

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7414	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/24/2023
NAME OF PROVIDER OR SUPPLIER SIERRA MANOR CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 327 RIVER FLOW DRIVE, RENO, NEVADA ,89523		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	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 07/24/23. 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 four 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:			

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 Name: LAILA BUENVIAJE Title: Administrator Date: 10/06/2023
REPRESENTATIVE'S SIGNATURE

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NAME OF PROVIDER OR SUPPLIER SIERRA MANOR CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 327 RIVER FLOW DRIVE, RENO, NEVADA ,89523		
(X4) ID PREFIX TAG 0895 SS= A	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Administration of Medication Maintenance - NAC 449.2744 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; and (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident ' s physician. Inspector Comments: Based on observation, interview, and record review, the facility failed to ensure the Medication Administration Record (MAR) was accurate for 1 of 6 sampled residents (Resident #5). Findings include: Resident #5 Resident #5 was admitted to the facility on 07/14/23, with a diagnosis of heart disease. On 07/24/23, during a medication review with Administrator, the following medication was available in the medication cart for Resident #5: - trazadone 50 milligram tablet, take ½ tablet once at bedtime. The July 2023 MAR for Resident #5 did not include the trazadone. On 07/24/23 at 12:27 PM, the Administrator verbalized the MAR lacked documentation of Resident #5's trazadone. The Administrator explained the trazadone had been administered to the resident however the medication administration had not been documented on the MAR. The Administrator confirmed the medication should have been documented on Resident #5's MAR. Severity: 1 Scope: 1	ID PREFIX TAG 0895	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 1. We will make sure that all medications administered to the resident are documented in the MAR. 2. We will check medications with the MAR to ensure that all medications are included/documented in the MAR. 3. We will double check the MAR and residents medications every month for completeness.. 4. Administrator and Manager. 5. It was corrected on the date of survey, 7/24/23. 6. July MAR attached. 7. We will review MARs every month specially the new admission for completeness.	(X5) COMPLETION DATE 07/24/202 3