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 _____	**05/25/2017**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ORMSBY HEIGHTS RESIDENTIAL CARE, LLC	**210 SOUTH ORMSBY BLVD, CARSON CITY, NEVADA ,89703**

(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 a complaint investigation initiated in your facility on 05/25/17. This State Licensure survey was conducted by the authority of NRS 449.0307, Powers of the Division of Public and Behavioral Health. The census at the time of the survey was eight. The sample size was five residents and four employee records. There was one complaint investigated. Complaint #NV00048964 was substantiated (See Tag 0050 and 0850): Allegation #1 A resident was unresponsive could not be substantiated. Allegation #2 A resident was dehydrated could not be substantiated. Allegation #3 The facility did not seek timely medical attention for a resident (See Tag Y0850.) Allegation #4 A resident had a catheter and lacked information on who was responsible for the care of the catheter (See Tag Y0050.) Allegation #5 A resident was admitted with pressure sores could not be substantiated. 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 deficiencies were identified:	0000		
0050 SS= D	449.194(1) - Administrator's Responsibilities-Oversight - NAC 449.194 Responsibilities of administrator. The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.27706, inclusive, and chapter 449 of NRS. Inspector Comments: Based on interview	0050	1) A new assessment form has been created and will be completed by a member of the management team upon any admission, or re admission. 2) Upon admission, or re admission, a member of the management team will be present. 3) The new, completed form will be kept in each resident's file. Management team will review admission assessment form for each resident upon completion. 4) Responsible party is Administrator or Manager.	10/17/2017

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: KRISTI JOHNSON Title: Owner Date: 10/17/2017

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	and document review, the Administrator failed to provide oversite for the care and required services upon admission for 1 of 5 sampled residents (Resident #1). Findings include: Resident #1 was admitted to the facility on 02/20/17 and readmitted on 04/08/17 with diagnoses including Parkinson's Disease, psychosis, and urinary tract infection. On 05/25/17, in the afternoon, review of Resident #1's medical record revealed a note signed by a caregiver explaining the appearance of Resident #1 upon arrival to the facility from a Long Term Care facility on 04/08/17. The note documented the following: Resident #1 arrived Saturday the eighth before dinner. He was in terrible shape. Looked to be like pudding running out of his mouth. Stunk. Greasy hair and had not been shaven in a long time. On his left ankle was a bubble getting ready to pop. Bed sores on his left hip. Sore all over his body. Review of a 19 page discharge document from the Discharge Coordinator at the Long Term Care facility to the Group Home facility lacked documented evidence of -pressure ulcers -wound care -catheter care -Supra Pubic usage -weights -discharge diagnoses -nursing signature, activities signature, or responsible party signature The 19 page document indicated "(Resident #1) is ready to return to your facility." Signed electronically by the Registered Dietician. On 05/25/17 at 12:26 PM, the Manager verbalized the facility lacked documented evidence the Caregiver notified the physician, Home Health, or called for emergency services upon receiving Resident #1 in the documented condition. Review of Resident #1's Resident Discharge/Transfer Form, undated, documented the reason for discharge/transfer was "sent resident to hospital" signed by the facility Manager. On 05/25/17 at 12:00 PM, the Manager verbalized the facility lacked documented evidence of an illness or an incident report for the reason Resident #1 was sent out of		5) Date of correction/implementation is 10/15/2017	

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	the facility on 04/09/17. On 05/25/17 at 12:34 PM, the Co-Owner of the facility verbalized during a telephone interview, the caregivers were not medical professionals and asked how do they know to seek medical help? The Co-Owner explained he was not aware if the Caregiver contacted Home Health, Administrator, or Manager on the date of Resident #1's arrival regarding the resident's physical condition. The Co-Owner confirmed the Caregiver identified physical concerns for Resident #1 on 04/08/17 and contacted Home Health on 04/09/17, after the family verbalized concerns for Resident #1. The Caregiver called Home Health and Co-Owner on 04/09/17. The Co-Owner explained Home Health and himself instructed the Caregiver to send the resident out for medical care. The Co-Owner explained he was responsible for doing the original assessment for a resident to ensure proper level of care could be provided. The Co-Owner explained an assessment was not completed for Resident #1 because the Co-Owner did not complete assessments if a resident was a former resident returning to the facility. The Co-Owner explained residents usually readmit on a weekday when the Manager was available to assess the resident upon arrival. The Co-Owner was unaware if Resident #1 had Home Health assigned to care for his medical needs upon readmission on 04/08/17. The Co-Owner explained Resident #1 had Home Health prior to his discharge from the facility and explained someone must have told someone Resident #1 had Home Health for his Supra Pubic Catheter. The Co-Owner verbalized the Long Term Care facility staff explained Resident #1: -was alert, oriented, ready to go back to the facility, and was doing fine -the transfer would take place on a Monday (Resident #1 was transferred on a Saturday) -did not mention the resident had pressure ulcers On 05/25/17, in the afternoon, the Manager confirmed Resident #1 had a Supra Pubic Catheter. The			

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	Manager verbalized the facility lacked documented evidence of a Home Health Service Agreement or notes on services provided for Resident #1. On 05/25/17 at 1:35 PM, the Administrator explained the Co-Owner was responsible for assessing a resident's needs prior to accepting them as an admission to the facility. The Administrator explained the discharge planners at Long Term Care facilities discuss the needs of the resident with the Co-Owner of the facility. Severity: 2 Scope: 1			
0850 SS= D	449.274(1)(a)(b) - Medical Care of Resident - 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. 1. If a resident of a residential facility becomes ill or if injured, the resident's physician and a member of the resident's family must be notified at the onset of the illness or at the time of the injury. The facility shall: (a) Make all necessary arrangements to secure the services of a licensed physician to treat the resident if the resident's physician is not available. (b) Request emergency services when such services are necessary. Inspector Comments: Based on interview and document review, the facility failed to obtain physician or emergency services for a resident with physical concerns for 1 of 5 sampled residents (Resident #1). Findings include: Resident #1 was admitted to the facility on 02/20/17 and readmitted on 04/08/17 with diagnoses including Parkinson's Disease, psychosis, and urinary tract infection. On 05/25/17, in the afternoon, review of Resident #1's medical record revealed a note signed by a caregiver explaining the appearance of Resident #1 upon arrival to the facility from a Long Term Care facility on 04/08/17. The note documented the following: Resident #1 arrived Saturday the eighth before dinner. He was in terrible shape. Looked to be like	0850	1) Upon admission, or re admission, a member of the management team will be present. 2) New admission/readmission assessment, skin check, and contact documentation forms have been created. Completed forms will be kept in resident file. 3) Upon admission/readmission, a member of management will complete forms as needed. If home health or hospice will be monitoring resident, Ormsby Heights Residential Care (OHRC) will contact the agency to detemine when the admission is scheduled. If any issues are noted with resident, OHRC will contact family, physician/emergency services for appropriate care. 4) Administrator and Manager are responsible parties. 5) Date of correction is 10/15/2017.	10/17/2017

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