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 _____	09/11/2024

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 an annual State Licensure survey conducted at your facility on 09/11/2024. 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 individuals with intellectual disabilities, Category II residents. The census at the time of survey was six. Six resident records and five employee records were reviewed. The facility received a grade of B. 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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0053 SS= F	Administrator's Responsibilities-Complete Rec - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 4. Ensure that the records of the facility are complete and accurate. Inspector Comments: Based on observation, document review, record review, and interview, the Administrator failed to ensure personnel records and resident medical records were complete and accurate in accordance with State regulations. Findings include: See TAGS Y0053, Y0620, Y0859, Y0870, and Y1540 Severity: 2 Scope: 3	0053	1. All incomplete personnel and resident medical recordsidentified under TAGS Y0053, Y0620, Y0859, Y0870, and Y1540 will be promptlyreviewed, updated, and completed to align with state regulatory standards. 2 . Regular monthly audits of personnel and resident recordswill be established, including checklists to ensure all documentation isaccurate and complete per state requirements. 3. Compliance audits will be conducted bi-monthly to monitorthe accuracy and completeness of records, and audit results will be reviewed inmonthly quality assurance meetings. 4. Facility office manager is responsible for ensuring planof correction is implemented. 5 .The corrective action completed on 11.10.2024 6. All pertinent documents have been uploaded. 7. A full review of all personnel and residentrecords will be conducted to identify any additional incomplete or inaccuraterecords, with corrections made where needed to prevent recurrence of similardeficiencies.	11/10/2024

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0620 SS= D	Written Policy on Admissions - NAC 449.2702 and R043-22 Written policy on admissions; eligibility for residency. (NRS 449.0302) 4. Except as otherwise provided in NAC 449.275, 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 who was bedfast was not allowed to remain in the facility for 1 of 6 residents (Resident #2). Findings include: Resident #2 Resident #2 was admitted to the facility on 10/26/2020 with diagnoses including severe vascular dementia with agitation, cerebral paraplegia, and bedridden/bedbound. On 09/11/2024 at 10:15 AM, the Office Manager verbalized the resident was bedbound. On 09/11/2024 during a facility tour, Resident #2 was observed lying in bed. Resident #2 was unable to reposition or turn without staff assistance. Resident #2 verbalized they were bedbound. On 09/11/2024 at 10:44 AM, the Office Manager confirmed Resident #2 was receiving skilled nursing care and a waiver had not been submitted to the State Agency. Severity: 2 Scope: 1	0620	1. A waiver requestfor Resident #2 has been promptly submitted to the State Agency to comply withregulatory requirements regarding bedbound residents receiving skilled nursingcare. 2. A protocol has been established to ensure waivers arecompleted for all current and future bedbound residents receiving skillednursing care, with a checklist for admissions to verify compliance. This willensure that bedfast waiver completed at time of bed bound or skilled nursingdiagnosis. 3. Monthly audits of resident files will be conducted toensure all applicable waivers are submitted, with findings reviewed duringquality assurance meetings. 4. Facility office manager is responsible for ensuring planof correction is implemented. 5.The corrective action completed on 11.10.2024 6. All pertinent documents have been uploaded. 7. A review of all current resident records willbe conducted to identify other bedbound residents needing waivers, withimmediate action taken to submit any missing waivers.	11/10/2024

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0859 SS= D	Medical Care of Resident After Illness - NAC 449.274 and R043-22 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 a qualified provider of health care in accordance with NRS 449.1845. The resident must be cared for pursuant to any instructions provided by the qualified provider of health care. Inspector Comments: Based on record review and interview, the facility failed to ensure a physical examination was completed prior to admission to the facility for 1 of 6 residents (Resident #1). Findings include: Resident # 1 Resident # 1 was admitted to the facility on 04/20/2024, with diagnoses including unspecified dementia without behavioral disturbance, high cholesterol, and muscle weakness. Resident #1's clinical record lacked documented evidence of a physical examination completed prior to admission to the facility. On 09/11/2024 at 10:25 AM, a Caregiver confirmed the resident's record lacked documented evidence of a physical examination completed prior to admission to the facility. Severity: 2 Scope: 1	0859	1.A physical examination for Resident #1 has been completed and documented in the resident's clinical record to meet admission requirements. 2 . The facility will implemented a pre-admission checklist to verify that all required documents, including physical examination records, are completed before a resident’s admission. 3. Admissions will be reviewed prior to admission by two party review system to confirm all pre-admission requirements are met. A checklist has been created to send to the discharging agency that includes all required items included H&P with review of systems. Responsible Position 4. Facility office manager is responsible for ensuring plan of correction is implemented. 5.The corrective action completed on 11.10.2024 6. All pertinent documents have been uploaded. 7. A review of all recent admissions will be conducted to identify any other residents lacking a documented pre-admission documentations with an emphasis on physical exam that includes review of systems, with necessary examinations scheduled and recorded promptly.	11/10/2024

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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 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 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 1of 6 residents residing in the facility for longer than six months (Resident #5). Findings include: Resident #5 Resident #5 was admitted to the facility on 07/08/2023, with diagnoses including major depressive disorder, chronic pain and heart failure, unspecified osteoarthritis, anxiety disorder. On 09/11/2024 at 12:13 PM, Resident #5's clinical record lacked a medication profile review. On 09/11/2024 at 12:13 PM, the Office Manager confirmed the medication review for Resident #5 had not been completed as required. Severity: 2 Scope: 1	0870	1.A medication profile review will be immediately scheduledand completed for Resident #5 by a qualified healthcare professional to meetregulatory requirements. 2. A tracking system will be implemented to ensure that allresidents receive a medication profile review at least once every six months,with automated reminders for upcoming reviews. A checklist has been generatedfor the in-house doctor visit that reminds them to complete the med review aswell and for residents who visit outside doctors. This checklist outlines the requirements forDoctor’s notes, med review and physician’s placements etc. with theircorresponding timeframes. 3.Monthly audits will verify that all residents due formedication profile reviews have received them. 4. Facility office manager is responsible for ensuring planof correction is implemented. 5.The corrective action completed on 11.10.2024 6. All pertinent documents have been uploaded 7. A review of medication profile records forall residents with over six months of residency will be conducted to identifyand complete any overdue reviews.	11/10/2024

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0872 SS= D	Medication Educ Initial/annual Administrator - NAC 449.2742 and R043-22 - 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: (f) In his or her first year of employment as an administrator of the residential facility, receive, from course approved by the Division pursuant to section 12 of this regulation, 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 completion of such training. (g) After receiving the initial training required by paragraph (f), receive annually from a course approved by the Division pursuant to section 12 of this regulationat 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. Inspector Comments: Based on record review, document review and interview, the facility failed to ensure 1 of 5 employees completed the required 8 hours of annual medication management training on a timely basis. (Employee #1). Findings include: Employee #1 Employee #1 was hired at the facility as an Administrator on 09/01/2020. Employee #1's file documented an eight-hour annual Medication Management training with an expiration date of 09/02/2023. Employee #1's file documented a re-training Medication Management course with a completion date of 01/04/2024, four months late. On 09/11/2024 at 12:55 PM, the Office Manager confirmed the late medication management training. Severity: 2 Scope: 1	0872	1.Employee #1 has completed the required eight-hourMedication Management training as of 01/04/2024, fulfilling the compliancerequirement. 2.A tracking system will be established to monitor alltraining requirements, with alerts set to notify supervisors 60 days before anytraining expiration. 3. Monthly audits of employee training records will ensureall mandatory training is completed on time, with findings reviewed duringquality assurance meetings. Reminders placed in outlook to remind employeetrainings two months prior to training expiration date. 4. Facility office manager is responsible for ensuring planof correction is implemented. 5.The corrective action completed on 11.10.2024 6. All pertinent documents have been uploaded 7. A review of all employee files will beconducted to ensure that all required training courses are current anddocumented, with immediate re-training scheduled for any identified gap.	11/10/2024
1540 SS= E	Cultural Competency Training - Cultural Competency Training R016-20 Sec. 14 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	1540	1.Cultural Competency training for both Employee #2 andEmployee #3 was completed on 04/26/2024, although later than the required 30business days.	11/10/2024

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	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. R016-20 Sec. 14 2. The facility shall provide the training required by subsection 1 through a course or program that is approved by the Director of the Department or his or her designee pursuant to section 17 of this regulation and is assigned a course number by the Division pursuant to section 18 of this regulation. R016-20 Sec. 14 3. The facility shall keep documentation in the personnel file of any agent or employee of the facility of the completion of the cultural competency training required pursuant to subsection 1. R016-20 Sec. 15 1. Within 90 days after a facility is licensed to operate, the facility must submit to the Department on a form prescribed by the Department the course or program which the facility will use to provide cultural competency training. The facility may: (a) Develop or operate the course or program; or (b) Contract with a third party to develop and operate the course or program. R016-20 Sec. 15 2. The course or program submitted by the facility pursuant to subsection 1 must address patients or residents who have different cultural backgrounds from that of the agent or employee of the facility, 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. R016-20 Sec. 15 3. When a facility submits a course or program pursuant to subsection 1, the facility must also provide to the Department the following information for the instructor of the course or program: (a) The application		2. A new onboarding checklist will include a specificdeadline for Cultural Competency training within the first 30 business days ofemployment, and reminders via outlook set to ensure timely completion. 3. Office manager will conduct an onboarding audit of newemployee training records to confirm that all mandatory trainings, includingCultural Competency, are completed within the required timeframe. 4. Facility office manager is responsible for ensuring planof correction is implemented. 5.The corrective action completed on 11.10.2024 6. All pertinent documents have been uploaded 7. A review of training records for allemployees hired in the past year will be conducted to ensure compliance withthe Cultural Competency training requirement, with immediate action taken ifany additional delays are identified.	

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	of the instructor who will teach the course or program; (b) Three letters of recommendation for the instructor, including, without limitation, at least one letter of recommendation in which the recommender has knowledge of the methods the instructor uses in teaching a cultural competency course or program; and (c) The resume of the instructor of the course or program that includes, without limitation, the education, training and experience the instructor has in providing cultural competency training. R016-20 Sec. 15 4. Except as otherwise provided in subsection 5, when a facility submits a course or program pursuant to subsection 1, the facility must also provide to the Department: (a) The syllabus of the course or program; (b) The following information: (1) The name of the facility; (2) The address of the facility; (3) The electronic mail address of the facility; (4) The license number of the facility; and (5) The name and contact information of a person who represents the facility and who can discuss the course or program submitted by the facility pursuant to subsection 1; (c) If the facility contracts with a third party who develops and operates the course or program, the following information: (1) The name of the third party; (2) The address of the third party; (3) The electronic mail address of the third party; and (4) The name and contact information of a person who represents the third party and who can discuss the course or program submitted by the facility pursuant to subsection 1; (d) Evidence that the subjects covered by the course or program include, without limitation, the course materials required by section 16 of this regulation; (e) A sample sign-in sheet for the course or program that contains: (1) The dates of the course or program; and (2) A place for a participant of the course or program to print and sign his or her name; (f) A sample evaluation form that a participant of the course or program may complete at the end of the course or program which evaluates: (1) The content of the course or program; (2) The instructor of the course or program; and (3) The manner in which the course or program is presented to the participant; and (g) A sample			

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	document that a participant of the course or program may complete at the end of the course or program in which the participant can perform a self-evaluation. R016-20 Sec. 15 5. A facility may submit a course or program pursuant to subsection 1 without submitting the information required in subsection 4 if the course or program: (a) Is provided by: (1) A nationally recognized organization, as determined by the Director of the Department; (2) A federal, state or local government agency; or (3) A university or college that is accredited in the District of Columbia or any state or territory of the United States; and (b) Provides proof of completion upon the participant of the course or program completing the course or program that the Director or his or her designee determines to be satisfactory. R016-20 Sec. 15 6. When a facility submits pursuant to subsection 1 a course or program that is described in subsection 5, the facility must also provide to the Department: (a) The name of the course or program; (b) The name of the organization, agency, university or college providing the course or program; (c) If the course or program is provided online, the URL of the course or program; (d) If the course or program is provided through a training system, access to the training system; (e) If the course or program is not provided online or through a training system, the syllabus of the course or program; (f) The following information: (1) The name of the facility; (2) The address of the facility; (3) The electronic mail address of the facility; (4) The license number of the facility; and (5) The name and contact information of a person who represents the facility and who can discuss the course or program submitted by the facility pursuant to subsection 1; and (g) Any other information the Department requests to assist the Director or his or her designee in determining whether or not to approve the course or program pursuant to section 17 of this regulation. 7. As used in this section, "URL" means the Uniform Resource Locator associated with an Internet website. R016-20 Sec. 16 1. A course or program subject to the requirements of subsection 4 of section 15 of this regulation must include,			

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	without limitation, the following course materials: (a) An overview of cultural competency; (b) An overview of implicit bias and indirect discrimination; (c) The common assumptions and myths concerning stereotypes and examples of such assumptions and myths; (d) An overview of social determinants of health; (e) An overview of best practices when interacting with persons who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103; (f) An overview of gender, race and ethnicity; (g) An overview of religion; (h) An overview of sexual orientation and gender identities or expressions; (i) An overview of mental and physical disabilities; (j) Examples of barriers to providing care; (k) Examples of language and behaviors that are discriminatory; and (l) Examples of a welcoming and safe environment. R016-20 Sec. 16 2. The course materials included in a course or program, including, without limitation, the course materials required by subsection 1, must include, without limitation: (a) Evidence-based, peer-reviewed sources; (b) Source materials that are used in universities or colleges that are accredited in the District of Columbia or any state or territory of the United States; (c) Source materials that are from nationally recognized organizations, as determined by the Director of the Department; (d) Source materials that are published or used by federal, state or local government agencies; or (e) Other source materials that are deemed appropriate by the Department. R016-20 Sec. 17 4. The facility shall submit the additional information that the facility needs to submit pursuant to paragraph (b) of subsection 3 within 45 days after being notified that the course or program is not approved pursuant to paragraph (a) of subsection 3. Upon receiving the additional information, the Director or his or her designee may approve the course or program. If the additional information is not received or fails to include all of the information that the Director or his or her designee informed the facility that it needed to submit, the Director or his or her designee shall not approve the course or program.			

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	Inspector Comments: Based on personnel record review and interview, the facility failed to ensure cultural competency training was completed timely for 2 of 5 sampled employees required to obtain cultural competency training, working at the facility less than one year (Employee #2 and #3). Findings include: Employee #2 Employee #2 was hired by the facility as an Office Manager, with a start date of 01/30/2024. Employee #2's personnel file contained documented evidence of Cultural Competency training completed 04/26/2024, greater than the required 30 business days. On 09/11/2024 at 1:18 PM, the Office Manager confirmed Employee #2 did not complete Cultural Competency training within the first 30 days of employment. Employee #3 Employee #3 was hired by the facility as a Caregiver, with a start date of 01/24/2024. Employee #3's personnel file contained documented evidence of Cultural Competency training completed 04/26/2024, greater than the required 30 business days. On 09/11/2024 at 1:33 PM, the Office Manager confirmed Employee #3 did not complete Cultural Competency training within the first 30 days of employment. Severity: 2 Scope: 2			