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 _____	**08/14/2025**

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

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual and Complaint (CPT) State Licensure survey conducted in your facility on 08/14/2025, 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 64. Fifteen resident files and 19 employee files were reviewed. The facility received a grade B. There was one complaint investigated. CPT #NV00074725 with the allegation a resident did not have medications on-site and available to administer was substantiated (See Tag #878). The following allegations could not be substantiated due to a lack of evidence. Allegation #2: Resident not receiving baths. Allegation #3: Staff did not ensure a resident had a hearing assistive device applied. The findings and conclusions of any investigation by the Health Care Purchasing and Compliance Division 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		
0450 SS= F	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.	0450	Between the dates of 10/15/2025 and 1/10/2025 all current direct care team members went through First Aid Training. The outside vendor has been communicated with that all future classes must include CPR and First Aid otherwise another vendor will be immediately sourced. The Administrative Assistant will oversee the scheduling of all classes and quarterly	01/10/2026

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: LAURA HIGMAN Title: Administrator Date: 01/09/2026

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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	Inspector Comments: Based on personnel file review and interview, the facility failed to ensure the Administrator and caregivers received first aid training within 30 days of employment for 14 of 14 sampled employees working at the facility greater than 30 days (Employee #1, #3, #4, #5, #6, #7, #8, #9, #10, #11, #12, #13, #14, and #15). Findings include: On 08/14/2025, the Administrative Assistant was provided the Personnel Check List to complete for 15 sampled employees. On 08/15/2025, the Business Office Manager provided the completed form, via email, with the following information: Employee #1 Employee #1 was hired by the facility as Administrator with a start date of 08/20/2024. Employee #1's employee file contained a Basic Life Safety (BLS) certificate. The training lacked first aid training. Employee #3 Employee #3 was hired by the facility as Resident Aide with a start date of 04/01/2025. Employee #3's employee file contained a BLS certificate. The training lacked first aid training. Employee #4 Employee #4 was hired by the facility as Resident Aide with a start date of 03/14/2025. Employee #4's employee file contained a BLS certificate. The training lacked first aid training. Employee #5 Employee #5 was hired by the facility as Medication Aide with a start date of 03/01/2023. Employee #5's employee file contained a BLS certificate. The training lacked first aid training. Employee #6 Employee #6 was hired by the facility as Resident Aide with a start date of 04/14/2025. Employee #6's employee file contained a BLS certificate. The training lacked first aid training. Employee #7 Employee #7 was hired by the facility as Medication Aide with a start date of 07/30/2024. Employee #7's employee file contained a BLS certificate. The training lacked first aid training. Employee #8 Employee #8 was hired by the facility as Resident Aide with a start date of		auditing of all team member files.	

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	04/26/2024. Employee #8's employee file contained a BLS certificate. The training lacked first aid training. Employee #9 Employee #9 was hired by the facility as Resident Aide with a start date of 07/08/2025. Employee #9's employee file contained a BLS certificate. The training lacked first aid training. Employee #10 Employee #10 was hired by the facility as Resident Aide with a start date of 07/08/2025. Employee #10's employee file contained a BLS certificate. The training lacked first aid training. Employee #11 Employee #11 was hired by the facility as Resident Aide with a start date of 07/08/2025. Employee #11's employee file contained a BLS certificate. The training lacked first aid training. Employee #12 Employee #12 was hired by the facility as Resident Aide with a start date of 03/25/2025. Employee #12's employee file contained a BLS certificate. The training lacked first aid training. Employee #13 Employee #13 was hired by the facility as Resident Aide with a start date of 06/24/2025. Employee #13's employee file contained a BLS certificate. The training lacked first aid training. Employee #14 Employee #14 was hired by the facility as Resident Aide with a start date of 05/28/2025. Employee #14's employee file contained a BLS certificate. The training lacked first aid training. Employee #15 Employee #15 was hired by the facility as Resident Aide with a start date of 07/31/25. Employee #15's employee file contained a BLS certificate. The training lacked first aid training. On 08/14/2025 at 1:41 PM, the Administrator provided the Attestation of Compliance form, signed and dated 08/14/2025, confirming the Administrative Assistant had conducted a thorough review of the personnel records to determine compliance and any noncompliance found. The Executive Director verbalized attesting to the accuracy of the Personnel Checklist Form self-attestation. Severity: 2 Scope: 3			
0878	Medication/OTCS, Supplements, Change	0878		08/15/202

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SS= E	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-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		Resident #4- The community immediately verified orders in chart versus MAR and applied directions change sticker to both bottles of medication. Resident #11 Physically Discharged on 09/10/2025, Financially discharged on 10/15/2025. Resident #12 The community immediately verified orders in the chart and the Mar and applied a directions change sticker to the medication bottle Resident #13- Provider was contacted and approved to discontinue Erythromycin Ophthalmic Ointment. Acetaminophen was ordered on 8/13/2025 and received on 08/14/2025. Each Medication cart will be audited on a monthly basis by the medication aids. The Wellness Director will provide oversight and follow up on all audits.	5

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	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 observation, record review, interview, and document review the facility failed to ensure medications were onsite and available to administer as prescribed to 1 of 15 sampled residents (Resident #13), a change label was affixed to a resident's medication container for 2 of 15 sampled residents (Resident #4 and #11), and medications were administered per physician orders for 2 of 15 sampled residents (Resident #11 and #12). Findings include: Resident #13 Resident #13 was admitted to the facility on 01/21/2025, with diagnoses including hypertension and Alzheimer's disease. Resident #13's record included the following physician's orders: -Acetaminophen 325 milligram (mg) tablets, take two tablets by mouth every eight hours as needed for headache, back, joint, soft tissue, or generalized pain. The start date was 05/19/2025. -Erythromycin 5 mg/ gram ophthalmic ointment, apply to right eye two times per day. The primary diagnosis was unspecified acute conjunctivitis, right eye. The start date was 06/16/2025. Resident #13's August 2025 Medication Administration Record (MAR) documented the Erythromycin ointment was last administered on 08/12/2025. The scheduled administrations for 08/13/2025 and 08/14/2025 documented the medication was not given as the medication was not in the cart and staff would follow up with the pharmacy for a refill. On 08/14/2025 at 11:55 AM, during a review of Resident #13's medications and in the presence of the Medication Aide, Erythromycin ophthalmic ointment and Acetaminophen were not			

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	provided for review. The Medication Aide verbalized the pharmacy was contacted on 08/13/2025 for a refill of the medications and the facility had not yet received them. The Medication Aide confirmed neither medication was currently onsite nor available to administer. The facility policy titled "Medication System Summary," dated 03/2018, documented the facility was to establish a supply/order system to make resident medications available when needed. The facility policy titled "Medication Service: Ordering/Reordering Medications," dated 03/2018, documented staff would seek to have all resident medications available when needed. Non-cycle fill medications were to be ordered before the medication was down to a seven-day supply, or when a 14-day supply remained if the medication was mail ordered. Each shift, staff were to determine whether medications needed to be ordered/reordered and initiate the order process. The facility policy titled "Medication Service: Medication Cycle Fill," dated 03/2018, documented the cycle fill process did not apply to As Needed (PRN) medications, ointments, creams, or lotions. Resident #4 Resident #4 was admitted to the facility on 11/08/2021, with diagnoses including type II diabetes mellitus, hypertension, and atrial fibrillation. On 08/14/2025 at 11:15 AM, during a review of Resident #4's medications, the following was observed: - a bottle of Diltiazem hydrochloride (HCL) 240 mg tablet, take one tablet by mouth every day, documented on the medication's label. - the August 2025 MAR documented Diltiazem HCL 120 mg tablet, take two tablets (240 mg) by mouth every day. The order for Resident #4's Diltiazem HCL, dated 06/03/2025, documented the following: - Diltiazem HCL 120 mg tablet, take two tablets (240 mg) by mouth every day. - a bottle of Metoprolol Succinate extended release 50 mg, take one tablet by mouth every day, documented on the medication's label. - the August 2025			

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	MAR documented Metoprolol Succinate extended release 25 mg, take two tablets (50 mg) by mouth every day. The order for Resident #4's Metoprolol Succinate dated 06/03/2025, documented the following: - Metoprolol Succinate extended release 25 mg, take two tablets (50 mg) by mouth every day On 08/14/2025 at 11:18 AM, the Medication Technician confirmed the MAR and order did not match the instructions on the medication label for the Diltiazem HCL and the Metoprolol Succinate and the medication label should have had a change label. Resident #11 Resident #11 was admitted to the facility on 09/18/2023, with diagnoses including dyslipidemia and type 2 diabetes mellitus. A physician's order dated 07/24/2025, documented Potassium Chloride sustained action (SA) 20 milliequivalent (MEQ) tablet controlled release (CR). Take one tablet by mouth every day. A physician's order dated 08/11/2025, documented Potassium Chloride SA 20 MEQ tablet CR. Take one tablet by mouth every day. Resident #11's August 2025 MAR documented Potassium Chloride extended release (ER) 20 MEQ tablet. Take two tablets (40 MEQ) by mouth every morning for supplement with diuretic. The MAR documenting the following: -On 08/12/2025, Potassium Chloride withheld per discontinue orders. -On 08/13/2025, Potassium Chloride withheld per discontinue orders. Resident #11's clinical record lacked documentation of a discontinue order for Potassium Chloride. On 08/14/2025 at 11:43 PM, during a review of resident medications, a bottle of Potassium Chloride 20 MEQ tablets were included in Resident #11's medications. The medication label documented to administer one tablet daily. On 08/14/2025 at 11:43 PM, a Medication Aide (MA) verbalized resident MARs, physician's orders, and medication labels should match to ensure physician's orders were followed. The MA verbalized it was the responsibility of the MAs to identify discrepancies and reach out			

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	to the pharmacy and physician for clarification. The MA confirmed Resident #11's MAR and Potassium Chloride medication label did not match. On 08/14/2025 at 12:02 PM, the Designated Manager verbalized Resident #11's went to the hospital 08/05/2025, where the Manager believed all orders were discontinued. Resident #11 returned on 08/11/2025. On 08/14/2025 at 1:20 PM, the Manager confirmed Resident #11's clinical record lacked documented evidence of a discontinue order for Resident #11's Potassium Chloride. The Manager verbalized the Potassium Chloride was delivered the facility on 08/11/2025. The Manager confirmed the Potassium Chloride was documented as "held" on Resident #11's MAR on 08/12/2025 and 08/13/2025 and should not have been. The Manager verbalized resident MARS, orders, and medication labels should match to ensure the correct medication dose was administered to the resident per the physician's order. The Manager confirmed Resident #11's most recent Potassium Chloride physician's order documented to take one 20 MEQ tablet by mouth every day while the August 2025 MAR documented take two 20 MEQ tablets by mouth every morning. The facility policy titled "Medication Assistance Record: Routine Medication Pass," undated, documented information on the medication label should always match the information on the MAR sheet for medication name, dose, and frequency. Team members would carry out all medication and treatment orders as prescribed Resident #12 Resident #12 was admitted to the facility on 12/13/2024, with diagnoses including Alzheimer's Disease, dementia, senile degeneration of brain, chronic respiratory failure with hypoxia, and scoliosis. A physician's order for Olanzapine dated 06/17/2025, documented 10 mg, take one tab by mouth every evening at 4:00 PM (hospice). Resident #12's MAR dated August 2025, documented Olanzapine 10			

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	mg tab, take one tab by mouth every evening at 4:00 PM (hospice), with a written date of 06/17/2025. Resident #12's medication storage bin contained a medication bottle of Olanzapine 20 mg. On 08/14/2025 at 11:23 AM, the Medication Technician confirmed the Olanzapine 20 mg had been administered to Resident #12 and did not match the resident's MAR. On 08/14/2025 at 12:32 PM, the Designated Manager confirmed Resident #12's Olanzapine medication had recently had a dosage change and the medication administered to the resident had not been correct. The facility policy titled, "Health Services-Systems, Medication System Summary," dated 03/2018, documented medication administration, including ordering and receiving medications, would be provided according to the physician orders. Complaint #NV00074725 Severity: 2 Scope: 2			
0885 SS= D	Medication - Destruction - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Inspector Comments: Based on observation, interview, record review, and document review the facility failed to ensure expired medications were removed from a medication cart and destroyed on or before the expiration date for 1 of 15 sampled residents (Resident #15). Findings include: Resident #15 Resident #15 was admitted to the facility on 02/24/2023, with diagnoses including anxiety, Alzheimer's disease, and	0885	On 8/14/2025 the expired medication was immediately destroyed. The medication carts will be audited monthly for expired medication and checked during each medication pass by the medication aids. The Wellness Director will provide oversight and follow upon all monthly audits.	08/14/2025

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	stage three chronic kidney disease. A Physician's Order dated 12/13/2024, documented Calcium Antacid 500 milligram (mg) chewable tablets, chew and swallow two tablets (1000 mg) by mouth every day as needed for heartburn. On 08/14/2025 at 11:49 AM, during a review of Resident #15's medications and in the presence of the Medication Aid a bubble pack containing Calcium Antacid 500 mg chewable tablets was stored in the medication cart, with the resident's active medications. The expiration date printed on the label was 07/31/2025. The Medication Aide confirmed the medication was expired and explained staff usually checked the expiration dates of all medications stored in the carts twice per month. If a medication was expired, the medication was to be removed from the cart and destroyed. The facility policy titled "Medication System Summary," dated 03/2018, documented the health services team would coordinate with the contracted pharmacy to establish practices for return/destruction/disposal of unwanted medications. Unwanted medications included those which were expired, deteriorated and/or discontinued. Staff were to be timely to remove any unwanted medications from circulation and either destroy the medication or return them to the pharmacy. Severity : 2 Scope : 1			
0905 SS= D	Administration of Medication Restrictions - NAC 449.2746 Administration of medication: Restrictions concerning medication taken as needed by resident; written records. (NRS 449.0302) 1. A caregiver employed by a residential facility shall not assist a resident in the administration of a medication that is taken as needed unless: (a) The resident is able to determine his or her need for the medication; (b) The determination of the resident ' s need for the medication is made by a medical professional qualified to make that determination; or (c) The caregiver has received written instructions indicating the specific symptoms for which the medication	0905	On 11/19/2025 the updated provider order was received by the community and updated on the MAR. PRN Medication orders will be audited monthly for reason for administration and checked during each medication pass by medication aids. The Wellness Director will provide oversight and follow upon all monthly audits.	11/19/2025

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	is to be given, the exact amount of medication that may be given and the frequency with which the medication may be given. Inspector Comments: Based on observation, record review, interview, and document review the facility failed to ensure an As Needed (PRN) medication included written instructions indicating a specific symptom for which the medication was to be given for 1 of 15 residents (Resident #8). Findings include: Resident #8 Resident #8 was admitted to the facility on 03/01/2025, with diagnoses including hypertension and chronic obstructive pulmonary disease. Physician's Orders dated 02/27/2025, and Resident #8's August 2025 Medication Administration Record (MAR) documented the following: -Albuterol Hydrofluoroalkane (HFA) 90 micrograms (mcg) aerosol inhaler, inhale one puff into the lungs every four hours as needed for chronic obstructive pulmonary disease. -Ipratropium/Albuterol 0.5-2.5 milligrams (mg)/ 3 milliliters (ml) nebulizer, inhale contents of one vial via nebulizer twice daily as needed for chronic obstructive pulmonary disease. On 08/14/2025 at 12:23 PM, during a review of Resident #8's medications, a Medication Aide acknowledged the resident's MAR and the pharmacy label on the Albuterol inhaler and Ipratropium/Albuterol nebulizer indicated the medications were to be given for chronic obstructive pulmonary disease. The Medication Aide verbalized the Medication Aide thought chronic obstructive pulmonary disease was a symptom as opposed to a diagnosis, however, did not know for certain. A second Medication Aide (Medication Aide 2) explained the Medication Aide 2 knew when it was appropriate to administer the Albuterol inhaler and Ipratropium/Albuterol nebulizer to Resident #8 because the resident would ask for the medications by name. The facility policy titled "Medication Assistance Record: PRN Medications," dated 03/2018,			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**08/14/2025**

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
	documented all PRN medications were to be clarified in the MAR to provide specific information about when the medication was to be administered or offered to a resident. The medication was only to be administered/offered according to direction for its use. When a resident requested a PRN medication, staff were to confirm the resident's complaint was included/described in the orders for the medication and the resident's request was appropriate. Severity : 2 Scope : 1			
0920 SS= D	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medications for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself or herself without supervision may keep the resident ' s medication in his or her room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room. Inspector Comments: Based on observation, document review, and interview, the facility failed to ensure residents' medications were kept secured in the facility for 1 of 7 resident rooms with a self-administering resident (Room #139) and 2 residents (Resident #4 and #7). Findings include: On 08/14/2025 at 10:59 AM, in Room 139, the following medications were unsecured: - Health A2Z calcium	0920	Mediations located in residents' apartments were either immediately removed or secured in the apartment depending on the residents' approved capabilities. Apartments of residents that can self-administer will be reviewed weekly to ensure medications are thoroughly locked. All apartments will have on-going checks for any unsecured medications and to be reported by team members to supervisors. The Wellness Director will oversee the auditing of self-medicated resident apartments and the training of team members	08/14/2025

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	antacid extra strength 750 milligrams - Two containers of Diclofenac 1% gel 100 gram - Ketoconazole cream 2% The facility policy, "Health Services - Systems" "Self-Administration" stated, "5. A resident who is appropriate for self-administration must safely keep control of his/her medications at all times, in accordance with state regulations." On 08/14/2025 at 10:59 AM, the resident verbalized the corridor door was never locked when the resident was out. On 08/14/2025 at 10:59 AM, the Director of Environmental Services confirmed the medications were not secured. On 08/14/2025 at 12:00 PM, during room inspections with the Wellness Director, the following Resident's rooms contained unsecured medications. Resident #4 Resident #4 was admitted to the facility on11/08/2021, with diagnoses including type two diabetes mellitus, hypertension, and depression. Unsecured medications found in Resident #4's room in the kitchen cabinet: -one bottle of acetaminophen -one bag of Tums -cough drops Resident #7 Resident #7 was admitted to the facility on06/30/2022, with diagnoses including post traumatic stress disorder, blindness and depression. Unsecured medications found in Resident #13's room: -one tube of Triamcinolone cream The facility policy titled "Health Services - MA Training, Medication Service: Medication Storage," dated 03/2018, documented centrally store medications in a lock container. Severity: 2 Scope: 1			
1600 SS= C	Preferred Name/Pronoun P& P - NAC 449.011943 Policies concerning preferred names and pronouns; adaptation of records to reflect gender identities or expressions; method to obtain medically relevant information from patients or residents. (NRS 449.0302, 449.104) 1. A facility shall: (a) Develop policies to ensure that a patient or resident is addressed by his or her preferred name and pronoun and in accordance with his or her gender identity or expression; and (b) To the extent	1600	• On 1/6/2025 the community submitted a formal request to our software provider to have additional information boxes added to the resident's face sheet to include residents preferred pronouns and gender identity. In the interim, preferred pronouns have been added to the "preferred name" box.	01/06/2026

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	practicable and available within the systems in use at the facility: (1)Adapt electronic records and any paper records the facility uses to reflect the preferred name, pronoun and gender identity or expression of a patient or resident; and (2) Integrate information concerning gender identity or expression into electronic systems for maintaining health records. 2. If a patient or resident chooses to provide the following information, the records adapted pursuant to subparagraph (1) of paragraph (b) of subsection 1 must to the extent required by subsection 1, include, without limitation: (a) The preferred name and pronoun of the patient or resident; (b) The gender identity or expression of the patient or resident; (c) The gender identity or expression of the patient or resident that was assigned at the birth of the patient or resident; (d) The sexual orientation of the patient or resident; and (e) If the gender identity or expression of the patient or resident is different than the gender identity or expression of the patient or resident that was assigned at the birth of the patient or resident: (1) A history of the gender transition and current anatomy of the patient or resident; and (2) An organ inventory for the patient or resident which includes, without limitation, the organs: (I) Present or expected to be present at the birth of the patient or resident; (II) Hormonally enhanced or developed in the patient or resident; and (III) Surgically removed, enhanced, altered or constructed in the patient or resident. Inspector Comments: Based on record review and interview, the facility failed to collect and include the residents preferred name and pronoun in the resident records. This deficient practice affected the entire facility census. Findings include: On 08/14/2025 at 10:06 AM, the Designated Manager confirmed the facility had not collected from any resident the resident's preferred name and pronoun in accordance with the resident's gender identity or		• Upon admission and during each care plan update all information on the resident's face sheet will be checked for thoroughness and accuracy. • The Wellness Director and Administrator will complete and oversee the information documentation listed on the resident's face sheet.	

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	expression, and confirmed there was no place in the residents' records to document the information. Severity: 1 Scope: 3			