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 _____	**07/14/2022**

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 complaint investigation conducted in your facility on 07/14/22. This investigation was conducted by the Division of Public and Behavioral Health in accordance with NAC 449, Residential Facility for Groups. The census at the time of the survey was 29. The sample size was five. The facility received a grade of A. There were two complaints investigated. Complaint #NV00066574 with the following allegations could not be substantiated for abuse and neglect due to lack of evidence. Allegation #1: Resident was put on three antipsychotic medications resulting in increased sedation and unresponsiveness. Allegation #2: Resident had a fall resulting in traumatic brain injury. Investigation into the allegations included the following: Observation of residents and caregivers interacting, residents in their rooms, hallways, and common areas of the facility. Interviews were conducted with the resident's family member, a caseworker with Aging and Disability Services, the Owner, the Administrator, a Medication Technician, a Caregiver, and four residents. Clinical record review included the resident of concern's History and Physical, Ultimate User Agreement, Medication Regimen Reviews, Medication Administration Records, Physician Orders, Laboratory Results, Activities of Daily Living records, Admission Agreement, and the video of the resident's fall with injury. Complaint #NV00065904 with the following allegations were investigated: Allegation #1: A resident was left on the toilet for a long period of time was not able to be substantiated due to lack of evidence Allegation #2: A resident did not have a call bell within reach was not able to be substantiated due to lack of evidence. Allegation #3: A resident was informed the resident was not able to have more than one or two cups of coffee a day	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: SCOTT REDDY Title: Administrator Date: 10/06/2022

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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	was substantiated (See tag 595). Allegation #4: A resident was denied panty liner for extra incontinence protection was substantiated (See tag 595). Investigation into the allegations included the following: Observation of residents and caregivers interacting, residents in their rooms, hallways, and common areas of the facility, lunch being served in the dining room, call bells in resident rooms, and caregivers responding to resident call bells. Interviews were conducted with four residents, two caregivers, the Administrator, and the Owner. Clinical record review included the resident of concerns' History and Physical, Activities of Daily Living records, and Admission Agreement. The facility policy Resident Rights was reviewed. 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:			
0595 SS= D	Rights of Residents; Procedure for Filing - NAC 449.268 Rights of residents; procedure for filing grievance, complaint or report of incident; investigation and response. (NRS 449.0302) 1. The administrator of a residential facility shall ensure that: (f) Residents are allowed to make their own decisions whenever possible; Inspector Comments: Based on interview, clinical record review, and document review the Administrator failed to ensure a resident was allowed make their own decisions for 1 of 5 sampled residents (Resident #5). Findings include: Resident #5 Resident #5 was admitted to the facility on 11/02/21 with diagnoses including chronic back pain and compression fracture of lumbar vertebra. Coffee On 07/14/22 at 3:15 PM, the Owner verbalized residents were allowed to have coffee through lunch, however, the facility	0595	The Facility has added the following to page six of the Admission Agreement under House Rules: “Caffeinated beverages will be restricted by Facility after 1:00 pm until 5:00 am the next day.” This will give potential resident advanced	09/07/2022

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	would not allow residents to have coffee after lunch as the caffeine would keep the residents up at night and the facility staff would have a hard time waking the residents in the morning for their medications. On 07/14/22 at 3:24 PM, the Administrator verbalized denying a resident coffee after lunch was a violation of resident rights. Incontinence Pads On 07/14/22 at 3:29 PM,The Owner recalled Resident #5 asked for a pad to be put on the resident in addition to an incontinence brief and the Owner confirmed denying the resident a pad. The Owner was unaware the family had supplied pads. On 07/14/22 at 4:00 PM, a Caregiver verbalized Resident #5 used pads in addition to incontinent briefs. The Caregiver explained the resident's family supplied the pads. The facility Admission Agreement for Resident #5 dated 10/25/21, documented staff will observe and respect the personal rights of all residents residing in the facility.		notice of the Facility policy concerning Caffeinated Beverages so if they feel that they will need to have Caffeinated Beverages between the hours of 1:00 pm and 5:00 am, they may seek placement in another facility. The Administrator will be responsible for this Plan of Correction. This Plan of Correction has already been completed. It will become the policy of the Facility that if a resident uses Incontinence Pads, in addition to Incontinence Briefs or Incontinence Pullups, the facility will place a sign in the	

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			resident's closet, or wherever their Incontinence Supplies are stored, stating that the resident uses both Incontinence Pads and Incontinence Briefs or Incontinence Pullups. The Administrator will be responsible for this Plan of Correction. This Plan of Correction will be completed by 10-10-2022.	