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
	9070	A. BUILDING _____ B. WING _____	01/27/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENDA CARE	**1235 GLENDA WAY, RENO, NEVADA ,89509**

(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 at your facility on 01/27/22. This State Licensure Survey was conducted in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 30 Residential Facility for Group beds for elderly and disabled persons, 16 Category I residents and 14 Category II residents. The census at the time of the survey was 30. The sample size was ten residents and six employees. 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 deficiencies were 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 pursuant to paragraph (e) of subsection 1 of NAC 449.2742; and (d) Annually pass an	0072	From now on our facility will check the list of HCQCapproved medication management trainers, at this link, prior to enrolling ouremployees in the class. https://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/Reg/HealthFacilities/dta/Training/MedMgt-Approved-Training.pdf This change will take place by 02/10/2022. The Administrator is responsible for thischange.	02/10/2022

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	examination relating to the management of medication approved by the Bureau. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 6 employees who administered medications had current Medication Management training (Employee #1). Findings include: The following employee records documented the employees received eight-hour annual Medication Management training from a source not eligible to administer Medication Management training: Employee #1 with a start date of 07/20/17, was hired as a Caregiver. The Caregiver received training on 05/22/21 from an instructor with expired Medication Management Training. 05/24/19: The Instructor's Medication Management Training instructor program expired. 06/07/19: Notice of expired curriculum/instructors sent to the instructor. 06/11/19: Instructor was notified by phone the program had expired and the instructor must submit a new application. 08/15/19: The Bureau of Health Care Quality and Compliance (HCQC) became aware the instructor was providing Medication Management Training as an expired instructor. 03/03/20: HCQC became aware the instructor continued providing Medication Management Training as an expired instructor. 03/12/20: Notification of expired curriculum/instructor sent to the Instructor via email. 03/13/20: Notification of expired curriculum/instructor sent to the Instructor via certified mail. 04/18/20: The HCQC Medication Management Team received an email from the Instructor requesting to renew the expired Medication Management program. 04/20/20: The HCQC Medication Management Team informed the Instructor to apply as a new provider. New provider applications were sent to the Instructor via email. 04/22/20: The HCQC Medication Management Team received an incomplete application from the instructor. 04/23/20: The HCQC Medication Management Team notified the Instructor the application was incomplete via email. 04/30/20 and 05/04/20: The HCQC Medication Management Team provided clarification to the Instructor regarding the			

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	documents needed to complete the Medication Management application. On 01/27/22 at 10:09 AM, the Owner verbalized the Medication Management training for the Employee #1 was administered by a source not eligible to perform Medication Management training. The Owner confirmed Employee #1's Medication Management training was not valid. Severity: 2 Scope: 1			
0255 SS= D	Permits-Comply with NAC 446 on Food Service - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 6. A residential facility with more than 10 residents shall: (a) Comply with the standards prescribed in chapter 446 of NAC; and (b) Obtain the necessary permits from the Division. Inspector Comments: Based on observation on 01/27/22, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Critical Violations: a. The kitchen hand washing sink was not accessible at the time of inspection. Plates of food and disposable utensils were stored on the counter top in front of the hand sink. 2. Major Violations: a. Paper towels for the kitchen hand washing sink were not properly mounted in the dispenser at the time of inspection. 3. Equipment and Maintenance Violations: a. The reach-in refrigerator condenser coils, located at the bottom of the cooling unit, were dirty with dust and debris. Severity: 2 Scope: 1	0255	A sign will be placed adjacent to the handwashing sinkstating that the area in front of the sink must be kept open. A paper towel dispenser, of the exact same type usedthroughout our facility, has been mounted next to the handwashing sink. Cleaning of the condenser coils on the refrigerator will beadded to the routine maintenance schedule. These changes will take place by 02/10/2022. The Administrator is responsible for thesechanges.	02/10/2022
0936 SS= E	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	0936	The errors found on the Tuberculosis Test results were aclerical error on the part of the vendor who performed the tests. The tests have been recorded correctly andthe results have been updated in the resident's charts. From now on it will be standard practice to doublecheck theTuberculosis Test results before placing them in the resident's charts. This change will take place by 02/10/2022. The Administrator is responsible for thischange.	02/10/2022

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	the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on record review, document review and interview, the facility failed to ensure 5 of 10 sampled residents met the requirements concerning tuberculosis (TB) testing in accordance with Nevada Administrative Code (NAC) 441a (Resident #8, #10, #1, #3, and #6). Findings include: Resident #8 Resident #8 was admitted to the facility on 09/29/17 with diagnoses including bipolar disorder, chronic pain syndrome, neuropathy, osteoporosis, hypertension and anxiety. Resident #8's record documented an annual TB test given on 05/14/21 at 5:05 PM and read negative on 05/17/21 at 6:24 PM, greater than the 48 to 72 hours read time. Resident #8's record documented an annual TB test given on 12/31/21 at 12:04 PM and read negative on 01/03/22 at 5:48 PM, greater than the 48 to 72 hours read time. Resident #10 Resident #10 was admitted to the facility on 07/04/17 with diagnoses including hypertension, stroke, major depressive disorder, heart failure and insomnia. Resident #10's record documented an annual TB test given on 05/14/21 at 4:50 PM and read negative on 05/17/21 at 6:12 PM, greater than the 48 to 72 hours read time. Resident #8's record documented an annual TB test given on 12/31/21 at 11:14 AM and read negative on 01/03/22 at 5:22 PM, greater than the 48 to 72 hours read time. Resident #1 Resident #1 was admitted to the facility on 12/15/21 with diagnoses including dementia mild, hypertension and anorexia. Resident #1's record documented a TB test given on 12/31/21 at 11:15 AM and read negative on 01/03/22 at 5:10 PM, greater than the 48 to 72 hours read time. Resident #3 Resident #3 was admitted to the facility on 05/27/19 with diagnoses including dementia without behavioral disturbance and major depressive disorder. Resident #3's record documented an annual TB test given on 05/14/21 at 5:11 PM and read negative on 05/17/21 at 6:27 PM, greater than the 48 to 72 hours read time. Resident #3's record documented an annual TB test given on 12/31/21 at 12:16 PM and read negative on			

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	01/03/22 at 5:54 PM, greater than the 48 to 72 hours read time. Resident #6 Resident #6 was admitted to the facility on 05/21/21, with diagnoses including chronic obstructive pulmonary disease, coronary artery disease, and hypertension. Resident #6's record documented an annual TB test given on 12/31/21 at 11:26 AM, and read negative on 01/03/22 at 5:32 PM, greater than the 48 to 72 hours read time. On 01/27/22 at 10:41 AM, the Administrator verbalized the TB tests for the aforementioned residents were given and read outside of the 48 to 72 hours read time, thereby invalid, and the residents potentially posed a risk to the other residents for not being cleared for TB. Severity: 2 Scope: 2			