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
	7210	A. BUILDING _____ B. WING _____	09/18/2023

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 an annual state licensure survey conducted in your facility on 09/18/23. This State Licensure 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 a total of ten Residential Facility for Group beds for elderly and disabled persons, five Category I and five Category II residents. The census at the time of the survey was eight. Eight resident files and six employee files were reviewed. 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 investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. There following regulatory deficiencies were identified:	0000		

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0859 SS= D	Medical Care of Resident After Illness - 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. (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 his or her physician. The resident must be cared for pursuant to any instructions provided by the resident ' s physician. Inspector Comments: Based on clinical record review and interview, the facility failed to ensure an annual general physical examination was completed timely for 1 of 8 residents (Resident #2). Findings include: Resident #2 Resident #2 was admitted to the facility on 03/16/16, with a diagnosis of dementia. Resident #2's clinical record documented an admission general physical examination dated 08/08/22. Resident #2's clinical record lacked evidence of a current general physical examination completed in 2023. On 09/18/23 at 3:40 PM, the Caregiver verbalized physical examinations are required to be completed upon admission and annually thereafter. The Caregiver confirmed Resident #2 did not have an annual physical examination for 2023. Severity: 2 Scope: 1	0859	1) The document has been completed. 2) Item will be added to list of annual documents needed for each resident. 3) List of needed annual documents will be audited on a monthly basis. 4) Manager 5) 11/1/2023. 6) see attachment 7)	11/01/2023

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0905 SS= D	Administration of Medication Restrictions - NAC 449.2746 Administration of medication: Restrictions concerning medication taken as needed by resident; written records. (NRS 449.0302) 1. A caregiver employed by a residential facility shall not assist a resident in the administration of a medication that is taken as needed unless: (a) The resident is able to determine his or her need for the medication; (b) The determination of the resident ' s need for the medication is made by a medical professional qualified to make that determination; or (c) The caregiver has received written instructions indicating the specific symptoms for which the medication is to be given, the exact amount of medication that may be given and the frequency with which the medication may be given. Inspector Comments: Based on interview, clinical record review, and document review, the facility failed to ensure written instructions indicating the specific symptom (s) for which a PRN medication was to be given was documented for 1 of 8 residents (Resident #6). Findings include: Resident #6 Resident #6 was admitted to the facility on 12/07/21, with diagnoses including dementia, hypertension, and diabetes. On 09/18/23 at 3:00 PM, Resident #6's medications included the following as needed (PRN) medication: -acetaminophen 500 milligram (mg) tablets, take one tablet by mouth every six hours as needed. Resident #6's September 2023 Medication Administration Record (MAR) documented acetaminophen 500 milligram (mg) tablets, take one tablet by mouth every six hours as needed. Resident #6''s physician order dated 08/18/23, acetaminophen 500 milligram (mg) tablets, take one tablet by mouth every six hours as needed. On 09/18/23 at 3:18 PM, the Medication Technician confirmed Resident #6's acetaminophen medication label, MAR entry, and physician order lacked the specific symptom(s) for which a PRN medication was to be given. Severity: 2 Scope: 1	0905	1) Item has been corrected with updated order. 2) All new PRN medications will be audited to ensure that a specific symptom is listed. 3) A weekly audit of new PRN medications will be done to ensure that a specific symptom is listed. 4) Manager 5) 11/1/2023. 6) see attachment	11/01/2023
1700	Annual Assessment of History of Each	1700	1) Documents have been completed.	11/01/202

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SS= E	Resident - NRS 449.1845 Administrator of residential facility for groups to conduct annual assessment of history of each resident and cause provider of health care to conduct certain examinations and assessments; placement based on assessment. 1. The administrator of a residential facility for groups shall: (a) Annually cause a qualified provider of health care to conduct a physical examination of each resident of the facility; (b) Annually conduct an assessment of the history of each resident of the facility, which must include, without limitation, an assessment of the condition and daily activities of the resident during the immediately preceding year; and (c) Cause a qualified provider of health care to conduct an assessment of the condition and needs of a resident of the facility to determine whether the resident meets the criteria prescribed in paragraph (a) of subsection 2: (1) Upon admission of the resident to the facility; and (2) If a physical examination, assessment of the history of the resident or the observations of the administrator or staff of the facility, the family of the resident or another person who has a relationship with the resident indicate that: (I) The resident may meet those criteria; or (II) The condition of the resident has significantly changed. 2. If, as a result of an assessment conducted pursuant to paragraph (c) of subsection 1, the provider of health care determines that the resident: (a) Suffers from dementia to an extent that the resident may be a danger to himself or herself or others if the resident is not placed in a secure unit or a facility that assigns not less than one staff member for every six residents, any residential facility for groups in which the resident is placed must meet the requirements prescribed by the Board pursuant to subsection 2 of NRS 449.0302 for the licensing and operation of residential facilities for groups which provide care to persons with Alzheimer's disease or other severe dementia. (b) Does not suffer from dementia as described in paragraph (a), the resident may be placed in any residential facility for groups. 3. As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031. (Added to		2) Item will be added to list of annual items to be completed for residents. 3) List of needed annual documents will be audited monthly. 4) Manager. 5) 11/1/2023. 6) see attachments	3

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	NRS by 2019, 2594) Inspector Comments: Based on interview and clinical record review, the Administrator failed to ensure standard placement determination were completed by a provider initially upon admission and annually thereafter for residents with a diagnosis of dementia, not residing in memory care for 3 of 6 residents (Resident #2, #4, and #6). Findings include: Resident #2 Resident #2 was admitted to the facility on 09/01/22, with a diagnosis of dementia. Resident #2's clinical record documented a Standard Physician Assessment and Placement Determination dated 08/08/22. The clinical record lacked documented evidence a standard placement determination had been completed in 2023. On 09/18/23 at 3:40 PM, the Caregiver confirmed Resident #2 did not have a standard placement determination for 2023. Resident #4 Resident #4 was admitted to the facility on 06/23/22, with a diagnosis of dementia. Resident #4's clinical record lacked documented evidence a standard placement determination had been completed upon admission and annually. On 09/18/23 at 3:41 PM, the Caregiver confirmed Resident #4 did not have a standard placement determination completed upon admission and annually. Resident #6 Resident #6 was admitted to the facility on 12/07/21, with diagnoses including dementia, hypertension, and diabetes. Resident #6's clinical record documented a Standard Physician Assessment and Placement Determination dated 12/06/21. The clinical record lacked documented evidence a standard placement determination had been completed in 2022 and 2023. On 09/18/23 at 3:42 PM, the Caregiver confirmed a Standard Physician Assessment and Placement Determination had not been completed in 2022 and 2023 for Resident #6. Severity: 2 Scope: 2			