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
	5723	A. BUILDING _____ B. WING _____	10/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CESSABELLA RESIDENTIAL SUITE LLC #1	8295 OPAL STATION DR, RENO, NEVADA ,89506

(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 10/07/21. This 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 8 Residential Facility for Group beds for elderly and disabled persons, persons with mental illness, persons with chronic illness, and individuals with intellectual disabilities Category II residents. The census at the time of survey was seven. Seven resident files were reviewed and five employee files were reviewed. The facility received a grade of D. 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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0106 SS= F	Personnel File - 1st Aid & CPR - NAC 449.200 Personnel files 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1: (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation; Inspector Comments: Based on record review and interview, the facility failed to ensure caregivers were certified timely to perform cardiopulmonary resuscitation (CPR) and first aid for 2 of 5 sampled caregivers (Employee #1, and #4). Findings include: Employee #1 Employee #1 was hired at the facility as a Manager / Owner on 09/01/20. The employee's file contained a first aid and CPR training certificate with an expiration date of 01/01/21, however, the CPR and first aid training were not renewed until 03/06/21. Employee #4 Employee #4 was hired at the facility as a Caregiver on 06/25/18. The employee's file contained a first aid and CPR training certificate with an expiration date of 06/15/20, however, the CPR and first aid training were not renewed until 08/15/20. On 10/07/21 at 12:01 PM, the Caregiver acknowledged the lapse in CPR and first aid training for both employees and verbalized the employees had worked without current training. Severity: 2 Scope: 3	0106		03/01/2022

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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 observations and interview, the facility failed to ensure a commode tank lid was not broken and the outside premise was maintained free of debris. Findings include: On 10/07/21 at 10:02 AM, the commode tank lid in the master bathroom was broken, exposing the inside of the tank. On 10/07/21 at 10:02 AM, the Caregiver confirmed the commode lid was broken. On 10/07/21 at 10:06 AM, during a tour of the facility, the yard on the side of the house contained a mattress, a box spring, a broken dresser, a bed frame, a ladder, and various pieces of wood. On 10/07/21 at 1:15 PM, a trailer filled with debris was parked in the facility's driveway. On 10/07/21 at 10:02 AM, the Caregiver confirmed there was debris in the yard and verbalized the facility's new owner was cleaning out the facility. Severity: 2 Scope: 1	0178		03/01/2022
0179 SS= E	Health & Sanitation - Screens - NAC 449.209 Health and sanitation. (NRS 449.0302) 6. All windows that are capable of being opened in the facility and all doors that are left open to provide ventilation for the facility must be screened to prevent the entry of insects. Inspector Comments: Based on observation and interview, the facility failed to ensure all windows capable of being opened in the facility and all doors left open to provide ventilation for the facility were screened to prevent the entry of insects. Findings include: On 10/07/21 at 10:09 AM, bedroom # 2 had two windows without screens and bedroom # 4 had a window without a screen. On 10/07/21 at 10:09 AM, the Caregiver confirmed the bedrooms in the windows lacked the screens. Severity: 2 Scope: 2	0179		03/01/2022

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0250 SS= D	Kitchens- Equipment Works; Clean And Sanitary - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition. Inspector Comments: Based on observation and interview the facility failed to ensure perishable foods were refrigerated. Findings include: On 10/07/21 at 9:50 AM, during the tour of the facility, a container of opened Italian dressing was stored in the pantry. On 10/07/21 at 9:45 AM, the Caregiver confirmed the food should have been refrigerated after opening. Severity: 2 Scope: 1	0250		03/01/2022
0593 SS= F	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: (d) The facility is a safe and comfortable environment; Inspector Comments: Based on observation and interview, the Administrator failed to ensure the implementation of Nevada Governor's Directive 024 mandating face masks to protect the residents of the facility from potential exposure to COVID-19. Findings include: On 10/07/21 at 9:40 AM, upon entry into the facility, the Caregiver was observed not wearing a mask. The Caregiver confirmed not wearing a mask. On 10/07/21 at 9:41 AM, the Caregiver verbalized it was the facility protocol to wear a mask and confirmed not wearing a mask. Severity: 2 Scope: 3	0593		03/01/2022

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0620 SS= E	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. Inspector Comments: Based on observation, interview and document review, the facility failed to ensure a resident did not remain in the facility after becoming bedfast for 2 of 8 residents (Resident #1, and #3). Findings include: Resident #1 Resident #1 was admitted to the facility on 10/26/20 with a diagnosis of failure to thrive and dementia associated with other underling disease with behavioral disturbance. The resident's medical record lacked documented evidence a bedfast exemption was submitted to and approved by the Bureau. On 10/07/21 at 10:34 AM, the Caregiver confirmed Resident #1's record lacked documented evidence of an approved waiver for admission of a bedfast resident from the Bureau. Resident #3 Resident #3 was admitted to the facility on 10/13/17 with a diagnosis osteoarthritis, gastroesophageal reflux disease without esophagitis. The resident's medical record lacked documented evidence a bedfast exemption was submitted to and approved by the Bureau. On 10/07/21 at 10:34 AM, the Caregiver confirmed Resident #3's record lacked documented evidence of an approved waiver for admission of a bedfast resident from the Bureau. Severity: 2 Scope: 2	0620		03/01/2022

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0859 SS= D	Medical Care of Resident After Illness - NAC 449.274 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. (NRS 449.0302) 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his or her physician. The resident must be cared for pursuant to any instructions provided by the resident ' s physician. Inspector Comments: Based on record review and interview, the facility failed to ensure a physical examination was completed prior to admission or annually for 2 of 7 residents (Resident #4, and #6). Findings include: Resident # 4 Resident # 4 was admitted to the facility on 08/25/20 with diagnoses including prostate cancer and dementia. Resident #4's clinical record lacked documented evidence of a physical examination completed prior to admission to the facility and annually. On 10/07/21 at 11:39 AM, the Caregiver confirmed the resident's record lacked documented evidence of a physical examination. Resident # 6 Resident # 6 was admitted to the facility on 06/09/21 with diagnoses including chronic obstructive pulmonary disease. Resident #6's clinical record lacked documented evidence of a physical examination completed prior to admission to the facility and annually. On 10/07/21 at 11:39 AM, the Caregiver confirmed the resident's record lacked documented evidence of a physical examination completed prior to admission to the facility. Severity: 2 Scope: 2	0859		03/01/2022
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	0870		03/01/2022

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	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 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 7 sampled residents residing in the facility for longer than six months (Resident #4 and #1). Findings include: Resident #4 Resident #4 was admitted to the facility on 08/25/20 with diagnoses including prostate cancer and dementia. Resident #4's medical record lacked documented evidence a six-month pharmacy review had been conducted every six months. Resident #1 Resident #1 was admitted to the facility on 10/26/20 with diagnoses including failure to thrive, dementia associated with other underlying disease with behavioral disturbance. Resident #1's medical record lacked documented evidence a six-month pharmacy review had been conducted every six months. On 10/07/21 at 11:39 AM, the Caregiver confirmed the medication review for Resident #1 and Resident #4 had not been completed as required. Severity: 2 Scope: 1			
0878 SS= E	Medication/OTCS, Supplements, Change Order - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has	0878		03/01/2022

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	approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (Previously Y 0879) (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, the physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. Inspector Comments: Based on observation, interview and record review the facility failed to have medication on site, a physician order on site, and administer a medication as prescribed for 2 of 7 residents (Resident #4 and #5). Findings include: Resident #4 Resident #4 was admitted to the facility on 08/25/20 with diagnoses including prostate cancer and dementia. The resident's October medication administration record (MAR) and physician's order, dated 06/19/20, indicated acetaminophen 325 milligram tablets. Take two tablets by mouth every six hours as			

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	needed for mild pain. On 10/07/21 at 1:06 PM, the Caregiver confirmed the medication was not available for the resident. The Caregiver verbalized the resident's medication had expired and the facility had requested a refill. The resident's October MAR and medication label indicated Nystatin topical powder. Apply to affected area twice daily as needed. On 10/07/21 at 12:54 PM, the Caregiver was unable to produce the physician order. Resident #5 Resident #5 was admitted to the facility on 03/19/21 with diagnoses including chronic kidney disease, reduced mobility, and dysphasia. The resident's physician order dated 09/14/21 indicted Systane (0.4-0.3%). One drop to both eyes four times daily. The medication label indicated Systane lubricant drops. Apply one drop to both eyes four times daily for eye dryness. The resident's October MAR documented to administer the Systane lubricant drops and the Systane lubricant drops had been administered once daily. On 10/07/21 at 12:28 PM, the Caregiver confirmed the Systane had an incorrect administration dosage on the MAR and the medication had not been administered as prescribed. Severity: 2 Scope: 2			

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0895 SS= D	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 document review, record review and interview, the facility failed to ensure the Medication Administration Record (MAR) was accurate for 1 of 7 residents (Resident #5). Findings include: Resident #5 Resident #5 was admitted to the facility on 03/19/21 with diagnoses including chronic kidney disease, reduced mobility, and dysphasia. The resident's physician order dated 09/14/21 indicted Systane (0.4-0.3%). One drop to both eyes four times daily. The medication label indicated Systane lubricant drops, apply one drop to both eyes four times daily for eye dryness. The resident's October MAR documented to administer the Systane lubricant drops and the Systane lubricant drops had been administered once daily. On 10/07/21 at 12:28 AM, the Caregiver confirmed the Systane had an incorrect administration dosage on the MAR and the medication had not been administered as prescribed. Severity: 2 Scope: 1	0895		03/01/2022

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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 record review and interview, the facility failed to ensure 1 of 7 residents met the requirements concerning tuberculosis (TB) testing in accordance with Nevada Administrative Code (NAC) 441A (Resident #4). Findings include: Resident #4 Resident #4 was admitted to the facility on 08/25/20 with diagnoses including prostate cancer and dementia. Resident #4's clinical record lacked documented evidence of an initial two-step TB test upon admission to the facility. Resident #4's file lacked documented evidence of an annual one-step TB test the following year. On 10/07/21 at 11:43 AM, the Caregiver confirmed TB testing for Resident #4 had not been completed. Severity: 2 Scope: 1	0936		03/01/2022

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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 interview and personnel file review, the facility failed to ensure 2 of 5 sampled employees obtained annual caregiver training (Employee #2 and #5). Findings include: Employee # 2 Employee #2 was hired as a Caregiver on 10/03/20. Employee #2's personnel file lacked documented evidence of eight hours of annual caregiver training for 2021. On 10/07/21 at 11:37 AM, the Caregiver confirmed Employee #2 was missing the required eight hours of annual caregiver training for 2021. Employee # 5 Employee #5 was hired as an Administrator on 09/01/20. Employee #5's personnel file lacked documented evidence of eight hours of annual caregiver training for 2021. On 10/07/21 at 12:47 PM, the Caregiver confirmed Employee #5 was missing the required eight hours of annual caregiver training for 2021. Severity: 2 Scope: 1	0065		03/01/2022

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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 5 employees completed the required eight hours of annual medication management training on a timely basis (Employee #2). Findings include: Employee # 2 Employee #2 was hired as a Caregiver on 10/03/20. Employee #2's file documented an eight hour annual Medication Management training, with an expiration date of 10/02/20. On 10/07/21 at 11:29 AM, the Caregiver confirmed the medication management training for Employee #2 had expired on 10/02/20 and was unable to provide the documented evidence of a current medication management training. Severity: 2 Scope: 1	0072		03/01/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5723	A. BUILDING _____ B. WING _____	10/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CESSABELLA RESIDENTIAL SUITE LLC #1	8295 OPAL STATION DR, RENO, NEVADA ,89506

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0104 SS= F	Personnel Files - Background Checks - NAC 449.200 Personnel files. (NRS 449.0302) 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: (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. Inspector Comments: Based on record review, document review and interview, the facility failed to ensure 3 of 5 employees met the background check requirements of Nevada Revised Statute (NRS) 449.124 (Employee #1, #3, and #5). Findings include: Employee #1 Employee #1 was hired at the facility as a Manager / Owner on 09/01/20. Employee #1's file lacked evidence of fingerprints submitted to the Central Repository for Nevada Records of Criminal History and lacked a Nevada Automated Background Check System (NABS) clearance letter. On 10/07/21 at 7:00 AM, the facility's NABS account lacked documented evidence of Employee #1 being entered and cleared. Employee #3 Employee #3 was hired at the facility as a Caregiver on 04/28/21. Employee #3's file lacked evidence of fingerprints submitted to the Central Repository for Nevada Records of Criminal History and lacked a Nevada Automated Background Check System (NABS) clearance letter. On 10/07/21 at 7:00 AM, the facility's NABS account lacked documented evidence of Employee #3 being entered and cleared. Employee #5 Employee #5 was hired at the facility as an Administrator on 09/01/20. Employee #5's file lacked evidence of fingerprints submitted to the Central Repository for Nevada Records of Criminal History and lacked a Nevada Automated Background Check System (NABS) clearance letter. On 10/07/21 at 7:00 AM, the facility's NABS account lacked documented evidence of Employee #5 being entered and cleared. On 10/07/21 at 11:02 AM, the Manager / Owner acknowledged the file for Employee #1, Employee #3, and Employee #5 lacked documented evidence of fingerprint submission and lacked evidence of a NABS clearance letter. Severity: 2 Scope: 3	0104		03/01/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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0938 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: (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 interview and record review, the facility failed to ensure an Activities of Daily Living (ADL's) Assessment was completed upon admission and/or annually thereafter for 1 of 7 sampled residents (Resident #4). Findings include: Resident #4 Resident #4 was admitted to the facility on 08/25/20 with diagnoses including prostate cancer and dementia. Resident #4's file lacked documented evidence of an initial ADL and an annual ADL assessment for 2021. The last documented ADL assessment was dated 03/21/19. On 10/07/21 at 11:39 AM, the Caregiver was unable to locate an annual ADL assessment for Resident #4. Severity: 2 Scope: 1	0938		03/01/2022