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 _____	07/23/2025

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 07/23/2025. 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 ten Residential Facility for Group beds for elderly and/or disabled persons, five Category I and five Category II residents. The census at the time of the survey was eight. Eight resident files and seven employee files 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 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		
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; Inspector Comments: Based on personnel record review and interview, the facility failed to ensure 1 of 7 employees (Employee #4) received in-person Cardiopulmonary Resuscitation (CPR) training. Findings include: Employee #4 Employee #4 was hired on 12/14/2011, as the Administrator. Employee #4's personnel record included a certificate of CPR training completed online on 11/01/2024. The certificate documented Employee #4 was eligible for a skills session within 90 days. The record lacked documented evidence of completion of in-person training/skills session. On 07/23/2025 at 11:32 AM, the Manager/Caregiver confirmed Employee #4 had not completed an in-person CPR training/skills session. Severity: 2 Scope: 1	0106	1) CPR certification will be completed 2) Facility will ensure that future submitted CPR cards are complete 3) Upon monthly employee file audit, completion of CPR cards will be ensured 4) owner 5) 8/7/2025 6) see attached	08/07/2025

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: KRISTI JOHNSON Title: Owner Date: 08/14/2025

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0178 SS= F	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the Administrator failed to ensure the exterior of the facility was well maintained. Findings include: On 07/23/2025 in the morning, during a tour of the facility, the following were observed: -An exterior door at the front of the facility did not seal, with light visible at the top, bottom and side of the door. -A broken window outside a resident room and a broken window outside a utility room. -A faded and weathered cardboard box, lamp and multiple pieces of broken glass lying on the back patio. On 07/23/2025 at 10:15 AM, the Manager/Caregiver confirmed the findings above and verbalized the Manager/Caregiver often had to sweep the hall near the door after windy weather as dirt would enter the hallway through the unsealed portions around the door. The Manager/Caregiver verbalized the Manager/Caregiver was not previously aware of the broken windows and items found on the patio. Severity: 2 Scope: 3	0178	1) Repairs to windows will be made, weatherstripping will be installed, items on patio will be removed 2) monthly assessment of property exterior will be done 3) monthly assessment of property exterior will be done 4) manager 5) 9/30/25 6) no documents to attach	09/30/2025
0905 SS= E	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.	0905	1) medication orders will be corrected 2) upon receipt, orders will be checked to ensure that no level of pain is noted 3) new orders have been received for residents 6 and 7 with no level of pain noted 4) manager 5) 8/11/2025 6) see attached	08/11/2025

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	Inspector Comments: Based on record review and interview, the facility failed to ensure written instructions indicating the specific symptoms for which an As Needed (PRN) medication was to be given did not require an assessment for 2 of 8 residents (Resident #7 and #6). Findings include: Resident #7 Resident #7 was admitted to the facility on 02/21/2022, with diagnoses including diabetes mellitus type two and hypertension. On 07/23/2025 at 1:51 PM, Resident #7's medications included the following PRN medication: -Acetaminophen 500 milligrams (mg), two tablets by mouth every eight hours PRN for mild pain. Resident #7's July 2025 MAR and Physician Order dated 02/17/2025, documented Acetaminophen 500 mg, take two tablets by mouth every eight hours PRN for mild pain. Resident #6 Resident #6 was admitted to the facility on 03/14/2024, with diagnoses including hypertension and memory loss. On 07/23/2025 at 2:01 PM, Resident #6's medications included the following PRN medication: -Acetaminophen 325 mg, one tablet by mouth every four hours PRN for moderate pain. Resident #6's July 2025 Medication Administration Record (MAR) and Physician Order dated 03/13/2025, documented Acetaminophen 325 mg, take one tablet by mouth every four hours PRN for moderate pain. On 07/23/2025 at 2:05 PM, the Manager/Caregiver confirmed the indications of mild pain and moderate pain required an assessment. The Manager/Caregiver verbalized facility staff were not able to assess residents' pain. Severity: 2 Scope: 2			
1825 SS= F	Designation/Training persons for IC Program - NAC 449.0109 Designation and training of person responsible for infection control. 3. The program to prevent and control infections within the facility for the dependent developed pursuant to paragraph (a) of subsection 1 must provide for the designation of: (a) A primary person who is responsible for infection control; and (b) A secondary person who is responsible for infection control when the primary person is absent to ensure that someone is responsible for infection control at all times.	1825	1) training will be completed 2) facility will ensure that training is completed through an approved source 3) future training will be completed through an approved source 4) manager 5) 9/30/25 6) no attachments	09/30/2025

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	4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training. Inspector Comments: Based on personnel record review and interview, the facility failed to ensure the secondary employee responsible for infection control (Employee #5) completed 15 hours of training related to the control and prevention of infections from an approved organization. Findings include: Employee #5 Employee #5 was hired on 04/15/2012, as the Manager/Caregiver. Employee #5 was designated as the secondary employee responsible for infection control in the facility. Employee #5's personnel record lacked documented evidence of 15 hours of infection control and prevention training from an approved organization. On 07/23/2025 in the morning, Employee #5 acknowledged Employee #5 did not complete and verbalized being unaware of the requirement to complete the 15 hours of infection prevention and control training through an approved organization. Severity: 2 Scope: 3			