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
	7766	A. BUILDING _____ B. WING _____	07/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FERNLEY ESTATES	**1130 CHISHOLM TRAIL, FERNLEY, NEVADA ,89408**

(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 survey conducted in your facility on 07/09/2024, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 72 Category II, Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's Disease. The census at the time of the survey was 49. 15 resident files and 15 employee files were reviewed. The facility received a grade 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 investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified:	0000		

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: ASHLEY CARRILLO Title: Designated Manager Date: 08/19/2024

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0450 SS= D	First Aid & CPR - NAC 449.231 First aid and cardiopulmonary resuscitation. (NRS 449.0302) 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training. Inspector Comments: Based on record review, document review and interview, the facility failed to ensure 1 of 15 employees had the required cardiopulmonary resuscitation (CPR) and first aid training within 30 days of hire (Employee #4). On 09/14/2024 at 10:57 AM, the Administrative Assistant was provided the Personnel Check List to complete for 15 sampled employees. On 09/14/2024, the Administrative Assistant provided the completed form with the following information: Findings include: Employee #4 Employee #4 was hired by the facility as Caregiver with a start date of 02/28/2024. Employee #4's personnel file contained CPR and first aid training dated 04/06/2024. On 09/14/2024 at 3:03 PM, the Executive Director provided the Attestation of Compliance form, signed and dated 09/14/2024, confirming the Administrative Assistance had conducted a thorough review of the personnel records to determine compliance and any noncompliance found. Severity: 2 Scope: 1	0450	1. CPR is currently being completed within 30 days of hire, and all current care providers are up to date with active CPR certification. 2. On 04/06/2024 for employee #4 complete CPR training. 3. A tracking system has been put into place to keep all CPR in line for the correct completion time frame effective07/09/2024. 4. This CPR tracker is being audited by the receptionist and overseen by Administrative Assistant.	07/09/2024
0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician , physician assistant or advanced practice registered nurse has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician, physician assistant or advanced practice registered nurse. The over-the-	0878	1. The community received an updated medication order for Resident #4 was received onsite. 2. Resident#4’s medication Celecoxib was discontinued 07/10/2024 by primary provider. Documentation attached for reference. 3. Weekly auditing of med cart and provider orders will be completed to ensure medications are being administered per provider orders.	07/10/2024

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	counter medication or dietary supplement must be administered in accordance with the written instructions of the physician, physician assistant or advanced practice registered nurse. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician, physician assistant or advanced practice registered nurse must be administered as prescribed by the physician, physician assistant or advanced practice registered nurse. If a physician, physician assistant or advanced practice registered nurse orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician, physician assistant or advanced practice registered nurse must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, physician assistant or advanced practice registered nurse, a physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. Inspector Comments: Based on record review, observation and interview, the facility failed to ensure a medication was onsite to administer the prescribed dosage for 1 of 15 sampled residents (Resident #4). Findings include: Resident #4 Resident #4 was admitted to the facility on 02/02/2023, with diagnoses including chronic pan, atrial fibrillation, and type two diabetes mellitus.		4. Weekly auditing will be completed by the MedTech and overseen by the Wellness Director.	

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	On 07/09/2024 at 12:35 PM, during a review of the resident's medications the following medication was not onsite and not being administered as prescribed: - Celecoxib capsule 200 milligrams, take one capsule by mouth twice daily. Resident #4's July 2024 Medication Administration Record (MAR) and a physician's order dated 04/07/2024, documented the following. - Celecoxib capsule 200 milligrams, take one capsule by mouth twice daily. On 07/09/2024 at 12:45 PM, the Medication Technician confirmed the Celecoxib was not onsite to administer the prescirbed dosage for Resident #4. Severity: 2 Scope: 1			
0895 SS= A	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 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 1 of 15 sampled residents (Resident #11). Resident #11 Resident #11 was	0895	1. The community faxed the correct physician orderto the pharmacy for update to ensure the current order matched the MAR. 2. This order was faxed and correct on 07/11/2024. Documentationattached for reference. 3. Auditing to be done weekly on Med cart andphysician orders. 4. Weekly auditing will be completed by the MedTech and overseen by the Wellness Director.	07/11/2024

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	admitted to the facility on 02/12/2019, with diagnoses including Alzheimer's disease, hypertension and diabetes. A physician's order dated 03/04/2024 documented Cholecalciferol (vitamin D3) 1000 unit capsule, take one capsule by mouth every day. The July 2024 MAR documented vitamin D3 1000 unit capsule, take one capsule by mouth every day for 60 days. On 07/09/2024 at 12:28 PM, the Wellness Director confirmed Resident #11's MAR needed to be updated to reflect the current physician's order. The Wellness Director verbalized a range order was to be discontinued and the MAR was to be updated after the completed range date. Severity: 1 Scope: 1			

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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 interview and clinical record review, the facility failed to ensure an annual tuberculosis (TB) test was completed timely for 1 of 15 sampled residents (Resident #7). Findings include: Resident #7 Resident #7 was admitted to the facility on 12/02/2022, with diagnoses including hypertension, depression and congestive heart failure. Resident #7's clinical record documented an initial negative QuantiFERON TB test completed on 12/07/2022. An annual QuantiFERON TB test was completed on 01/03/2024, one month late. On 07/09/2024 at 11:41 AM, the Administrator confirmed Resident #7's annual TB test was late and verbalized all TB tests were to be completed upon admission and the same month annually thereafter. Severity: 2 Scope: 1	0936	1. The community immediately scheduled Resident#7's TB test once discovered that is was overdue. 2. Corrective action was taken on 01/03/2024, when TB was found overdue From 12/07/2022. 3. The community utilizes a tracking system that has been updated and will be audited a month ahead of time for annual QuantiFERON's to be done in a timely manner. 4. The tracking system will be audited by the Wellness Assistant and overseen by Wellness Director.	07/03/2024

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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 clinical record review and interview, the facility failed to ensure an initial Activities of Daily Living (ADL) assessment was completed timely for 1 of 15 sampled residents (Resident #12). Findings include: Resident #12 Resident #12 was admitted to the facility on 03/09/2024, with diagnoses including hypothyroidism and Alzheimer's disease. Resident #12's clinical record included an ADL assessment dated 03/10/2024, one day late. On 07/09/2024 at 12:13 PM, the facility Administrator verbalized ADL assessments were to be completed prior to admission to the facility. On 07/09/2024 at 2:24 PM, the facility Administrator confirmed Resident #12's ADL assessment completed 03/10/2024, was completed late. Severity: 2 Scope: 1	0938	1. The community took immediate action when ADL assessment for Resident #12 was not in place upon move in. 2. Corrective action was taken on_03/10/2024_ date when ADL assessment was created. 3. All ADL assessments are required to have in place upon move-in. 4. In creating Resident Evaluation, the Wellness director and Administrator will ensure both documents are created at the same time for informational purposes for all staff within the facility.	07/10/2024
1300 SS= C	Discrimination prohibited - NRS 449.101 Discrimination prohibited; development of antidiscrimination policy; posting of nondiscrimination statement and certain other information; construction of section. [Effective January 1, 2020.] 1. A medical	1300	1. The community's websites Non-Discrimination statement was immediately corrected and posted on the website.	07/09/2024

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	facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed and any employee or independent contractor of such a facility shall not discriminate in the admission of, or the provision of services to, a patient or resident based wholly or partially on the actual or perceived race, color, religion, national origin, ancestry, age, gender, physical or mental disability, sexual orientation, gender identity or expression or human immunodeficiency virus status of the patient or resident or any person with whom the patient or resident associates. 2. A medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed shall: (a) Develop and carry out policies to prevent the specific types of prohibited discrimination described in the regulations adopted by the Board pursuant to NRS 449.0302 and meet any other requirements prescribed by regulations of the Board; and (b) Post prominently in the facility and include on any Internet website used to market the facility the following statement: [Name of facility] does not discriminate and does not permit discrimination, including, without limitation, bullying, abuse or harassment, on the basis of actual or perceived race, color, religion, national origin, ancestry, age, gender, physical or mental disability, sexual orientation, gender identity or expression or HIV status, or based on association with another person on account of that person's actual or perceived race, color, religion, national origin, ancestry, age, gender, physical or mental disability, sexual orientation, gender identity or expression or HIV status. 3. In addition to the statement prescribed by subsection 2, a facility for skilled nursing, facility for intermediate care or residential facility for groups shall post prominently in the facility and include on any Internet website used to market the facility: (a) Notice that a patient or resident who has experienced prohibited discrimination may file a complaint with the Division; and (b) The contact information for the Division. 4. The provisions of this section shall not be		2. The website was updated on 07/09/2024 prior to the exit of surveyors. 3. Quarterly review of website to verify Non-Discrimination statement is easily located on website and accurate information reflects the community. 4. Quarterly audits will be completed by the Administrator.	

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	construed to: (a) Require a medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed or an employee or independent contractor thereof to take or refrain from taking any action in violation of reasonable medical standards; or (b) Prohibit a medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed from adopting a policy that is applied uniformly and in a nondiscriminatory manner, including, without limitation, such a policy that bans or restricts sexual relations. Inspector Comments: Based on observation and interview, the facility failed to post a current and complete nondiscrimination statement prominently on any Internet website used to market the facility. Findings include: On 07/09/2024 at 8:47 AM, the facility lacked the required nondiscrimination statement on the Internet website used to market the facility. On 07/09/2024 at 2:58 PM, the Administrator verbalized the nondiscrimination statement located on the website was not posted prominently or conspicuously on the Internet website used to market the facility, the statement was incomplete and did not contain the required language. Severity: 1 Scope: 3			
1700 SS= D	Annual Assessment of History of Each Resident - NRS 449.1845 Administrator of residential facility for groups to conduct annual assessment of history of each resident and cause provider of health care to conduct certain examinations and assessments; placement based on assessment. 1. The administrator of a residential facility for groups shall: (a) Annually cause a qualified provider of health care to conduct a physical examination of each resident of the facility; (b) Annually conduct an assessment of the history of each resident of the facility, which must include, without limitation, an assessment of the condition and daily activities of the resident during the immediately preceding year; and (c) Cause	1700	1. The community's Wellness Director took immediate action when Physician placement was not found for Resident #12 2. Primary Physician signed and acknowledged placement form on 05/01/2024. 3. The community utilizes a tracking system for all move in documents for each resident including the physician placement. 4. The Wellness Director will audit upon move in for each resident and enter information on a tracker utilized	05/01/2024

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	a qualified provider of health care to conduct an assessment of the condition and needs of a resident of the facility to determine whether the resident meets the criteria prescribed in paragraph (a) of subsection 2: (1) Upon admission of the resident to the facility; and (2) If a physical examination, assessment of the history of the resident or the observations of the administrator or staff of the facility, the family of the resident or another person who has a relationship with the resident indicate that: (I) The resident may meet those criteria; or (II) The condition of the resident has significantly changed. 2. If, as a result of an assessment conducted pursuant to paragraph (c) of subsection 1, the provider of health care determines that the resident: (a) Suffers from dementia to an extent that the resident may be a danger to himself or herself or others if the resident is not placed in a secure unit or a facility that assigns not less than one staff member for every six residents, any residential facility for groups in which the resident is placed must meet the requirements prescribed by the Board pursuant to subsection 2 of NRS 449.0302 for the licensing and operation of residential facilities for groups which provide care to persons with Alzheimer's disease or other severe dementia. (b) Does not suffer from dementia as described in paragraph (a), the resident may be placed in any residential facility for groups. 3. As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031. (Added to NRS by 2019, 2594) Inspector Comments: Based on interview and clinical record review, the facility failed to ensure initial physician placement determinations were completed timely by a provider for residents with a diagnosis of dementia prior to admission for 1 of 25 sampled residents (Resident #12). Findings include: Resident #12 Resident #12 was admitted to the facility on 03/09/2024, with diagnoses including hypothyroidism and Alzheimer's disease. Resident #12's clinical record included a physician placement determination dated 05/01/2024, 53 days late. On 07/09/2024 at 12:13 PM, the facility Administrator verbalized physician		monthly. The administrator will oversee the tracking system for all move in documents	

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	placement determinations were to be completed prior to admission to the facility. On 07/09/2024 at 1:55 PM, the facility Administrator verbalized Resident #12's physician placement determination was completed on 05/01/2024, after the resident admitted. The Administrator explained it was important to have physician placement determinations prior to admission because the document indicated what level of care a resident needed. Severity: 2 Scope: 1			