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 _____	01/23/2025

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

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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 01/23/2025. 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 six. Six resident files were reviewed and five 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		
0515 SS= F	Supervision and Treatment of Residents - NAC 449.259 & R043-22 Supervision and treatment of residents generally. (NRS 449.0302) 1. A residential facility shall ensure that the staff of the facility collaborate with each resident of the facility, the family of the resident and other persons who provide care for the resident, including, without limitation, a qualified provider of health care, as interpreted by section 8 of this regulation, to: (a) Develop a person-centered service plan for the resident; and (b) Review the person-centered service plan at least once each year.; Inspector Comments: Based on record review and interview, the facility failed to ensure a person-centered service plan was reviewed annually to address the facility's treatment of residents for 5 of 6 residents, reviewed for service plans, and due an annual review (Resident #1, #2, #4, #5 and #6). Findings include: Resident #1 Resident #1 was admitted to the facility on 06/20/2022, with diagnoses including incontinence, hyperlipidemia and kidney disease. Resident #1's record documented	0515	1. How you will correct the specific finding(s) stated in the Statement of Deficiencies (MUST ADDRESS); The facility conducted a full review of all resident records and has immediately updated the person-centered service plans. The owner personally conducted a person-centered approach by interviewing each resident to ensure their plan reflects their most current personalized care needs. All missing or outdated service plans have been completed and placed in the residents' records. ***Please refer to Attachments A, B, C, D, E*** 2) What measures or systematic change(s) will be put into place to	02/06/2025

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	a person-centered Plan of Care dated 06/20/2022. Resident #1's clinical record lacked documented evidence of a person-centered service plan for 2023 and 2024. Resident #2 Resident #2 was admitted to the facility on 10/02/2023, with diagnoses including bipolar disorder, dementia, and depression. Resident #2's record documented a person-centered Plan of Care dated 10/02/2023. Resident #2's clinical record lacked documented evidence of a person-centered service plan for 2024. Resident #4 Resident #4 was admitted to the facility on 09/29/2023, with diagnoses including depression, chronic obstructive pulmonary disease, hypertension and hyperlipidemia. Resident #4's record documented a person-centered Plan of Care dated 09/28/2023. Resident #4's clinical record lacked documented evidence of a person-centered service plan for 2024. Resident #5 Resident #5 was admitted to the facility on 06/01/2021, with diagnoses including anxiety, depression, incontinence, and suicidal ideation. Resident #5's record documented a person-centered Plan of Care dated 05/31/2021. Resident #5's clinical record lacked documented evidence of a person-centered service plan for 2022, 2023, and 2024. Resident #6 Resident #6 was admitted to the facility on 10/14/2020, with diagnoses including dementia, hypertension, and gastroesophageal reflux disease. Resident #6's record documented a person-centered Plan of Care dated 10/15/2020. Resident #6's clinical record lacked documented evidence of a person-centered service plan for 2021, 2022, 2023, and 2024. On 01/23/2025 at 12:55 PM, the Lead Caregiver confirmed the facility's person-centered Plan of Care for Resident #1, #2, #4, #5, and #6 had not been reviewed for 2024. Severity: 2 Scope: 3		ensure the deficient practice does not recur (MUST ADDRESS); The facility has incorporated the Person-Centered Service Plan into its tracking system, both digitally and in written form. This system will be reviewed monthly, consistent with the facility's existing review practices. Additionally: • The Lead Caregiver and the Owner will conduct monthly meetings and mid-month audits to identify any necessary updates. • If a resident's baseline condition changes, the service plan will be promptly updated and documented in the records. 3) How the corrective action(s) will be monitored to ensure the deficient practice will not recur (MUST ADDRESS); The facility administrator or owner will review the tracking system weekly to ensure that all upcoming care plan reviews are scheduled and completed on time. Monthly meetings will continue to verify that all Person-Centered Service Plans are current and accurately reflect residents' needs. 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);	

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			Administrator and owner 5) The date the corrective action will be completed (MUST INCLUDE): February 6, 2024	
0520 SS= F	Supervision and Treatment of Residents - NAC 449.259 and R043-22 Supervision and treatment of residents generally. (NRS 449.0302) 2. A person-centered service plan developed pursuant to this section must include, without limitation: (a) Provisions concerning activities of daily living, medication management, cognitive safety, assistive devices, special needs, social and recreational needs and involvement of ancillary services; (b) Protective supervision as necessary for the resident; (c) The manner in which all caregivers will be informed of the required supervision of the resident; (d) The manner in which the facility will ensure that the resident has the opportunity to attend the religious service of his or her choice and participate in personal and private pastoral counseling; (e) Permission for the resident to rest in his or her room at any time; (f) Permission for the resident to enter or leave the facility at any time if the resident: (1) Is physically and mentally capable of leaving the facility; and (2) Complies with the rules established by the administrator of the facility for leaving the facility; (g) Laundry services for the resident unless the resident elects in writing to make other arrangements; (h) The manner in which the facility will ensure that the resident's clothes are clean, comfortable and presentable; (i) A requirement that the facility must inform the resident or his or her representative of the actions that the resident should take to protect the resident's valuables; (j) A written program of activities for the resident that	0520	1. How you will correct the specific finding(s) stated in the Statement of Deficiencies (MUST ADDRESS); Person-Centered Care Plans have been updated for all affected residents (Residents #1, #2, #4, #5, and #6), ensuring each plan includes the required elements stated in NAC 449.259 and R043-22. 2) What measures or systematic change(s) will be put into place to ensure the deficient practice does not recur (MUST ADDRESS); The facility has integrated the Person-Centered Service Plan into its tracking system, both digitally and in written format. This system will undergo a monthly review in alignment with the facility's standard review procedures ***(Please refer to Attachment F).*** 3) How the corrective action(s) will be	02/06/2025

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	includes scheduled and unscheduled activities that are suited to his or her interests and capacities; Inspector Comments: Based on record review and interview, the facility failed to ensure a person-centered service plan was developed to address the facility's treatment of residents for 5 of 6 residents reviewed for service plans (Resident #1, #2, #4, #5, and #6). Findings include: The following residents' records lacked documented evidence of a person-centered service plan in their clinical record to address the treatment needs of the residents by the facility's caregiver staff: - Resident #1 was admitted to the facility on 06/20/2022, with diagnoses including incontinence, hyperlipidemia, and kidney disease. - Resident #2 was admitted to the facility on 10/02/2023, with diagnoses including bipolar disorder, dementia, and depression. - Resident #4 was admitted to the facility on 09/29/2023, with diagnoses including depression, chronic obstructive pulmonary disease, hypertension and hyperlipidemia. - Resident #5 was admitted to the facility on 06/01/2021, with diagnoses including anxiety, depression, incontinence, and suicidal ideation. - Resident #6 was admitted to the facility on 10/14/2020, with diagnoses including dementia, hypertension, and gastroesophageal reflux disease. On 01/23/2025 at 12:55 PM, the Lead Caregiver confirmed the facility had not created current person-centered service plans for the residents currently residing in the facility affecting 5 of 6 residents. Severity: 2 Scope: 3		monitored to ensure the deficient practice will not recur (MUST ADDRESS); The Lead Caregiver and Owner will hold monthly meetings and mid-month audits to update service plans as needed. Any change in a resident's condition will be promptly documented. The facility administrator or owner will review the tracking system weekly to ensure timely care plan reviews. Monthly meetings will confirm that all Person-Centered Service Plans are up to date and accurately reflect residents' needs. 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 owner 5) The date the corrective action will be completed (MUST INCLUDE): February 6, 2024	
0522 SS= D	Supervision and Treatment of Residents - NAC 449.259 and R043-22 Supervision and treatment of residents generally. (NRS 449.0302) 2. A person-centered service	0522	1. How you will correct the specific finding(s) stated in the Statement of Deficiencies (MUST ADDRESS).	02/06/2025

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	plan developed pursuant to this section must include, without limitation: (k) If the resident has Alzheimer ' s disease or another form of dementia, measures to address that dementia and ensure the safety of the resident in the facility, including, without limitation: (1) Any measures taken pursuant to NAC 449.2754 or 449.2756; and (2) Provisions for the transfer of the resident pursuant to NAC 449.2706 if: Inspector Comments: Based on clinical record review and interview, the facility failed to ensure a person centered care plan contained interventions for a resident with dementia/memory loss for 2 of 3 residents with a dementia/memory loss diagnosis (Resident #2 and #6). Findings include: Resident #2 Resident #2 was admitted to the facility on 10/02/2023, with diagnoses including dementia, depression and bipolar disorder. Resident #2's clinical record contained a care plan initiated 10/02/2023, however the care plan lacked interventions for the care and treatment of dementia. Resident #6 Resident #6 was admitted to the facility on 10/14/2020, with diagnoses including dementia, hypertension, and gastroesophageal reflux disease. Resident #6s clinical record contained a care plan initiated 10/15/2020, however the care plan lacked interventions for the care and treatment of dementia. On 01/23/2025 at 12:55 PM, the Lead Caregiver verbalized the required components of a care plan were focus, goals, and interventions. The caregiver confirmed the care plan for Resident #2 and #6 lacked interventions for dementia. Scope: 2 Severity: 1		The facility has reviewed and updated the care plans for Residents #2 and #6 to include appropriate dementia care interventions, in compliance with NAC 449.259 and R043-22. ***Please refer to Attachment B and E.*** 2) What measures or systematic change(s) will be put into place to ensure the deficient practice does not recur (MUST ADDRESS). The facility has incorporated dementia-specific interventions into its Person-Centered Service Plan, ensuring all residents with dementia or memory impairment have documented care strategies tailored to their needs. 3) How the corrective action(s) will be monitored to ensure the deficient practice will not recur (MUST ADDRESS). The facility administrator or owner will review the tracking system weekly to ensure all care plan updates, including dementia interventions, are completed on schedule. Monthly meetings will confirm that Person-Centered Service Plans are current and accurately reflect residents' needs. 4) The title of the person (position) responsible for ensuring the plan of	

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			correction is implemented (DO NOT INCLUDE PERSONAL NAMES, JUST USE THE TITLE or POSITION) (MUST ADDRESS). Administrator and owner 5) The date the corrective action will be completed (MUST INCLUDE): February 6, 2024	