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 _____	11/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER SKY AT DEER SPRINGS ASSISTED LIVING	**6741 N DECATUR BLVD BLDG #3, LAS VEGAS, NEVADA ,89130**

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of the mandatory Re-grading survey completed in your facility on 11/30/23, in accordance with Nevada Administrative Code, Chapter 449, Requirements for Residential Facilities for Groups. The facility is licensed for 96 Residential Facility for Group beds (82 Category I and 14 Category II) with endorsements for elderly or disabled persons and Assisting Living Services. The census at the time of the survey was 82. Five resident records and five employee records were reviewed. The facility received a new 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 investigations, 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		
0074 SS= D	Elder Abuse Training - NRS 449.093 Training to recognize and prevent abuse of older persons: Persons required to receive; frequency; topics; costs; actions for failure to complete. 1. An applicant for a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before a license to operate such a facility, agency or home is issued to the applicant. If an applicant has completed such training within the year preceding the date of the application for a license and the application includes evidence of the training, the applicant shall be deemed to have complied with the requirements of this subsection. 2. A licensee who holds a license to operate a facility for intermediate	0074	1.) How you will correct the specific finding(s) stated in the Statement of Deficiencies (MUST ADDRESS); Elder abuse training conducted on 1/8/2024 for all staff. 2) What measures or systematic change(s) will be put into place to ensure the deficient practice does not recur (MUST ADDRESS); Community will develop a tracking system or "tickler" file to ensure that all employee files and training are compliant. 3) How the corrective action(s) will be monitored to ensure the deficient practice will not recur (MUST	01/08/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: CATHRINE HELTON Title: VP Date: 01/11/2024

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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	care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must annually receive training to recognize and prevent the abuse of older persons before the license to operate such a facility, agency or home may be renewed. 3. If an applicant or licensee who is required by this section to obtain training is not a natural person, the person in charge of the facility, agency or home must receive the training required by this section. 4. An administrator or other person in charge of a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the facility, agency or home provides care to a person and annually thereafter. 5. An employee who will provide care to a person in a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the employee provides care to a person in the facility, agency or home and annually thereafter. 6. The topics of instruction that must be included in the training required by this section must include, without limitation: (a) Recognizing the abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; (b) Responding to reports of the alleged abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; and (c) Instruction concerning the federal, state and local laws, and any changes to those laws, relating to: (1) The abuse of older persons; and (2) Facilities for		ADDRESS); Community will develop a tracking system or "tickler" file to ensure that all employee files and training are compliant. The tracker will be monitored by the Administrator. 4) The title of the person (position) responsible for ensuring the plan of correction is implemented (DO NOT INCLUDE PERSONAL NAMES, JUST USE THE TITLE or POSITION) (MUST ADDRESS); Administrator and Vice President of Assisted Living 5) The date the corrective action will be completed (MUST INCLUDE); 1/8/2024 6) You must attach all supporting documents into the system (MUST INCLUDE). 7) How you will identify and correct other areas having potential to be affected by the same deficient practice (if applicable) Tickler file will include all of compliance items (CPR, TB, Elder Abuse, Cultural Competency, and other regulatory requirements.	

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	intermediate care, facilities for skilled nursing, agencies to provide personal care services in the home, facilities for the care of adults during the day, residential facilities for groups or homes for individual residential care, as applicable for the person receiving the training. 7. The facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care is responsible for the costs related to the training required by this section. 8. The administrator of a facility for intermediate care, facility for skilled nursing or residential facility for groups who is licensed pursuant to chapter 654 of NRS shall ensure that each employee of the facility who provides care to residents has obtained the training required by this section. If an administrator or employee of a facility or home does not obtain the training required by this section, the Division shall notify the Board of Examiners for Long-Term Care Administrators that the administrator is in violation of this section. 9. The holder of a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care shall ensure that each person who is required to comply with the requirements for training pursuant to this section complies with such requirements. The Division may, for any violation of this section, take disciplinary action against a facility, agency or home pursuant to NRS 449.160 and 449.163.			
0102 SS= D	Personnel File - TB Screening - NAC 449.200 Personnel files. 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: (d) The health certificates required pursuant to chapter 441A of NAC for the employee;	0102	1.) How you will correct the specific finding(s) stated in the Statement of Deficiencies (MUST ADDRESS); TB clinic scheduled 1/17/24	01/17/2024

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			2) What measures or systematic change(s) will be put into place to ensure the deficient practice does not recur (MUST ADDRESS); Community will develop a tracking system or "tickler" file to ensure that all employee files and training are compliant. 3) How the corrective action(s) will be monitored to ensure the deficient practice will not recur (MUST ADDRESS); Community will develop a tracking system or "tickler" file to ensure that all employee files and training are compliant. The tracker will be monitored by the Administrator. 4) The title of the person (position) responsible for ensuring the plan of correction is implemented (DO NOT INCLUDE PERSONAL NAMES, JUST USE THE TITLE or POSITION) (MUST ADDRESS); Administrator and Vice President of Assisted Living 5) The date the corrective action will be completed (MUST INCLUDE); 1/17/2024 6) You must attach all supporting documents into the system (MUST INCLUDE). 7) How you will identify and correct other areas having potential to be affected by the same deficient practice (if applicable) Tickler file will include all	

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			of compliance items (CPR, TB, Elder Abuse, Cultural Competency, and other regulatory requirements.	
0106 SS= D	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;	0106	1.) How you will correct the specific finding(s) stated in the Statement of Deficiencies (MUST ADDRESS:) CPR class scheduled 1/18/24 2) What measures or systematic change(s) will be put into place to ensure the deficient practice does not recur (MUST ADDRESS); Community will develop a tracking system or "tickler" file to ensure that all employee files and training are compliant. 3) How the corrective action(s) will be monitored to ensure the deficient practice will not recur (MUST ADDRESS); Community will develop a tracking system or "tickler" file to ensure that all employee files and training are compliant. The tracker will be monitored by the Administrator. 4) The title of the person (position) responsible for ensuring the plan of correction is implemented (DO NOT INCLUDE PERSONAL NAMES, JUST USE THE TITLE or POSITION) (MUST ADDRESS); Administrator and Vice President of Assisted Living 5) The date the corrective action will be completed (MUST INCLUDE); 1/18/2024	01/18/2024

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			6) You must attach all supporting documents into the system (MUST INCLUDE). 7) How you will identify and correct other areas having potential to be affected by the same deficient practice (if applicable) Tickler file will include all of compliance items (CPR, TB, Elder Abuse, Cultural Competency, and other regulatory requirements.	
0255 SS= E	Permits-Comply with NAC 446 on Food Service - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 6. A residential facility with more than 10 residents shall: (a) Comply with the standards prescribed in chapter 446 of NAC; and (b) Obtain the necessary permits from the Division. Inspector Comments: Based on observation on 11/30/2023, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Critical Violations: a. The high temperature dish machine did not reach the minimum 180 degrees Fahrenheit (F) for the final rinse cycle. The daily dish machine temperature log documented multiple days where the dish machine did not reach 180 degrees F. The dishwasher had continual water leaking onto the flooring. Dietary staff were still operating the dish machine to wash and sanitize ware even though it was indicated the machine required to be repaired. The administrator indicated parts had been ordered and the facility was waiting on their vendor to repair the dish machine. Severity: 2 Scope: 2	0255	1.) How you will correct the specific finding(s) stated in the Statement of Deficiencies (MUST ADDRESS); Renovations are being completed in the dishwasher area in the kitchen from 1/10/24- 1/15/24. The flooring and dishwasher will be replaced. We anticipate the completion date to be 1/15/24. 2) What measures or systematic change(s) will be put into place to ensure the deficient practice does not recur (MUST ADDRESS). Temperature logs will be monitored daily by kitchen staff and overseen by the Culinary Director 3) How the corrective action(s) will be monitored to ensure the deficient practice will not recur (MUST ADDRESS); Administrator will oversee the Culinary team along with the Culinary Director to ensure the deficient practice doesn't recur	01/15/2024

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			4) The title of the person (position) responsible for ensuring the plan of correction is implemented (DO NOT INCLUDE PERSONAL NAMES, JUST USE THE TITLE or POSITION) (MUST ADDRESS); Administrator and Vice President of Assisted Living 5) The date the corrective action will be completed (MUST INCLUDE); 1/11/2024 6) You must attach all supporting documents into the system (MUST INCLUDE). 7) How you will identify and correct other areas having potential to be affected by the same deficient practice (if applicable) N/A	
0276 SS= F	Service of Food-Nutritious Meals;Frequency - NAC 449.2175 Service of food 7. Meals must be nutritious, served in an appropriate manner, suitable for the residents and prepared with regard for individual preferences and religious requirements. At least three meals a day must be served at regular intervals. The times at which meals will be served must be posted. Not more than 14 hours may elapse between the meal in the evening and breakfast the next day. Snacks must be made available between meals for the residents who are not prohibited by their physicians from eating between meals.	0276	POC n/a for this item	01/11/2024

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0878 SS= D	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 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.	0878	POC n/a for this item	01/11/2024
1540 SS= E	Cultural Competency Training - R016-20 Section 14.1 1. Pursuant to subsection 1 of	1540	1.) How you will correct the specific	01/11/2024

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	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 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.		finding(s) stated in the Statement of Deficiencies (MUST ADDRESS); All employees that do not have a current certificate will retake the class. All new employees will receive the training within 30 days as required by the regulations. 2) What measures or systematic change(s) will be put into place to ensure the deficient practice does not recur (MUST ADDRESS); Community will develop a tracking system or "tickler" file to ensure that all employee files and training are compliant. 3) How the corrective action(s) will be monitored to ensure the deficient practice will not recur (MUST ADDRESS); Community will develop a tracking system or "tickler" file to ensure that all employee files and training are compliant. The tracker will be monitored by the Administrator. 4) The title of the person (position) responsible for ensuring the plan of correction is implemented (DO NOT INCLUDE PERSONAL NAMES, JUST USE THE TITLE or POSITION) (MUST ADDRESS); Administrator and Vice President of Assisted Living 5) The date the corrective action will be completed (MUST INCLUDE); 1/24/2024 6) You must attach all supporting	

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			documents into the system (MUST INCLUDE). 7) How you will identify and correct other areas having potential to be affected by the same deficient practice (if applicable) Tickler file will include all of compliance items (CPR, TB, Elder Abuse, Cultural Competency, and other regulatory requirements).	