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
	9326	A. BUILDING _____ B. WING _____	08/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STARLIGHT GROUP HOME	**2301 EAST 9TH ST., RENO, NEVADA ,89512**

(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 08/30/23. This survey was conducted by the Division of Public and Behavioral Health in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for nine Residential Facility for Group beds for elderly and disabled persons, and/or persons with chronic illness, and/or persons with mental illness, and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was five. Five resident files and four employee files were reviewed. 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		

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0876 SS= D	Medication Administration - NRS 449.0302 - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of: (a) Controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.0302 are met. (b) Insulin using an auto-injection device only if the conditions prescribed in NRS 449.0304 and NAC 449.1985 are met. Inspector Comments: Based on clinical record review and interview, the Administrator failed to ensure an ultimate user agreement was completed for 1 of 5 residents (Residents #1). Findings include: Resident #1 Resident #1 was admitted to the facility on 04/03/23, with diagnoses including Dementia, hypertension, and hypothyroid. Resident #1's clinical record lacked documented evidence of an Ultimate User Agreement. On 08/30/23 at 9:25 AM, the Caregiver confirmed Resident #1 did not have an Ultimate User Agreement completed and verbalized an Ultimate User Agreement needed to be completed to determine if the resident was able to take their own medication or if the facility needed to manage the medications. Severity: 2 Scope: 1	0876	1. On August 31, 2023 Administrator directed employee 3 to look at the Ultimate User Agreement of Resident 1. It was misfiled from the file of resident 1 from her previous facility and thus, Ultimate User Agreement was filed on the new facility. see attachment no. 1 2. Administrator will monitor all resident files on monthly basis and make sure that they are complete, updated and in compliance with the Bureau. He started the monitoring on August 31, 2023 and will continue to do the monitoring every 1st of the month. 3. In his absence, Employee 2 or 3 will do the monitoring.	09/25/2023

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0933 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: (d) A statement from the resident ' s physician concerning the mental and physical condition of the resident that includes: (1) A description of any medical conditions which require the performance of medical services; (2) The method in which those services must be performed; and (3) A statement of whether the resident is capable of performing the required medical services. Inspector Comments: Based on interview and clinical record review, the facility failed to ensure a standard placement determination accurately completed by a provider upon admission for 2 of 5 residents (Resident #1, and #2). Findings include: Resident #1 Resident #1 was admitted to the facility on 04/03/23, with diagnoses including Dementia, hypertension, and hypothyroid. Resident #1's clinical record lacked documentation of a Physician Placement Determination. On 08/30/23 at 10:05 AM, the Caregiver confirmed Resident #1's clinical record lacked a Physician Placement Determination. Resident #2 Resident #2 was admitted to the facility on 06/28/23, with diagnosis including hallucinations. Resident #2's clinical record lacked documentation of a Physician Placement Determination. On 08/30/23 at 10:07 AM, the Caregiver confirmed Resident #1's clinical record lacked a Physician Placement Determination. Severity: 2 Scope: 1	0933	1. Standard Placement Determination for Resident 1 was taken on the date of her admission on 04/03/23 but was misfiled to her previous file from the other facility and thus correctly filed on September 1, 2023. see attachment no. 1 Standard Placement for Resident 2 was signed by his primary care provider on 6/28/23 but was not filed on his folder. Both Resident 1 and 2 Standard Placement Determination was filed correctly on September 1, 2023. see attachment no. 2 2. Administrator will monitor all resident files on a monthly basis and make sure that they are complete, updated and in compliance with the Bureau. He started monitoring the files on August 31, 2023 and Sept. 1, 2023. He will continue monitoring it every first of the month. 3. In his absence employee 2 and 3 will do the monitoring.	09/25/2023

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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 record review, and interview, the facility failed to ensure 1 of 5 sampled residents met the requirements for timely tuberculosis (TB) testing in accordance with Nevada Administrative Code (NAC) 441A (Resident #5). Findings include: Resident #5 Resident #5 was admitted to the facility on 08/16/23, with diagnoses including diabetes, acute encephalopy, and psychosis. Resident #5's record lacked documentation of a TB test at admission. On 08/30/23 at 11:40 AM, the Caregiver confirmed a two step TB test or QuantiFERON had not been completed for Resident #5 at admission. Severity: 2 Scope: 1	0936	1. Resident no. 5 TB test was taken on August 14, 2023 via QUANTIFERON and got a negative result on 08/16/2023 see attachment no. 1 His TB test result was not filed on his folder yet at the time of survey but was filed on September 1, 2023. 2. Administrator had started monitoring all resident files on Sept. 1, 2023 to make sure that all resident files are complete; no resident documents will be left unfiled, updated and all in compliance. He will continue monitoring the files every 1st of the month. 3. In his absence employee 3 will continue the monitoring.	09/25/2023