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 _____	07/29/2024

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 grading re-survey conducted at your facility on 07/29/2024. 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 and/or persons with mental illness. The census at the time of the survey was eight. Eight resident files were reviewed and two 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 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		
0895 SS= D	Administration of Medication Maintenance - NAC 449.2744 and R043-22 Administration of medication: Maintenance and contents of logs and records. (NRS 449.0302) 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician, physician assistant or advanced practice registered nurse, including, without limitation, whether the medication is to be	0895	Date of Issue: August 1, 2024 Date of Correction: July 29, 2024 1. How you will correct the specific finding (s) stated in the Statement of Deficiencies (MUST ADDRESS); **Resident #6:** Update the MAR to include Senna Plus 8.6 mg as per the physician's order. **Resident #8:**	07/29/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: EUGENE GASATAYA Title: ADMINISTRATOR Date: 08/02/2024

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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	administered according to a routine schedule or as needed; (5) Any change in an order or prescription of a resident ' s physician, physician assistant or advanced practice registered nurse,including, without limitation, the discontinuation of the medication; (6) Any time when the resident is out of the facility; and (7) Any mistakes made in the administration of medication. Inspector Comments: Based on record review, document review and interview, the facility failed to ensure the Medication Administration Record (MAR) was accurate for 2 of 8 sampled residents (Resident #6 and #8). Resident #6 Resident #6 was admitted to the facility on 02/27/2020, with diagnoses including dementia, osteoporosis and protein calorie malnutrition. During the medication review the following medications was available, however was not documented on the MAR. -Senna Plus 8.6 milligram (mg) - 50 mg tablet, take one tablet twice a day as needed for constipation A physician's order dated 04/26/2024 documented Senna Plus 8.6 milligram (mg) - 50 mg tablet, take one tablet twice a day as needed for constipation. Resident #8 Resident #8 was admitted to the facility on 06/06/2024, with diagnoses including dementia, type 2 diabetes, and hypertension. During the medication review the following medications was available, however was not documented on the MAR. -Polyethlene Glycol 3350, mix one capful 17 grams (gm) in 8 ounces (oz) of water/juice and drink once daily as needed for consitpation. A physician's order documented Polyethlene Glycol 3350, mix one capful 17 grams (gm) in 8 ounces (oz) of water/juice and drink once daily as needed for consitpation. On 07/29/2024 at 10:46 AM, the Lead Caregiver confirmed Resident #6's and #8's MARs needed to be updated to reflect the current physician's orders and medications onsite. Severity: 2 Scope: 1		Update the MAR to include Polyethylene Glycol 3350 as per the physician's order. 2) What measures or systematic change(s) will be put into place to ensure the deficient practice does not recur (MUST ADDRESS); a) Conduct a comprehensive review of all residents' MARs to ensure all medications are accurately documented. (Attachment A) b) Implement a double-check system where a second staff member verifies the accuracy of MAR updates against physician orders. 3) How the corrective action(s) will be monitored to ensure the deficient practice will not recur (MUST ADDRESS); a) Perform weekly audits of MARs to ensure ongoing accuracy. (Attachment A) b) Provide additional training to staff on the importance of accurate MAR documentation and procedures for updating MARs.	

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			c) Report audit findings to the management team monthly to ensure continuous compliance and address any issues promptly. 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 Facility Owner 5) The date the corrective action will be completed (MUST INCLUDE); July 29, 2024.	