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 _____	**10/17/2024**

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

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a grading re-survey State Licensure Survey and complaint investigation conducted at your facility 10/17/2024, 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 mental illness, and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was six. Five resident files, one discharged resident file, and three employee personnel files were reviewed. There was one complaint investigated. Complaint #NV00072173 with the allegation a resident was pinched and called a derogatory name by a female staff member could not be substantiated due to lack of evidence. The investigation into the allegation included the following: Observation of residents in the facility and staff interactions with residents in common areas and while providing care. Interviews were conducted with four residents, two Caregivers, and the Administrator. Review of employee personnel files for evidence of completion of elder abuse training and backgroud checks. 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 investigation, 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		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: ERNESTO BELTEJAR JR. Title: ADMINISTRATOR Date: 10/22/2024

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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0178 SS= E	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.	0178	SOD CORRECTED ON 09/15/24	10/22/2024
0430	Requirements and Precautions - NAC 449.229 Requirements and precautions regarding safety from fire. (NRS 449.0302) 1. The administrator of a residential facility shall ensure that the facility complies with the regulations adopted by the State Fire Marshal pursuant to chapter 477 of NRS and all local ordinances relating to safety from fire. The facility must be approved for residency by the State Fire Marshal. 2. The Bureau shall notify the State Fire Marshal or the appropriate local government, as applicable, if, during an inspection of a residential facility, the Bureau knows of or suspects the presence of a violation of a regulation of the State Fire Marshal or a local ordinance relating to safety from fire.	0430	SOD ANSWERED & CORRECTED ON 09/05/24	10/22/2024
0515 SS= F	Supervision and Treatment of Residents - NAC 449.259 & R043-22 Supervision and treatment of residents generally. (NRS 449.0302) 1. A residential facility shall ensure that the staff of the facility collaborate with each resident of the facility, the family of the resident and other persons who provide care for the resident, including, without limitation, a qualified provider of health care, as interpreted by section 8 of this regulation, to: (a) Develop a person-centered service plan for the resident; and (b) Review the person-centered service plan at least once each year.;	0515	SOD ANSWERED & CORRECTED ON 09/05/24	10/22/2024

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0620 SS= D	Written Policy on Admissions - NAC 449.2702 and R043-22 Written policy on admissions; eligibility for residency. (NRS 449.0302) 4. Except as otherwise provided in NAC 449.275, 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.	0620	SOD ANSWERED & CORRECTED ON 09/05/24	10/22/2024
0680 SS= D	Residents Requiring Gastrostomy Care - NAC 449.271 Residents requiring gastrostomy care or suffering from staphylococcus infection or other serious infection or medical condition. (NRS 449.0302) Except as otherwise provided in NAC 449.2736, a person must not be admitted to a residential facility or permitted to remain as a resident of a residential facility if he or she: 1. Except as otherwise provided in subsection 2 and NAC 449.2736, a person must not be admitted to a residential facility or permitted to remain as a resident of a residential facility if he or she: (a) Requires gastrostomy care; (b) Suffers from a staphylococcus infection or other serious infection; or (c) Suffers from any other serious medical condition that is not described in NAC 449.2712 to 449.2734, inclusive. 2. If a governmental entity with jurisdiction, including, without limitation, a local board of health, a local health officer, the Division, the Chief Medical Officer or the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, declares the existence of an epidemic or pandemic, a residential facility located in the area in which the epidemic or pandemic is occurring may permit a resident suffering from a serious infection to remain a resident if the resident does not have symptoms that require a higher level of care than the residential facility is capable of providing.	0680	SOD ANSWERED & CORRECTED ON 09/05/24	10/22/2024

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0859 SS= D	Medical Care of Resident After Illness - NAC 449.274 and R043-22 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. (NRS 449.0302) 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by a qualified provider of health care in accordance with NRS 449.1845. The resident must be cared for pursuant to any instructions provided by the qualified provider of health care.	0859	SOD ANSWERED AND CORRECTED ON 09/06/24	10/22/2024
0870 SS= E	Medication Administration-Accuracy & Report - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility. (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a).	0870	SOD WAS ANSWERED & CORRECTED ON 09/06/24	10/22/2024
0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver	0878	1. On 10/17/24 Caregiver 1 attached a sticker on resident 4's guaifenesin and dextromethorphan bottle 100 milligrams (mg)/10mg per 5 milliliter (ml) container so	10/22/2024

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	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 written by a physician, physician assistant or advanced practice registered nurse, a physician, registered nurse or pharmacist		that it can match the physician's order and the MAR dated 12/05/23 to be 5ml by mouth every 4 hours as needed for coughing. see attachment no. 1 2. On October 22, 2024 The Administrator held a Medication Reorientation Seminar for all the caregivers so that they can refreshen their knowledge on the proper Medication Policies and procedures. see attachment no. 2 3. Administrator will do a bi-weekly monitoring of the MAR, and the medications of the facility so as to monitor and check the accuracy of the medications to the MAR and so as not to repeat said deficiency. He started it on 10/18/24 and every two weeks thereof. 4. In his absence Caregiver 5 - the manager will do the monitoring./	

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	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, interview, and record review, the facility failed to ensure a medication had an order change sticker affixed to the label when a new order was received for 1 of 5 sampled residents (Resident #4). Findings include: Resident #4 Resident #4 was admitted to the facility on 04/04/2024, with a diagnosis of chronic kidney disease, stage five. On 10/17/2024, during a review of medications for Resident #4, the resident's guaifenesin and dextromethorphan 100 milligrams (mg)/10mg per 5 milliliter (ml)container, documented take 20 ml by mouth every four hours as needed for cough and congestion. Resident #4's Medication Administration Record dated October 2024, and a physician's order dated 12/05/2023, documented guaifenesin and dextromethorphan 100 milligrams (mg)/10mg per 5 milliliters (ml), take 5 ml by mouth every four hours as needed. On 10/17/2024 at 10:22 AM, a Caregiver/Medication Technician confirmed the label on Resident #4's guaifenesin and dextromethorphan was not the same as the physician's order and verbalized the container should have an order change sticker affixed to the label. Severity: 2 Scope: 1			
0895 SS= D	Administration of Medication Maintenance - NAC 449.2744 and R043-22 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	0895	1. On 10/17/2024 Caregiver 1 corrected the MAR of Resident 2 in such a way that Melatonin 3mg was transcribed correctly in the MAR. see attachment 1 for the actual bottle and attachment no. 2 for the corrected MAR. 2. On October 22, 2024 Administrator held a comprehensive reorientation seminar to all the caregivers regarding Medication Management Policies and Procedures. He emphasized the importance of accuracy of	10/22/2024

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	and time that a resident refuses, or otherwise misses, an administration of medication; (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician, physician assistant or advanced practice registered nurse, including, without limitation, whether the medication is to be administered according to a routine schedule or as needed; (5) Any change in an order or prescription of a resident ' s physician, physician assistant or advanced practice registered nurse,including, without limitation, the discontinuation of the medication; (6) Any time when the resident is out of the facility; and (7) Any mistakes made in the administration of medication. Inspector Comments: Based on observation, interview, and record review, the facility failed to ensure the Medication Administration Record (MAR) was accurate for 1 of 5 sampled residents (Resident #2). Findings include: Resident #2 Resident #2 was admitted to the facility on 05/16/2024, with a diagnosis of dementia. On 10/17/2024, during a review of Resident #2's medication the following discrepancy was observed: - a medication order dated 04/22/2024, documented melatonin 10 milligram (mg), take 10 mg by mouth at bedtime. - the October 2024 MAR documented melatonin 2 mg tablets, take two tablets by mouth at bedtime for sleep. On 10/17/2024 at 10:16 AM, a Caregiver/Medication Technician confirmed the medication had been transcribed incorrectly on the MAR. Severity: 2 Scope: 1		transcribing Medications in the MAR> Administrator will do a bi-weekly monitoring of the MAR so that said deficiency will be prevented. He started the monitoring on 10/18/24 and will continuously do it on a bi-weekly basis. 3. In his absence, Caregiver 5 the manager will do the monitoring.	
1600 SS= C	Preferred Name/Pronoun P& P - Preferred Name/Pronoun P& P R016-20 Sec. 19 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) Adapt electronic records and any paper records the facility has to reflect the gender	1600	SOD WAS ANSWERED AND CORRECTED ON 09/06/24	10/22/2024

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	identities or expressions of patients or residents with diverse gender identities or expressions, including, without limitation: (2) If the facility is a facility for the dependent or other residential facility, adapting electronic records and any paper records the facility has to include the preferred name and pronoun and gender identity or expression of a resident. R016-20 Sec. 19 2. If a patient or resident chooses to provide the following information, the health records adapted pursuant to subparagraph (1) of paragraph (b) of subsection 1 must 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. R016-20 Sec. 20 1. Except as otherwise provided in subsection 2, the statements, notices and information required by sections 2 to 22, inclusive, of this regulation and NRS 449.101 to 449.104, inclusive, must be in English and, as appropriate for a facility, in any other language the Department determines is appropriate based on the demographic characteristics of this State. In addition to the notices and information provided in English and any other language			

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	the Department determines is appropriate based on the demographic characteristics of this State, a facility may provide the statements, notices and information in any other language the facility may desire. R016 -20 Sec. 20 2. A facility must make reasonable accommodations in providing the statements, notices and information described in subsection 1 for patients or residents who: (a) Are unable to read; (b) Are blind or visually impaired; (c) Have communication impairments; or (d) Do not read or speak English or any other language in which the statements, notices and information are written pursuant to subsection 1.			