the medication should have been destroyed and should not have been stored with the active medications. Severity: 2 Scope: 1	0885	Wellness Director and relevant coordinator to monitor medication carts to ensure only needed medications are available. This to be monitored through weekly QA from relevant coordinator and monthly QA from Wellness Director.	08/21/2023

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0895 SS= A	Administration of Medication Maintenance - NAC 449.2744 Administration of medication: Maintenance and contents of logs and records. (NRS 449.0302) 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident ' s physician. Inspector Comments: Based on observation, interview, and record review, the facility failed to ensure the Medication Administration Record (MAR) was accurate for 1 of 9 sampled residents (Resident #4). Findings include: Resident #4 Resident #4 was admitted to the facility on 02/15/23, for diagnoses including vascular dementia, major depressive disorder and insomnia. On 08/10/23, during a medication review with a Medication Technician, the following medication was available in the medication cart for Resident #4: - acetaminophen 650 milligrams suppository, insert suppository rectally every four hours as needed for pain. The August 2023 MAR for Resident #4 did not include the acetaminophen suppository. A Physician Plan of Care for Resident #4, dated 02/14/23, documented the following order: - Tylenol 650 milligrams suppository, insert suppository rectally every four hours as needed for pain. On 08/10/23 at 12:29 PM, the Medication Technician verbalized the MAR was not up to date on the resident MARs. The Medication Technician verbalized the MAR should be accurate and include the most current medication orders. Severity: 1 Scope: 1	0895	Wellness Director to ensure that resident MARs are up to date and matching current physician's orders. Administrator and Wellness Director to monitor through monthly QA.	08/21/2023

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		A. BUILDING _____ B. WING _____	**08/10/2023**

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0905 SS= E	Administration of Medication Restrictions - NAC 449.2746 Administration of medication: Restrictions concerning medication taken as needed by resident; written records. (NRS 449.0302) 1. A caregiver employed by a residential facility shall not assist a resident in the administration of a medication that is taken as needed unless: (a) The resident is able to determine his or her need for the medication; (b) The determination of the resident ' s need for the medication is made by a medical professional qualified to make that determination; or (c) The caregiver has received written instructions indicating the specific symptoms for which the medication is to be given, the exact amount of medication that may be given and the frequency with which the medication may be given.	0905	Please refer to original Statement of Deficiency/Plan of Correction - Event ID LX1N11.	08/10/2023
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.	0938	Please refer to original Statement of Deficiency/Plan of Correction - Event ID LX1N11.	08/10/2023

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0994 SS= D	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. Inspector Comments: Based on observation and interview, the facility failed to ensure dangerous items were inaccessible to residents housed in the memory care unit for 2 of 21 occupied rooms (Room #9 and #20). Findings include: On 08/10/23 at 09:05 AM, Room 20 had a push pin in a bowl on top of the dresser. On 08/10/23 at 09:27 AM, Room 9 had a butter knife on the table next to the reclining chair. On 08/10/23 at 09:05 AM through 09:27 AM, the Maintenance Director confirmed the items found were dangerous and should be secured. The facility policy titled "Safety Reflections Protocol," revised July 2021, documented resident suites must be free of chemicals, items labeled "keep out of reach of children," items known to be potentially hazardous, knives, or other sharp instruments and medications. This was a repeat deficiency from the 02/09/23 annual re-licensure survey. Severity: 2 Scope: 1	0994	Reflections coordinator to ensure that restricted items are kept secured in locked cabinets and drawers for memory care residents. Wellness Director to monitor through monthly QA.	08/21/2023

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0999 SS= E	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure toxic substances were inaccessible to residents housed in the memory care unit for 2 of occupied rooms. Findings include: On 08/10/23 at 09:21 AM, Room 6 contained a 4.1-ounce tube of Crest Gum Detoxify toothpaste. On 08/10/23 at 09:32 AM, Room 12's bathroom shower had a 3.75-ounce bar of Dove soap. On 08/10/23 at 09:21 AM through 09:32 AM, the Maintenance Director confirmed the presence of unsecured toxic substances in Rooms #6 and #12. The facility policy titled "Safety Reflections Protocol," revised July 2021, documented resident suites must be free of chemicals, items labeled "keep out of reach of children," items known to be potentially hazardous, knives, or other sharp instruments and medications. This was a repeat deficiency from the 02/09/23 annual re-licensure survey. Severity: 2 Scope: 2	0999	Reflections coordinator to ensure that toxic substances are kept secured in locked cabinets and drawers for memory care residents. Wellness Director to monitor through monthly QA.	08/21/2023

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1305 SS= C	Discrimination prohibited - NRS 449.101 Discrimination prohibited; development of antidiscrimination policy; posting of nondiscrimination statement and certain other information; construction of section. [Effective January 1, 2020.] 2. A medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed shall: (a) Develop and carry out policies to prevent the specific types of prohibited discrimination described in the regulations adopted by the Board pursuant to NRS 449.0302 and meet any other requirements prescribed by regulations of the Board; and (b) Post prominently in the facility and include on any Internet website used to market the facility the following statement: [Name of facility] does not discriminate and does not permit discrimination, including, without limitation, bullying, abuse or harassment, on the basis of actual or perceived race, color, religion, national origin, ancestry, age, gender, physical or mental disability, sexual orientation, gender identity or expression or HIV status, or based on association with another person on account of that person's actual or perceived race, color, religion, national origin, ancestry, age, gender, physical or mental disability, sexual orientation, gender identity or expression or HIV status.	1305	Please refer to original Statement of Deficiency/Plan of Correction - Event ID LX1N11.	08/10/2023

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1310 SS= C	Discrimination prohibited - NRS 449.101 Discrimination prohibited; development of antidiscrimination policy; posting of nondiscrimination statement and certain other information; construction of section. [Effective January 1, 2020.] 3. In addition to the statement prescribed by subsection 2, a facility for skilled nursing, facility for intermediate care or residential facility for groups shall post prominently in the facility and include on any Internet website used to market the facility: (a) Notice that a patient or resident who has experienced prohibited discrimination may file a complaint with the Division; and (b) The contact information for the Division. 4. The provisions of this section shall not be construed to: (a) Require a medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed or an employee or independent contractor thereof to take or refrain from taking any action in violation of reasonable medical standards; or (b) Prohibit a medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed from adopting a policy that is applied uniformly and in a nondiscriminatory manner, including, without limitation, such a policy that bans or restricts sexual relations. (Added to NRS by 2019, 1333, effective January 1, 2020)	1310	Please refer to original Statement of Deficiency/Plan of Correction - Event ID LX1N11.	08/10/2023
1700 SS= E	Annual Assessment of History of Each Resident - NRS 449.1845 Administrator of residential facility for groups to conduct annual assessment of history of each resident and cause provider of health care to conduct certain examinations and assessments; placement based on assessment. 1. The administrator of a residential facility for groups shall: (a) Annually cause a qualified provider of health care to conduct a physical examination of each resident of the facility; (b) Annually conduct an assessment of the	1700	Please refer to original Statement of Deficiency/Plan of Correction - Event ID LX1N11.	08/10/2023

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	history of each resident of the facility, which must include, without limitation, an assessment of the condition and daily activities of the resident during the immediately preceding year; and (c) Cause a qualified provider of health care to conduct an assessment of the condition and needs of a resident of the facility to determine whether the resident meets the criteria prescribed in paragraph (a) of subsection 2: (1) Upon admission of the resident to the facility; and (2) If a physical examination, assessment of the history of the resident or the observations of the administrator or staff of the facility, the family of the resident or another person who has a relationship with the resident indicate that: (I) The resident may meet those criteria; or (II) The condition of the resident has significantly changed. 2. If, as a result of an assessment conducted pursuant to paragraph (c) of subsection 1, the provider of health care determines that the resident: (a) Suffers from dementia to an extent that the resident may be a danger to himself or herself or others if the resident is not placed in a secure unit or a facility that assigns not less than one staff member for every six residents, any residential facility for groups in which the resident is placed must meet the requirements prescribed by the Board pursuant to subsection 2 of NRS 449.0302 for the licensing and operation of residential facilities for groups which provide care to persons with Alzheimer's disease or other severe dementia. (b) Does not suffer from dementia as described in paragraph (a), the resident may be placed in any residential facility for groups. 3. As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031. (Added to NRS by 2019, 2594)			