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 _____ | **12/07/2022** |

| 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<br><br>Inspector Comments: This Statement of Deficiencies was generated as a result of a complaint investigation initiated at your facility on 12/07/22. This State Investigation was conducted by the Division of Public and Behavioral Health in accordance with NAC 449, Residential Facility for Groups. The census at the time of investigation was three. The sample size was eight. The facility received a grade of A. The following allegations could not be substantiated due to a lack of evidence: Allegation #1: A Day in June 2022, where it was one of the caregivers's birthdays, the staff forgot the resident went 12-18 hours of not being changed. The resident was scheduled to be changed around 2:30-3:00 PM and was not changed until the following morning and the resident was incontinent and had a catheter. Allegation #2: A resident was left isolated in their room for about 30 days with no reason or explanation and had to eat their meals in their bed. Their buttocks became sore and the resident had a hard time with physical therapy. Allegation #3: The owner came into the resident 's room and started yelling with the door open for other residents to hear and stated the resident was not paying to stay there. Allegation #4: A resident had been bathed one time since their admission and the resident. The caregiver only gave wipe baths in fear of the resident falling. Allegation #5: A resident was admitted into the facility and was not informed during an orientation or in paperwork that they had to provide the facility with the resident's hygiene supplies. Allegation #6: The owner informed the residents when Home Health Aide came to the facility, the residents did not have to do the rehab and they can say no to the Home Health Aide staff. Allegation #7: A caregiver in the facility did not speak English and was unable to communicate with the residents. The investigation into the allegations included: Observation of staff | 0000 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: Title: Date:

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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| | interactions with current resident and a brief tour of the facility. Interviews were conducted with two residents, one caregiver, and the Administrator. Review of eight resident files including the resident of concern. Document review included Staff Schedules, Ultimate User Agreement, Activities of Daily Living (ADLs), Admission Records, legal guardian paperwork, Resident's House Rules, Physician Plan of Care, History and Physicals for diagnoses, Standard Physician Assessments, Placement Determination forms, policy for Resident Rights and policy of Admission. 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. No regulatory deficiencies were identified. No further action necessary. Please retain a copy for your records. | | | |