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
	7414	A. BUILDING _____ B. WING _____	08/16/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIERRA MANOR CARE HOME	327 RIVER FLOW DRIVE, RENO, NEVADA ,89523

(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 in your facility on 08/16/21. 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 was licensed for eight Residential Facility for Group beds for elderly and disabled persons and/or persons with chronic illness, mental illness, or intellectual disabilities, three Category I residents, and five Category II residents. The census at the time of the survey was six. Six resident files 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 investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiency was 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	0072	1. A retraining was done with the caregiver regarding qualifications and training of caregivers (NAC 449.196). Caregiver verbalized understanding. 2. The administrator will check the MAR and make sure a certified med tech is giving the medication to the resident and the one signing the MAR. Caregiver without certified training will not give and sign the MAR. Also, make sure that medication management training of the staff is up to date. 3. Every month, the Administrator and owner will check the MAR. 4. Administrator and Owner 5. Retraining was done on 08/28/21. Please see attached.	08/28/2021

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	pursuant to paragraph (e) of subsection 1 of NAC 449.2742; and (d) Annually pass an examination relating to the management of medication approved by the Bureau. Inspector Comments: Based on record review, document review, and interview, the facility failed to ensure 1 of 5 employees who administered medications to residents was trained in medication management and had current Medication Management training (Employee #5). Findings include: Employee #5 Employee #5 was hired at the facility on 02/28/17, as a Caregiver. Employee #5's personnel file documented Medication Management Training on 12/10/19 and 01/19/21. On 08/16/21 at 10:20 AM, Employee #5 confirmed the Medication Management Training was late by over a month and verbalized administering medications to residents. On 08/16/21 at 10:41 AM, the Administrator confirmed Employee #5 was late on taking the Medication Management Training course by over a month, however, Employee #5 was not administering medications to residents during that time period. Medication Administration Records (MAR) for the month of December 2020 and January 2021, for all residents in the facility documented Employee #5 had administered medications to all residents from 12/10/20, upon expiration of the Medication Management Training and 01/19/21. On 08/16/21 at 11:07 AM, Employee #5 confirmed the initials on the MAR between 12/10/20 and 01/19/21 were their initials confirming they had administered medications to all residents. Severity: 2 Scope: 1			