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 _____	**03/27/2025**

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

(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 a complaint survey conducted in your facility on 03/27/2025. 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 was licensed for six Residential Facility for Group beds for elderly or disabled persons, Category II residents. The census at the time of the survey was six. Five resident files were reviewed, and one employee file was reviewed. There was one complaint investigated. Complaint #NV00073627 with the allegation staff did not have annual medication management training was substantiated (See Tag Y0074). The following allegations could not be substantiated due to a lack of evidence: Allegation #2: The facility failed to follow policy regarding maintenance in order to ensure all areas are in working order. Allegation #3: The facility failed to maintain resident safety by not properly maintaining broken items in bathrooms and backyard patio areas. The investigation into the allegations included: Observation of residents in common areas, bathrooms, and outdoor patio areas. Interviews were conducted with a Caregiver and the Owner/Director. Review of one employee file included Elder Abuse Training, Medication Management Certification, background checks and clearance, Resident Rights Training, Policy and Procedure Training. Review of facility documents including staffing schedules, caregiver training, and Resident Rights. 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 deficiency was identified:	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: JONATHAN SAPICO Title: Owner/Director Date: 04/18/2025

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. Inspector Comments: Based on record review, document review and interview, the facility failed to ensure 1 of 4 employees completed the required 8 hours of annual medication management training in a timely manner (Employee #1) Findings include: Employee #1 Employee #1 was hired at the facility as a Caregiver on 09/06/2023. Employee #1's file documented an eight-hour annual Medication Management training with an expiration date of 07/01/2024. Employee #1's file lacked evidence of annual Medication Management training for 2024 and 2025. On 03/27/2025 at 11:55 AM, the Owner confirmed Employee #1 did not complete the required annual training for medication management, and has not continued to	0072	On 04/10/25 the caregiver is enrolled to attend the 16 hrs medication training on May 22,2025. The owner will continue to monitor that all required training is met. Quarterly check of the file will be done by the owner/director.	04/18/2025

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	pass out medications to residents. On 03/27/2025 at 12:15 PM, a Caregiver confirmed when a resident is in need of any as needed medications, the requirement of the facility was to call the Owner to come to the facility to administer medications. The Caregiver acknowledged medication management training has not been completed for 2024 and 2025, confirming there is not a qualified staff member on site at all times to administer medications. Complaint # NV00073627 Severity: 2 Scope: 1			