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
	7317	A. BUILDING _____ B. WING _____	07/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CORINTHIAN PLACE, LLC	**2630 SUNRAY DR, RENO, NEVADA ,89503**

(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 State Licensure annual grading survey conducted at your facility on 07/23/20. 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 and disabled persons and provides assisted living services. The census at the time of the survey was eight. Eight resident files were reviewed and six 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 investigation, 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		
0072 SS= D	Qualifications of Caregiver - Med Training - NAC 449.196 Qualifications and training of caregivers. (NRS 449.0302) 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Before assisting a resident in the administration of a medication, receive the training required pursuant to paragraph (e) of subsection 6 of NRS 449.0302, which must include 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 the completion of such training; (b) Receive annually at 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; (c) Complete the training program developed by the administrator of the residential facility pursuant to paragraph (e) of subsection 1 of NAC 449.2742; and (d) Annually pass an examination relating to the management of	0072	**0072** **1.How you will correct the specific finding(s) stated in the Statement of Deficiencies** Facility is in compliance. Employee#3 completed the 16 hours of initial medication management training.(See Attachment A) **2.What measures or systematic change(s) will be put into place to ensure the deficient practice does not recur** The Facility owner and the Administrator will ensure that future employees must have 16 hours medication training completed prior to hiring as indicated in the updated job description of the caregiver in the Corinthian Place Policy (See Attachment L) **3.How the corrective action (s) will be monitored to be ensure the deficient practice will not recur** The facility owner have created an Applicant Checklist for new employees that requires all necessary documents upon hiring.(See Attachment M) **4.The title of the person (position) responsible for ensuring the plan of correction is implemented** Facility Owner	07/27/2020

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: MYLENE LERON Title: OWNER Date: 08/16/2020

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	medication approved by the Bureau. Inspector Comments: Based on record review, document review, and interview, the facility failed to ensure 1 of 6 employees who administered medications to residents had 16 hours of initial training in medication management (Employee #3). Findings include: Employee #3 Employee #3 was hired as a Caregiver with a start date of 05/06/20. Employee #3's personnel file documented eight hours of medication management training, dated 05/10/20. Employee #3's personnel file lacked documented evidence of a total of 16 hours of initial medication management training. Employee #3 had been administering medications following Employee #3's eight hours of medication management training until the date of the survey. On 07/23/20 at 2:20 PM, the Administrator verbalized Employee #3 was administering medications with only eight hours of initial medication management training and verbalized the initial medication management training requirement was 16 hours. Scope: 2 Scope: 1		Preparation and submission of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or the correctness of the conclusions set forth on the statement of deficiencies of deficiencies. The plan of correction is prepared and submitted solely because of requirements under state/federal law.	
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 interview, document review and record review, the facility failed to ensure an admission physical examination with a review of sysetms signed by a medical professional was completed for 1 of 8 residents (Resident #3). Findings include: Resident #3 Resident #3 was admitted to the facility on 02/27/20 with a diagnoses including dysphagia, iron deficiency anemia, muscle	0859	**0859** **1. How you will correct the specific finding (s) stated in the Statement of Deficiencies** Facility is in compliance. Admission Physical Exam records have been updated to Resident#3. Records were obtained from the primary physician.(See Attachment B) **2. What measures or systematic change(s) will be put into place to ensure the deficient practice does not recur** The Facility Owner has updated its checklist for new admits having a physical exam by their primary physician within two weeks upon admission to the facility.(See Attachment K) **3. How the corrective action (s) will be monitored to be ensure the deficient practice will not recur**	08/12/2020

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	wasting and atrophy, pain, angina pectoris and moderate protein-caloric malnutrition. Resident #3's record lacked documented evidence of an admission physical exam. On 07/23/20 at 1:10 PM, the Owner/Caregiver confirmed the findings and was unable to provide documentation of an admission physical examination for Resident #3. Severity: 2 Scope: 1		The facility owner has created online account that uses Google Calendar to have synchronize reminder for the due dates for resident's Physical Assessment. **4.The title of the person (position) responsible for ensuring the plan of correction is implemented** Facility Owner Preparation and submission of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or the correctness of the conclusions set forth on the statement of deficiencies of deficiencies. The plan of correction is prepared and submitted solely because of requirements under state/federal law.	
0870 SS= F	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	0870	**0870** **1. How you will correct the specific finding(s) stated in the Statement of Deficiencies** Facility is in compliance. Pharmacy reviews for resident#1, resident#2, resident#4, resident#5, resident#6 have been updated with the signature of the administrator. See Attachments C, D, E, F, G, H **2.What measures or systematic change(s) will be put into place to ensure the deficient practice does not recur** The facility have created an online account that uses Google Calendar to have a synchronized reminder every 6 months to alert the administrator, owner, and staff that Medication review for resident/s are due for pharmacy review. **3. How the corrective action (s) will be monitored to be ensure the deficient practice will not recur**	08/10/2020

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	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, pharmacist or registered nurse at least once every six months for residents in the facility longer than 6 months for 5 of 6 residents (Resident #1, #2, 4, #5 and #6). Findings include: Resident #1 Resident #1 was admitted to the facility on 10/26/16, with diagnoses including osteoporosis, psychotic disorder, mild major depression, atrial fibrillation, essential hypertension and Alzheimer's disease. Resident #1's record documented a six-month medication profile review, dated 06/17/20. The medication profile review lacked the initials of the Administrator. Resident #1's record documented a six-month medication profile review, dated 12/11/19. The medication profile review contained a recommendation from the pharmacist. Resident #1's record lacked documented evidence Resident #1's physician was contacted regarding the recommendation. On 07/23/20 at 12:45 PM, the Owner/Caregiver confirmed the medication review for Resident #1 on 06/17/20 was not initialed by the Administrator and verbalized the medication profile review for Resident #1 on 12/11/19 contained a recommendation was not communicated to Resident #1's physician. Resident #2 Resident #2 was admitted to the facility on 06/01/17 with diagnoses including dementia, anxiety, hypertension, impaired mobility/gait and degenerative joint disease. Resident #2's record documented a six-month medication profile review, dated 06/12/19. Resident #2's record lacked documented evidence of a six-month medication profile review for December 2019 and June 2020. On 07/23/20 at 1:07 PM, the Owner/Caregiver confirmed there was no documentation of a six-month medication profile review for Resident #2 for December 2019 and June 2020. Resident #4 Resident #4 was admitted to the facility on 05/31/19 with diagnoses including cerebral atherosclerosis, vascular dementia		The Facility Owner and staff will review each Pharmacy review to ensure that signatures from the Administrator and the Primary Physician are completed before filing the form in the resident file.(See Attachment N) **4. The title of the person (position) responsible for ensuring the plan of correction is implemented** Facility Owner Preparation and submission of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or the correctness of the conclusions set forth on the statement of deficiencies of deficiencies. The plan of correction is prepared and submitted solely because of requirements under state/federal law.	

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	and small bowel obstruction. Resident #4's record documented a six-month medication profile review, dated 12/11/19 and 06/17/20. The six-month medication profile review, dated 06/17/20, lacked the initials of the Administrator. On 07/23/20 at 1:18 PM, the Owner/Caregiver confirmed the medication review for Resident #4 on 06/17/20 was not initialed by the Administrator. Resident #5 Resident #5 was admitted to the facility on 05/10/19 with diagnoses including vascular dementia. Resident #5's record documented a six-month medication profile review, dated 12/11/19 and 06/17/20. The six-month medication profile review, dated 06/17/20, lacked the initials of the Administrator. On 07/23/20 at 1:18 PM, the Owner/Caregiver confirmed the medication review for Resident #5 on 06/17/20 was not initialed by the Administrator. Resident #6 Resident #6 was admitted to the facility on 08/23/19 with diagnoses including Alzheimer's disease, high cholesterol and insomnia. Resident #6's record documented a six-month medication profile review, dated 06/10/20. The six-month medication profile review was four months late. On 07/23/20 at 1:30 PM, the Owner/Caregiver confirmed the medication review for Resident #6 on 06/10/20 was four months late. Severity: 2 Scope: 3			
0936 SS= D	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 5 residents met the	0936	**1. How you will correct the specific finding(s) stated in the Statement of Deficiencies** Facility is in compliance. 2 step TB tests were completed for resident #3 and resident#7. Facility owner and staff have reviewed and updated the checklist for new admission (See Attachments I, J) **2. What measures or systematic change(s) will be put into place to ensure the deficient practice does not recur** The facility owner have updated the admission checklist for new residents to ensure all documents are complete. (See Attachment O) **3. How the corrective action (s) will be monitored to be ensure the deficient practice will not recur** The facility has created an online account that uses Google Calendar to have a synchronized	08/05/2020

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	requirements concerning tuberculosis (TB) testing in accordance with Nevada Administrative Code (NAC) 441A (Resident #3 and #7). Findings include: Resident #3 Resident #3 was admitted to the facility on 02/27/20 with diagnoses including dysphagia, iron deficiency anemia, muscle wasting and atrophy, pain, angina pectoris and moderate protein-caloric malnutrition. Resident #3's file contained an admission 1-Step TB test with the 1st step administered on 03/09/20 and read negative on 03/11/20. Resident #3's record lacked documented evidence of an admission second step TB test. On 07/23/20 at 1:10 PM, the Owner/Caregiver confirmed Resident #3 did not complete a 2-Step TB test and verbalized Resident #3 needed a second step TB test. Resident #7 Resident #7 was admitted to the facility on 07/02/20 with diagnoses including chronic obstructed pulmonary disease, hypothyroidism, dementia and hypertension. Resident #7's record documented an admission one-step TB test administered on 06/20/20 and read negative on 06/24/20. Resident #7's record lacked documented evidence of an admission second step TB test. On 07/23/20 at 1:31 PM, the Owner/Caregiver confirmed Resident #7 did not complete a 2-Step TB test and verbalized Resident #7 needed a second step TB test. Severity: 2 Scope: 1		reminder every year to alert the Administrator, Owner, and Staff for expiring TB test. **4. The title of the person (position) responsible for ensuring the plan of correction is implemented** Facility Owner Preparation and submission of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or the correctness of the conclusions set forth on the statement of deficiencies of deficiencies. The plan of correction is prepared and submitted solely because of requirements under state/federal law.	

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0938 SS= D	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (g) An evaluation of the resident ' s ability to perform the activities of daily living and a brief description of any assistance he or she needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his or her ability to perform the activities of daily living; and (3) In any event, not less than once each year. Inspector Comments: Based on record review and interview, the facility failed to ensure residents were assessed annually for activities of daily living (ADL) for 1 of 6 residents (Resident #2). Findings include: Resident #2 Resident #2 was admitted to the facility on 06/01/17 with diagnoses including dementia, anxiety, hypertension, impaired mobility/gait and degenerative joint disease. Resident #2's record documented an ADL assessment was competed on 01/01/19 and 06/07/20. Resident #2's ADL assessment, dated 06/07/20, was five months late. On 07/23/20 at 12:58 PM, the Owner/Caregiver confirmed the annual ADL assessment for Resident #2 was five months late and verbalized the assessment needed to be completed at least annually. Severity: 2 Scope: 1	0938	**0938** **1. How you will correct the specific finding(s) stated in the Statement of Deficiencies** The Facility Owner has updated the Annual ADL for resident#2. **2. What measures or systematic change(s) will be put into place to ensure the deficient practice does not recur** The Facility Owner have created an online account that uses Google Calendar to have a synchronized reminder every year to alert the Administrator, Owner, and Staff to the due dates of the annual assessment need. **(See Attachment P)** **3. How the corrective action (s) will be monitored to be ensure the deficient practice will not recur** The Facility Owner have created an online account that uses Google Calendar to have a synchronized reminder every year to alert the Administrator, Owner, and Staff to the due dates of the annual assessment need. **4. The title of the person (position) responsible for ensuring the plan of correction is implemented** Facility Owner Preparation and submission of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or the correctness of the conclusions set forth on the statement of deficiencies of deficiencies. The plan of correction is prepared and submitted solely because of requirements under state/federal law.	08/10/2020