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 _____	03/02/2023

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

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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 03/02/23. 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 or disabled persons, 16 Category I residents and 14 Category II residents. The census at the time of the survey was 27. The sample size was ten residents and ten employees. The facility received a grade of C. NAC 449.27706 Resurvey: Application and fee; failure to comply. 2. If the Bureau issues a placard to a residential facility that includes a grade of "C" or "D," the administrator must submit an application to the Bureau for a resurvey of the facility not later than 30 days after the facility receives the placard. The fee for an application for a resurvey is $600 and must accompany the application. 3. The Bureau may revoke the license of a residential facility that is required to submit an application for a resurvey pursuant to subsection 2 if the facility fails to submit the application in accordance with the provisions of that subsection. 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		
0051 SS= F	Administrator's Responsiblities - Designation - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 2. Designate one or more employees to be in charge of the facility during those times when the administrator is absent. Except as otherwise provided in this subsection, employees designated to be in charge of the facility when the administrator is absent must have access to all areas of and records kept at the facility. Confidential	0051	The Administrator has installed an electronic keypad lock for the officedoor. It can be opened with a numerical code or with a key. Thiswill allow the Administrator, or the Owner, to provide the person on duty withthe code in the event that access to the files is required in the event of anemergency or a State Survey. The Administrator will be responsible forthis	03/13/2023

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	information may be removed from the files to which the employees in charge of the facility have access if the confidential information is maintained by the administrator. The administrator or an employee who is designated to be in charge of the facility pursuant to this subsection shall be present at the facility at all times. The name of the employee in charge of the facility pursuant to this subsection must be posted in a public place within the facility during all times that the employee is in charge. Inspector Comments: Based on observation and interview, the Administrator failed to ensure the designee, in charge in the absence of the Administrator, had access to all resident clinical records with the potential to affect 27 of 27 residents. Findings include: The annual State survey commenced in the facility on 03/02/23 at 8:30 AM. On 03/02/23 at 8:35 AM, the Medication Technician confirmed the Administrator was not in the facility and the Medication Technician was the designee. On 03/02/23 at 8:47 AM, the Medication Technician verbalized the Medication Technician did not have access to the residents' medical records locked in the Administrator's office. The Surveyors lacked access to the residents' care plans, physical examinations, tuberculosis testing, prescriptions, admission agreements, medication profile reviews, physician determinations, and activities of daily living assessments. On 03/02/23 at 8:54 AM, the Administrator confirmed the Medication Technician was the facility's designee in the Administrator's absence. The Administrator verbalized the Medication Technician and Caregiver staff lacked access to the residents' medical records located in the file cabinet in the Administrator's Office and would not be able to access the information when needed to care for the residents. Severity: 2 Scope: 3		CorrectiveAction. This Corrective Action has already beencompleted.	

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0178 SS= D	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility failed to ensure the exterior of the facility was maintained. Findings include: On 03/02/23 at 9:10 AM, during a tour of the facility, the following items were stored in the side yard of the facility. - A mattress - A Hoyer lift - An overbed table - A concentrator - Shower chairs - Two-button folding walkers - Four wheelchairs - Eleven empty oxygen tanks. On 03/02/23 at 9:11 AM, the Administrator verbalized the medical equipment needed to be placed in storage. The Administrator confirmed the medical equipment should not be stored in the facility's yard. Severity: 2 Scope: 1	0178	Because these items did not block access from the front ofthe building to the back of the building, the Administrator did not believethat they were an issue. The mattress,Hoyer lift, bedside table, shower chairs, folding walkers, and wheelchairs, havealready been either taken to the dump or moved to another location. The companies responsible for the oxygenequipment will be called to take this equipment away. The Administratorwill be responsible for this Corrective Action. It will be completed by 03-17-2023.	03/13/2023

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0620 SS= D	Written Policy on Admissions - NAC 449.2702 Written policy on admissions; eligibility for residency. (NRS 449.0302) 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast; (b) Requires restraint; (c) Requires confinement in locked quarters; or (d) Requires skilled nursing or other medical supervision on a 24-hour basis. Inspector Comments: Based on record review and interview, the facility failed to ensure a resident receiving skilled nursing services was not allowed to admit or remain in the facility for 1 of 27 residents receiving skilled nursing services (Resident #4). Findings include: Resident #4 Resident #4 was admitted to the facility on 01/02/23, with diagnoses of acute kidney injury, anxiety and dementia. On 03/02//23 at 10:00 AM, the Administrator confirmed Resident #4 was receiving skilled nursing care through a hospice agency. The Administrator explained the Administrator was not aware of the requirement to submit waivers to the State Agency for residents receiving skilled nursing care. The Administrator confirmed the facility had not submitted waivers to the State Agency to admit or retain residents receiving skilled nursing care. Severity: 2 Scope: 1	0620	The Administrator will submit the required exemption applicationfor this resident and any other resident on Hospice. The Administrator will be responsible forthis Corrective Action. This Corrective has already beencompleted.	03/13/2023
0874 SS= A	Medication Administration-Report Received - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 2. Within 72 hours after the administrator of the facility receives a report submitted pursuant to paragraph (a) of subsection 1, a member of the staff of the facility shall notify the resident's physician of any concerns noted by the person who submitted the report. The report must be reviewed and initialed by the administrator. Inspector Comments: Based on document review, record review, and interview, the facility failed to ensure a medication profile review, performed by a physician, pharmacist or registered nurse at least once every six months, was signed by the	0874	The Medication Reviews were signed and dated when theybecame available to the Administrator. From now on, the Administrator will make sure that there is someevidence of when the Medication Review is received and all Medication Reviewswill be signed and dated within 72 hours of that date. The Administratorwill be responsible for this Corrective Action. This Corrective Action is already completed.	03/13/2023

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	Administrator within 72 hours for 3 of 10 sampled residents residing in the facility for longer than six months (Resident #10, #7 and #9). Findings include: Resident #10 Resident #10 was admitted to the facility on 11/20/21 with diagnoses including type 2 diabetes, hypertension and vascular dementia. Resident #10's file contained a medication review dated 12/19/22. The Administrator signed the medication review on 12/29/22, seven days after the 72 hour requirement. Resident #10's file contained a medication review dated 07/01/22. The Administrator signed the medication review on 07/05/22, one day after the 72 hour requirement. Resident #7 Resident #7 was admitted to the facility on 06/13/22 with diagnoses including dementia and coronary artery disease. Resident #7's file contained a medication review dated 12/19/22. The Administrator signed the medication review on 12/29/22, seven days after the 72 hour requirement. Resident #7's file contained a medication review dated 07/01/22. The Administrator signed the medication review on 07/05/22, one day after the 72 hour requirement. Resident #9 Resident #9 was admitted to the facility on 09/17/22, with diagnoses including bipolar disorder, anxiety, and chronic obstructive pulmonary disease. Resident #9's file contained a medication review dated 12/19/22. The Administrator signed the medication review on 12/29/22, seven days after the 72 hour requirement. On 03/02/23 at 9:33 AM, the Administrator confirmed the medication reviews were signed after the 72 hour requirement. Severity: 1 Scope:1			
0895 SS= D	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	0895	The facility will conduct training for all employees who areCertified Medication Technicians. Thistraining will reinforce the proper marking of the Medication AdministrationRecord. The Owner will be responsiblefor this training. It will be completedby 03-17-2023.	03/13/2023

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	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 record review and interview, the facility failed to ensure the Medication Administration Record (MAR) was accurate for a 2 of 10 sampled residents (Resident #8 and #2). Findings include: Resident #8 Resident #8 was admitted on 11/02/22 with diagnoses including cognitive impairment, hypothyroidism and major depressive disorder On 03/02/23 at 10:34 AM, the resident's physician order dated 11/30/22 and the resident's March 2023 MAR documented the following medication was not initialed as administered on 03/01/23: - Systane nighttime eye ointment, apply to affected eye (left eye) every evening at 5:00 PM. On 03/02/23 at 10:34 AM, the Medication Technician (MT) expressed the above described medication was administered as prescribed on 03/01/23, however, the Medication Technician forgot to initial the MAR accordingly. Resident #2 was admitted to the facility on 02/22/23, with diagnoses including dementia and chronic kidney disease. Resident #2's March 2023 MAR documented atorvastatin 20 milligram (mg) tablet. Take one tablet by mouth at bedtime for hyperlipidemia. The MAR lacked documented evidence the medication was initialed as given or refused on 03/01/23. Resident #2's physician order dated 02/14/23, documented atorvastatin 20 mg tablet. Take one tablet by mouth at bedtime for hyperlipidemia. On 03/02/23 at 10:02 AM, the MT verbalized the MAR was initialed when a medication was administered and the MAR was documented with an X when a medication was refused. The MT confirmed the MAR lacked initials the medication was administered or documentation the medication was refused for Resident #2 on 03/01/23. Severity: 2 Scope: 1			

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0923 SS= A	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician; and (b) Kept in its original container until it is administered. Inspector Comments: Based on observation and clinical record review, the facility failed to ensure an over-the-counter medication had a physician name on the label for 1 of 10 sampled residents (Resident #9). Findings include: Resident #9 Resident #9 was admitted to the facility on 09/17/22, with diagnoses including bipolar disorder, anxiety, and chronic obstructive pulmonary disease. Resident #9's March 2023 Medication Administration Record (MAR) documented Refresh Tears 0.5 eye drop. Instill one drop in each eye twice daily. The medication container lacked documented evidence of the physician's name on the medication box. A Physician Order dated 11/01/22, for Resident #9 documented Refresh Tears eye drops. Instill one drop in each eye twice daily. On 03/02/23 at 10:10 AM, the Owner confirmed the Refresh Tears did not have the name of the ordering physician on the medication box. Severity: 1 Scope: 1	0923	The facility will conduct an audit of medication labels tomake sure that all medications are properly labeled. A sign will be posted in the Medication Areashowing an example of the proper label for medications. The Owner will be responsible for thisCorrective Action. This CorrectiveAction will be completed by 03-17 -2023.	03/13/2023
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.	0936	From now on, for any potential resident who does not havethe proper Tuberculosis Testing Documentation, the Responsible Party will benotified that the documentation is not compliant with State Regulations. The Facility will make sure that allresidents are admitted to the Facility in compliance with State of Nevada Regulationsconcerning Tuberculosis Testing Requirements. The Administrator will be responsible for this Corrective Action. This Corrective Action is already completed.	03/13/2023

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	Inspector Comments: Based on clinical record review and interview, the Administrator failed to ensure tuberculosis (TB) testing records were complete, including the time given and/or time results read for 2 of 10 sampled residents (Resident #2 and #9). Findings include: Resident #2 Resident #2 was admitted to the facility on 02/22/23, with diagnoses including dementia and chronic kidney disease. Resident #2's clinical record documented an admission first step TB test given on 11/22/22 and read negative on 11/24/22 and a second-step TB test given on 12/01/22 and read negative on 12/04/22. Resident #2's TB testing lacked evidence of the times given and the times read. On 03/02/23 at 9:05 AM, the Owner confirmed the TB records for Resident #2 lacked the time given and the time read and the standard of practice of reading the TB test between 48 and 72 hours could not be confirmed without times. Resident #9 Resident #9 was admitted to the facility on 09/17/22, with diagnoses including bipolar disorder, anxiety, and chronic obstructive pulmonary disease. Resident #9's clinical record documented an admission first step TB test given on 08/02/22 and read negative on 08/04/22. Resident #9's TB testing lacked evidence of the times given and the times read. On 03/02/23 at 9:53 AM, the Administrator confirmed the TB records for Resident #9 lacked the time given and the time read and the standard of practice of reading the TB test between 48 and 72 hours could not be confirmed without times. Severity: 2 Scope: 1			

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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 (ADLs) assessment was completed at or prior to admission for 1 of 10 residents (Resident #2). Findings include: Resident #2 Resident #2 was admitted to the facility on 02/22/23, with diagnoses including dementia and chronic kidney disease. Resident #2's clinical record documented an initial ADL assessment was completed on 02/23/23, one day after the date of admission. On 03/02/23 at 9:13 AM, the Owner confirmed the ADL assessment was completed after admission for Resident #2. Severity: 2 Scope: 1	0938	From now on, all initial Activities of Daily Living (ADLs)assessments will be dated on or before the Date of Admission. The Owner will beresponsible for this Corrective Action. ThisCorrective Action is already completed.	03/13/2023

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1010 SS= D	Care for Persons with Mental Illnesses - NAC 449.2764 Residential facility which offers or provides care for persons with mental illnesses: Application for endorsement; training for employees. (NRS 449.0302) 1. A residential facility which offers or provides care and protective supervision for a resident with mental illness must obtain an endorsement on its license authorizing it to operate as a residential facility for persons with mental illnesses. The Division may deny an application for an endorsement or suspend or revoke an existing endorsement based upon the grounds set forth in NAC 449.191 or 449.1915. Inspector Comments: Based on clinical record review and interview, the facility failed to obtain an endorsement for Mental Illness (MI) and admitted and retained a resident with a MI diagnosis (Resident #9). Findings include: Resident #9 Resident #9 was admitted to the facility on 09/17/22, with diagnoses including bipolar disorder, anxiety, and chronic obstructive pulmonary disease. A History and Physical dated 07/22/22, documented Resident #9 had a diagnosis of bipolar disorder. The facility lacked an MI endorsement to admit and retain residents with MI. On 03/02/23 at 9:40 AM, the Administrator confirmed the facility was not endorsed for MI and Resident #9 had diagnosis of bipolar disorder. Severity: 2 Scope: 1	1010	The Facility will apply for a Mental IllnessEndorsement. The Administrator will beresponsible for this Corrective Action. This Corrective Action will be completed by 03-26-2023.	03/13/2023

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1310 SS= D	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.] 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 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. (Added to NRS by 2019, 1333, effective January 1, 2020) Inspector Comments: Based on observation and interview, the facility failed to post prominently in the facility the State contact information to file a complaint for a resident who may have experienced prohibited discrimination. Findings include: On 03/02/23 at 8:46 AM, the facility lacked posted documentation of the State contact information to file a complaint for any resident who may experience discrimination. On 03/02/23 at 09:04 AM, the Administrator acknowledged the State's contact information had not been posted in any common public area of the facility to inform residents where to file a complaint of discrimination. Severity: 2 Scope: 1	1310	The facility has maintained Antidiscrimination Posters inthe facility for more than two years, but State Inspectors never mentioned thatthese posters needed to have the contact information on them in previousinspections of the facility. Only onthis inspection was this brought to our attention. The Facility will add the contactinformation for Bureau of Health Care Quality and Compliance to theAnti-discrimination Policy Statement. The Owner will be responsible for this CorrectiveAction. This Corrective Action isalready completed.	03/13/2023
1700	Annual Assessment of History of Each	1700		03/13/202

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SS= D	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 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		The Residents Primary Care Provider sees the Resident, inthe facility, on a monthly basis and had not expressed any concern about theappropriateness of the resident remaining in the facility and the resident'sPrimary Care Provider has already completed an updated Physician PlacementDetermination Statement for the resident in question. From now on, making sure that the PhysicianPlacement Determination Statement is updated at least on an annual basis willbecome part of our regular Resident Chart Auditing process. The Owner will be responsible for thisCorrective Action. This CorrectiveAction has already been completed.	3

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 _____	03/02/2023

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

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	NRS by 2019, 2594) Inspector Comments: Based on record review and interview, the facility failed to obtain an annual Physician Placement Determination Statement to determine the appropriate facility type and care for a resident for 1 of 10 sampled residents (Resident #10). Findings include: Resident #10 Resident #10 was admitted to the facility on 11/20/21, with a diagnosis including vascular dementia. Resident #10's record documented a completed Physician Placement Determination Statement dated 11/15/21. Resident #10's record lacked documented evidence a Physician Placement Determination Statement had been completed in 2022. On 03/02/23 at 9:55 AM, the Owner verbalized the facility would only have completed a Physician Placement Determination Statement for a resident upon admission. The Owner confirmed the Physician Placement Determination Statements had not been completed in 2022 for Resident #10. The Owner verbalized not having been aware of the annual requirement for a Physician Placement Determination Statement. Severity: 2 Scope: 1			