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
	5523	A. BUILDING _____ B. WING _____	10/18/2023

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OUR HOME ADULT LIVING	4180 SIERRA MADRE DR, RENO, NEVADA ,89502

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual and bed increase State Licensure survey conducted in your facility on 10/18/23. This State Licensure survey was conducted by the Division of Public and Behavioral Health in accordance with NAC 449, Residential Facility for Groups. The facility is licensed for five Residential Facility for Group beds for elderly or disabled persons, Category II residents. The facility applied for one additional Residential Facility for Group bed for elderly or disable persons, Category II residents. The bed increase was approved. The census at the time of the survey was five. Five resident files were reviewed and four employee files were reviewed. The facility received a grade of D. Your facility has received 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 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		

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0065 SS= D	Qualifications of Caregivers-Age-Eng-Training - NAC 449.196 Qualifications and training of caregivers. (NRS 449.0302) 1. A caregiver of a residential facility must: (a) Be at least 18 years of age; (b) Be responsible and mature and have the personal qualities which will enable him or her to understand the problems of elderly persons and persons with disabilities; (c) Understand the provisions of NAC 449.156 to 449.27706, inclusive, and sign a statement that he or she has read those provisions; (d) Demonstrate the ability to read, write, speak and understand the English language; (e) Possess the appropriate knowledge, skills and abilities to meet the needs of the residents of the facility; and (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 4 employees, working at the facility one year or greater, completed at least eight hours of annual Caregiver training (Employee #1). Findings include: Employee #1 Employee #1 was hired by the facility as the Administrator with a start date of 03/20/18. Employee #1's personnel file lacked documented evidence of eight hours of annual training for the care of elderly/disabled. On 10/18/23 at 10:43 AM, the Owner confirmed Employee #1 lacked documented evidence of eight hours of annual training for the care of elderly/disabled. Severity: 2 Scope: 1	0065	1. A copy of employee's Annual Caregiver Training certificate will be kept on employee file. 2. Due diligence on the facility administrator's part to update required compliance measures. 3. Annual review of required training certificates and requirements to ensure compliance. 4. The Facility Administrator is responsible for ensuring the plan of correction is implemented. 5. Corrective action implemented on 11-18-2023.	11/18/2023
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	0074	1. Elder Abuse Training Certificates for each mentioned employee will be kept in their respective employee file. 2. A system is in place, due diligence on the facility administrator's part to ensure compliance. 3. Annual review of required training and compliance requirements. 4. The facility Administrator is responsible for ensuring that the plan of correction is implemented. 5. Corrective action implemented on 11-01-2023.	11/01/2023

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	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 persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; and (c) Instruction concerning the			

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	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 2 of 4 employees received timely annual elder abuse training (Employee #1 and #2). Findings include: Employee #1 Employee #1 was hired by the facility as the Administrator with a start date of 03/20/18. Employee #1's personnel file contained an elder abuse training certificate			

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	dated 04/09/22, however lacked elder abuse training for 2023. Employee #2 Employee #2 was hired by the facility as the Owner with a start date in 2007. Employee #2's personnel file contained annual elder abuse training completed on 11/05/21 and 01/30/23, more than two months late. On 10/18/23 at 10:43 AM, the Owner confirmed Employee #1 and Employee #2 lacked documented evidence of timely annual elder abuse training. Severity: 2 Scope: 2			

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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; Inspector Comments: Based on personnel file review and interview, the facility failed to ensure employee's met the requirements concerning tuberculosis (TB) testing per NAC 441 for 1 of 4 employees (Employee #1). Findings include: Employee #1 Employee #1 was hired as the Administrator with a start date of 03/20/18. Employee #1's personnel record documented an annual TB test administered on 05/03/22 and read negative on 05/09/22, more than the 72 hour requirement. Employee #1's personnel record lacked documented evidence a TB test was administered appropriately for 2022 and lacked documented evidence a TB test had been completed for 2023. On 10/18/23 at 10:43 AM, the Owner confirmed Employee #1's 2022 TB test was not read in time, voiding the accuracy of the TB test and confirmed Employee #1 lacked a TB test completed for 2023. Severity: 2 Scope: 1	0102	1. A copy of employee's annual TB Test results will be filed in employee's file. 2. A system is in place, due diligence on the part of the administrator is expected to ensure compliance. 3. Annual reviews will be conducted on all required testing to ensure compliance. 4. The Facility Administrator is responsible for ensuring that the plan of care is implemented. 5. Corrective action implemented on 11-01-2023.	11/01/2023

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0178 SS= F	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 facility failed to ensure the exterior premises was maintained. Findings include: On 10/18/23 at 9:07 AM, during a facility tour, on the side of the house were the following items: -One foil tray used for cooking. -Two plastic storage containers. -Six large slabs of tile. -Two wheel barrels. -Three large ladders. -One mop. -One broom. -Two car jack stands. -One large pile of material used to build a deck. -Nine cigarette butts on the ground. -One ceramic caulking tube on top of additional large tiles. -One rototiller. -One gas can, with gas inside of the can. Lying next to the gas can was a half of a cigarette. On 10/18/23 at 9:44 AM, the Owner confirmed the debris lying on the side of the house and verbalized the debris was a fire hazard. In addition, the Owner explained there was currently no construction taking place at the facility, only thoughts of possibly building a deck on the back of the house. Severity: 2 Scope: 3	0178	On 10/18/23 after the survey was done. The director discuss the findings to the employees of the facility regarding the outside maintenance and the upkeep of the surrounding areas. A designated smoking area was improve to eliminate the presence of cigarette buds on the ground. The pathway was cleared with any obstruction. Weekly check by the director is going to happen to avoid it from happening again.	10/18/2023

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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 5 of 5 residents. Findings include: On 10/18/23 at 9:02 AM, during a tour of the facility, an activity calendar could not be located. On 10/18/23 at 9:02 AM, a Caregiver confirmed no activities calendar was posted and verbalized the Owner had taken the activities calendar down about a month ago. On 10/18/23 at 9:37 AM, the Owner confirmed no activities calendar was posted and could not recall how long an activities calendar had not been posted in the facility. Severity: 1 Scope: 3	0532	A new Activity calendar was posted on 10-19-23. The director will make updates every month as new available activity comes up.	10/19/2023

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0592 SS= D	Rights of Residents; Procedure for Filing - NAC 449.268 Rights of residents; procedure for filing grievance, complaint or report of incident; investigation and response. (NRS 449.0302) 1. The administrator of a residential facility shall ensure that: (c) The residents are treated with respect and dignity; Inspector Comments: Based on observation and interview, the facility failed to ensure resident privacy and dignity was maintained for 1 of 5 residents (Resident #1). Findings include: Resident #1 Resident #1 was admitted to the facility on 04/18/23, with diagnoses including acute respiratory failure with hypoxia, hypothyroidism and Foley catheter. On 10/18/23 at 9:15 AM, Resident #1 was sleeping in a reclining chair. The resident's catheter tubing was exposed and leading to the catheter bag hanging from the reclining chair. The catheter bag lacked a privacy bag. On 10/18/23 at 9:34 AM, the Owner confirmed Resident #1 did not have a privacy bag covering the catheter bag and was sleeping with the door open compromising the resident's privacy and dignity. Severity: 2 Scope: 1	0592	On 10/20/23 a new catheter bag with privacy was delivered and put in place to give respect to the residents privacy. The director will do a weekly check to make sure that its in a proper place.	10/20/2023
0870 SS= E	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	0870	On 11/15/2023 A list of current Medication for resident 2 and 3 were fax to the facility for med review. There was no discrepancy found. A review of the medication for all residents will be done by the director every six months and will be filed and documented on each residents file.	11/15/2023

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	caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). Inspector Comments: Based on document review, record review and interview, the Administrator failed to ensure a medication profile review was performed by a physician, a pharmacist or a registered nurse at least once every six months for 2 of 5 sampled residents residing in the facility for longer than six months (Resident #2 and #3). Findings include: Resident #2 Resident #2 was admitted to the facility on 11/19/22, with diagnoses including dizziness, depression with anxiety and stage three chronic kidney disease. Resident #2's clinical record documented a six-month pharmacy review had been completed on 07/24/23. Resident #3 Resident #3 was admitted to the facility on 08/05/21, with diagnoses including alcohol abuse, anemia, depression and chronic obstructive pulmonary disease. Resident #3's clinical record documented a six-month pharmacy review had been completed on 09/02/22 and 07/13/23. On 10/18/23 at 10:04 AM, the Owner acknowledged medication reviews were to be completed every six months for all residents and confirmed Resident #2 had only one medication review and Resident #3 lacked timely six month medication reviews. Severity: 2 Scope: 2			

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0876 SS= D	Medication Administration - NRS 449.0302 - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of: (a) Controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.0302 are met. (b) Insulin using an auto-injection device only if the conditions prescribed in NRS 449.0304 and NAC 449.1985 are met. Inspector Comments: Based on clinical record review and interview, the Administrator failed to ensure an ultimate user agreement was completed for 1 of 5 residents (Residents #2). Findings include: Resident #2 Resident #2 was admitted to the facility on 11/19/22, with diagnoses including dizziness, depression with anxiety and stage three chronic kidney disease. Resident #2's clinical record lacked documented evidence of an Ultimate User Agreement. Resident #2's Medication Administration Record (MAR) dated October 2023, documented facility staff had administered all resident medications to the resident. On 10/18/23 at 10:04 AM, the Owner confirmed Resident #2 did not have an Ultimate User Agreement completed and verbalized an Ultimate User Agreement needed to be completed to determine if the resident was able to take their own medication or if the facility needed to manage the medications. Severity: 2 Scope: 1	0876	Resident 2 guardian came to sign the ultimate user agreement for medication management. The original document given during the admission was not returned to the director that's why it was missing. The director will review the file upon admission to make sure all required documents are signed and filed.	11/19/2023

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0920 SS= F	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medications for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself or herself without supervision may keep the resident ' s medication in his or her room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room. Inspector Comments: Based on observation and interview, the facility failed to ensure resident medications were kept secured in the facility for 1 of 5 resident (Resident #4). Findings include: Resident #4 Resident #4 was admitted to the facility on 06/22/23, with diagnoses including cerebral atherosclerosis, dementia associated with alcoholism with behavioral disturbance and stage three chronic kidney disease. On 10/18/23 at 9:20 AM, one bottle of Pepto Bismol was located on a floating shelf in Resident #4's room. Next to the bottle of Pepto Bismol was a cup, with pink residue at the bottom of the cup, to be able to self-administer the Pepto Bismol. On 10/18/23 at 9:37 AM, the Owner confirmed the Pepto Bismol was unsecured in the resident's room and needed to be in a secured location. The Owner verbalized the resident was not to be self-administering Pepto Bismol and sometimes the family brings in medications unknowingly to the Caregivers. Severity: 2 Scope: 3	0920	The director called a meeting with the staffs that administer the medication for all the residents to discuss the finding of an secured medication for resident 4.The director point out the importance of following the rule when it comes to securing all medication. All meds will stored in the locked cabinet as soon as the care giver administered the meds. The director will conduct a weekly check of the residents room to make sure this is being followed.	10/18/2023

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0936 SS= E	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 clinical record review and interview, the facility failed to ensure 2 of 5 residents met the requirements concerning tuberculosis (TB) testing in accordance with Nevada Administrative Code (NAC) 441 A (Resident #2 and #3). Findings include: Resident #2 Resident #2 was admitted to the facility on 11/19/22, with diagnoses including dizziness, depression with anxiety and stage three chronic kidney disease. Resident #2's clinical record documented a QuantiFERON TB Gold test completed on 05/18/21. The clinical record lacked documented evidence a TB test completed for 2022 and 2023. Resident #3 Resident #3 was admitted to the facility on 08/05/21, with diagnoses including alcohol abuse, anemia, and depression. Resident #3's clinical record documented a QuantiFERON TB Gold test completed on 07/12/22. The clinical record lacked documented evidence a TB test was completed for 2023. On 10/18/23 at 10:04 AM, the Owner confirmed Resident #2 and Resident #3 had not completed timely annual TB tests and verbalized not being aware the TB tests needed to be completed annually. Severity: 2 Scope: 2	0936	A new order of TB test for residents 2 and 3 was requested from the PC and was done 10/24/23 and 10/19/23. The director will be in charge of keeping the record of residents TB test up to date. Monthly check of the file will be done by the director.	10/31/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5523	A. BUILDING _____ B. WING _____	10/18/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOME ADULT LIVING	4180 SIERRA MADRE DR, RENO, NEVADA ,89502

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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. Inspector Comments: Based on record review and interview, the facility failed to ensure an Activities of Daily Living (ADL) assessment was completed annually for 1 of 5 residents (Resident #3). Findings include: Resident #3 Resident #3 was admitted to the facility on 08/05/21, with diagnoses including alcohol abuse, anemia and depression. Resident #3's clinical record documented a completed ADL assessment dated 07/18/22. The clinical record lacked documented evidence an ADL assessment had been completed annually in 2023. On 10/18/23 at 10:04 AM, the Owner confirmed an annual ADL assessment was not completed for Resident #3 for 2023 and acknowledged ADL assessments were to be completed upon admission to the facility and annually thereafter. Severity: 2 Scope: 1	0938	Resident 3 was reevaluated by the director to see if there was changes on his ADL.A new ADL form was generated and filed on 10/19/23. The director will do the annual review of the residents to see changes on their ADL.	10/19/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5523	A. BUILDING _____ B. WING _____	10/18/2023

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1540 SS= E	Cultural Competency Training - R016-20 Section 14.1 1. Pursuant to subsection 1 of NRS 449.103, within 30 business days after the course or program is assigned a course number by the Division pursuant to section 18 of this regulation or within 30 business days of any agent or employee being contracted or hired, whichever is later, and at least once each year thereafter, a facility shall conduct training relating specifically to cultural competency for any agent or employee of the facility who provides care to a patient or resident of the facility so that the agent or employee may: (a) More effectively treat patients or care for residents, as applicable; and (b) Better understand patients or residents who have different cultural backgrounds, including, without limitation, patients or residents who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103. Inspector Comments: Based on personnel record review and interview, the facility failed to ensure cultural competency training was completed timely for 1 of 4 employees required to obtain cultural competency training (Employee #1). Findings include: Employee #1 Employee #1 was hired at the facility as the Administrator with a start date of 03/20/18. Employee #1's personnel record lacked documented evidence cultural competency training had been completed. On 10/18/23 at 10:43 AM, the Owner confirmed Employee #1 lacked documented evidence cultural competency training was completed. Severity: 2 Scope: 1	1540	On October 19 the director contacted the Nevada Health Care Assc. to get the copy of the administrators cultural competency training certificate. The director will make sure to check the file for completion of training every 6 months.	10/19/2023

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1830 SS= F	Infection Control Required Training Inspector Comments: Based on personnel file review, document review, and interview, the primary and secondary infection control person lacked the required infection control training with the potential to affect 5 of 5 residents. Findings include: On 10/18/23 at 9:37 AM, the personnel files for the Administrator, the primary infection control person, and the Owner, the secondary infection control person, lacked documented evidence of 15 hours of training concerning the control and prevention of infectious diseases from the approved nationally recognized organizations. The Owner confirmed the required infection control and prevention training had not been completed for the Administrator and the Owner. Severity: 2 Scope: 3	1830	Both the primary and secondary infection control person attended the required training to meet the required training. The director will review the file every beginning of the year to complete the required training for infection control.	11/13/2023