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 _____	**03/01/2023**

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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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a State Licensure annual survey and complaint investigation conducted at your facility on 03/01/23. 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 eight Residential Facility for Group beds for elderly or disabled persons, and/or persons with mental illness, and/or persons with chronic illness, and/or individuals with intellectual disabilities, Category II residents. The census at the time of survey was five. Five resident files were reviewed and four employee files were reviewed. There was one complaint investigated. Complaint #NV00067995 could not be substantiated. The following allegations could not be substantiated based on a lack of evidence: Allegation #1: The facility failed to provide adequate care to a resident. Allegation #2: A resident passed away and the facility failed to call the hospice agency timely and remove the body. The investigation into the allegation included: Observations of staff interactions with residents, residents in their rooms and common areas, and residents eating lunch. Interviews were conducted with residents and the Owner. Clinical record review of residents, including the resident of concern, including hospice records, diagnoses, physical examinations, activities of daily living, medication administration records, and physician determinations. The facility received a grade of A. 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		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | Name: EVANGELINE BELTEJAR-DIFUNTORUM | Title: Owner | Date: 03/27/2023

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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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. Inspector Comments: Based on record review and interview, the facility failed to ensure a resident receiving skilled nursing services was not allowed to admit or remain in the facility for 1 of 1 residents receiving skilled nursing services (Resident #1). Findings include: Resident #1 Resident #1 was admitted to the facility on 10/20/22, with a diagnosis of end stage oxygen dependent chronic obstructive pulmonary disease. On 03/01/23 at 11:35 AM, the Owner/Caregiver (Owner) verbalized the facility had one resident receiving 24 hour skilled nursing care through a hospice agency. The Owner explained the Owner was not aware of the requirement to submit waivers to the State Agency for residents receiving 24 hour skilled nursing care. The Owner confirmed the Administrator nor the Owner had submitted waivers to the State Agency to retain residents receiving 24 hour skilled nursing care. Severity: 2 Scope: 1	0620	The facilityadministrator has contacted the bureau on proper steps on how to apply for awaiver for residents receiving skilled nursing or hospice services provided byan outside agency. The applicationprocess has been started for resident #1. The facility has requested and is waiting on a Plan of Care from theoutside hospice agency in order to upload it for the application. As soon that the Plan of Care is receivedfrom the hospice agency, the facility will proceed with the application. This is expected to be completed no later than3/31/2023. The facility administrator willensure that a waiver is applied for and completed for any future residentsrequiring skilled nursing or hospice services.	03/20/2023
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	0690	The oxygentanks around the facility have been picked up and organized into theirappropriate racks and secured. Thefacility administrator will ensure that all caregivers follow proper protocol inkeeping all oxygen tanks in their appropriate location and secured unless inuse, in which case it must be kept in an appropriate oxygen tank carrier.	03/20/2023

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	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 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 four oxygen tanks located inside residents' rooms were secured. Findings include: On 03/01/23 at 10:35 AM, in Room 4, two small oxygen tanks were standing up in the resident's room unsecured. On 03/01/23 at 10:39 AM, in the master room, one small oxygen tank and one large oxygen tank was standing up in the resident's room unsecured. On 03/01/23 at 10:47 AM, the Owner/Caregiver confirmed the oxygen tanks were unsecured in residents' rooms and should be stored in a rack. Severity: 2 Scope: 1			

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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 upon admission for 1 of 5 sampled residents (Resident #3). Findings include: Resident #3 Resident #3 was admitted to the facility on 02/04/23, with diagnoses including mild vascular dementia, hypertension, type II diabetes mellitus and hypercalcemia. Resident #3's record lacked documented evidence of an admission ADL assessment. On 03/01/23 at 12:10 PM, the Owner/Caregiver confirmed an ADL assessment had not been completed for Resident #3 upon admission. Severity: 2 Scope: 1	0938	A new ADL Assessmenthas been completed for resident #3 on 3/4/2023. The facility administrator will ensure that all residents have a new ADLassessment completed should any changes in the resident's daily care needs change,or on or before every 12 months upon the last previously completed ADLassessment.	03/20/2023

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1006 SS= D	Adults with Intellectual Disabilities - NAC 449.2762 Residential facility which offers or provides care for adults with intellectual disabilities or adults with related conditions: Application for endorsement; training for caregivers. (NRS 449.0302) 2. Within 60 days after being employed by a residential facility for adults with intellectual disabilities, a caregiver must receive not less than 4 hours of training related to the care of persons with intellectual disabilities. Inspector Comments: Based on personnel file review and interview, the facility failed to ensure 1 of 1 new employees completed four hours of training related to persons with intellectual disabilities within 60 days of hire (Employees #3). Findings include: Employee #3 Employee #3 was hired as a Caregiver with a start date of 03/02/22. Employee #3's personnel file lacked documented evidence of the required four hours of training related to care for persons with intellectual disabilities within 60 days of hire. On 03/01/23 at 3:00 PM, the Owner/Caregiver verbalized Employee #3 did not receive caregiver training to care for persons with intellectual disabilities within 60 days after being employed. Severity: 2 Scope: 1	1006	Employee #3 hasbeen scheduled to receive their annual four hours of intellectual disabilities trainingon 4/2/2023. The facility administratorwill ensure that all employees receive their four hours of intellectual disabilitiestraining annually on or before the last previously completed training.	03/20/2023