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 _____	**12/21/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE CHATEAU AT GARDNERVILLE, AL & MC	**1565 VIRGINIA RANCH ROAD, GARDNERVILLE, NEVADA ,89410-5704**

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual survey and a complaint investigation State Licensure survey conducted at your facility on 12/21/21. This State Licensure Survey was conducted in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for a total of 150 Residential Facility for Group beds: 126 beds for elderly and disabled persons and/or assisted living services, Category II residents and 24 beds for persons with Alzheimer's disease, Category II Alzheimer's residents. The census at the time of the survey was 110. The facility received a grade of D. 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. There were two complaints investigated. Complaint #NV00063116 with the allegation the facility and resident rooms were not clean could not be substantiated due to lack of evidence. The investigation into the allegation included: Observation of the facility environment and resident rooms during the facility tour. An interview was conducted with the Executive Director. Reviewed the Housekeeping and Laundry Manual. Complaint #NV00065002 with the allegation the facility was not following COVID-19 Prevention and Control Plan for Residential Facilities regarding visitation	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: KATIE NICHOLS Title: ED Date: 03/01/2022

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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	could not be substantiated due to lack of evidence. The investigation into the allegation included: Observation of visitors entering the facility during the facility's annual survey. Interviews were conducted with the Concierge and the Executive director. Reviewed Visitation and Safety policy, COVID-19 Resident Outing/In-Person Visitation Risk Assessment, and a letter dated October 26, 2021 provided to the resident's family regarding COVID-19 and visitation. 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:			
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, document review and interview, the facility failed to ensure 3 of 25 sampled residents met the requirements concerning tuberculosis (TB) testing in accordance with Nevada Administrative Code (NAC) 441a (Resident #4, #18, and #25). Findings include: Resident #4 Resident #4 was admitted to the facility on 01/18/21, with diagnoses including diabetes mellitus type	0936	1) Resident #4 given two step tb test, completed 1/27/2021,now in chart, (Exhibit A). Resident #18 given 2nd step, completed 2-24-202 (Exhibit B) Resident #25 physically moved in to community on 11/17//2021. Quantiferon dated 11-17-2021, was not after physical move in. 2) Health and Wellness Director (HWD), or designee will ensure all residents are current, with TB test, all documentation is completed properly and in chart. All resident charts will have documented physical move in dates in addition to financial move in date, if different. 3) HWD, ED, or designee will monitor TB due dates, new admissions and proper documentation. 4) HWD, ED or designee 5)2-24-2022 6) Exhibit A, Exhibit B	02/24/2022

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	two, hypertension and glaucoma. Resident #4"s clinical record lacked documented evidence of a completed TB test upon admission to the facility. Resident #4's file documented an admission 2-step TB test with the first step administered on 01/18/21. The read date was not recorded. The second step was administered 01/25/21 and read 01/27/21. On 12/22/21 at 2:56 PM, the Administrator confirmed the first step of the TB test did not have a read date. The Administrator verbalized the 2-step TB test was not valid. Resident # 18 Resident # 18 was admitted to the facility on 01/03/18 with diagnoses including coronary artery disease, hypertension, dyslipidemia, and bilateral low back pain without sciatica. Resident #18's medical record documented the resident had a TB test on 01/01/20 and an annual one step TB test placed on 12/01/21 and read on 12/03/21. On 12/22/21 at 2:56 PM, the Administrator confirmed the TB test was completed late for Resident #18. Resident #25 Resident #25 was admitted on 11/02/21 with diagnoses including recurrent cellulitis, anxiety, essential hypertension, and osteoporosis. Resident #25's file documented an admission negative quantiFERON on 11/17/21, 15 days after the resident was admitted to the facility. Severity: 2 Scope: 1			
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	0938	1) Resident #2 original ADL assessment/evaluation was completed on 6/23/21, paperwork was not in resident chart at time of inspection, physical move in date was 6/27/21. Resident #12 original assessment completed late. Resident #8 original ADL assessment/evaluation was completed 4/7/21, resident physical move in date was 4/8/21. Resident #20 original assessment completed late. Resident #25 original ADL assessment/evaluation was completed on 10/28/21, paperwork was not in resident chart at time of inspection, physical move in date was 11/17/21. 2) Executive Director, Health and Wellness Director or designee will ensure initial ADL	02/28/2022

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	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 interview and record review, the facility failed to ensure an Activities of Daily Living (ADL's) Assessment was completed upon admission and/or annually thereafter for 5 of 25 sampled residents (Resident #2, #12, #8, #20, and #25). Findings include: Resident # 2 Resident #2 was admitted on 06/27/21 with diagnosis including cerebrovascular accident, Parkinson disease, and memory loss. Resident #2's clinical record documented an admission ADL assessment completed on 07/27/21, twenty-nine days after the date of admission. Resident #12 Resident #12 was admitted on 08/31/21 with diagnoses including dementia, hypertension, and disorder of lipid metabolism. Resident #12's clinical record documented an admission ADL assessment completed on 09/16/21, sixteen days after the date of admission. On 12/21/21 at 2:59 PM, the Administrator verbalized the ADL assessment was completed late for Resident #2 and #12 and was aware it needed to be completed upon admission. Resident #8 Resident #8 was admitted to the facility on 03/23/21 with diagnoses including hemorrhoids, osteoporosis and hypertension. Resident #8's file documented an admission ADL assessment completed on 04/07/21, sixteen days after the date of admission. On 12/21/21 at 3:05 PM, the Executive Director verbalized the resident's real admission date was 04/07/21, however was not able to provide documented evidence the resident was admitted on 04/07/21. The Executive		assessments are completed within 30 days prior to physical move in to community, that all physical move in dates are noted in resident chart and that all original ADL assessments are placed in resident chart. 3) Health and Wellness Director or designee will ensure all necessary documentation and required paperwork are in resident chart at time of physical move in. 4) Executive Director, Health and Wellness Director 5) 2/28/2022	

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	Director acknowledged the ADL assessment for Resident #8 was dated 04/07/21 and was aware it needed to be completed upon admission. Resident #20 Resident #20 was admitted to the facility on 01/01/21, with a diagnosis of Alzheimer's Disease. Resident #20's initial ADL assessment documented a move-in date of 01/01/21, with a completion and finalized date of 01/04/21, four days after the date of admission. On 12/21/21 at 2:53 PM, the Executive Director confirmed Resident #20's initial ADL assessment had been completed four days after the documented move-in date of admission. Resident # 25 Resident #25 was admitted on 11/02/21 with diagnoses including recurrent cellulitis, anxiety, essential hypertension, and osteoporosis. Resident #25's clinical record documented an admission ADL assessment completed on 12/03/21, 31 days after the date of admission. Severity: 2 Scope: 1			
0999 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure residents were safe from toxic substances for 24 of 24 residents residing in the memory care unit. Findings include: On 12/21/21, during a tour of the memory care unit between 8:43 AM and 9:28 AM, the following toxic substances were observed in the unit: - Rubbermaid Enriched Foam Hand Soap was in wall mounted dispensers in all resident bathrooms. - A 23.7 ounce (oz) opened bottle of Head and Shoulders 2 in 1 Shampoo, and a 30 oz opened bottle of Olay Body Wash were in the shower of Room #2. Room #2's entrance door was	0999	1) Toxic substances, personal hygiene items and Rubbermaid Enriched Foam soap, were removed from resident apartments and common areas on 12/21/2021. 2) All hand soap in dispensers was replaced with non hazardous product on 12/24/2021. Memory Care Director or designee will ensure that all personal hygiene items (toxic substances) will be stored in locked room, removed for each use and returned to designated, locked area upon completion. 3) Memory Care Director or designee will inspect rooms daily to ensure there are no toxic substances left in resident apartments. 4) Executive Director, Memory Care Director or designee will ensure compliance. 5). 12/24/2021 6) Exhibit #2	12/24/2021

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	unlocked. - A 16 oz opened bottle of Trader Joe's Refresh Shampoo was in the shower of Room #4B. Room #4B's entrance door was unlocked. - A 16 oz opened bottle of Medline Sooth and Cool Clean Shampoo and Conditioner was in the shower of Room #7B. Room #7B's entrance door was unlocked. - A 30 oz opened bottle of Olay Shea Butter Body Wash was on a shelf in the bathroom of Room 12A. Room #12A's entrance door was unlocked. - A 40 oz opened bottle of Head and Shoulders Complete Care Shampoo and Conditioner was in the shower of Room #13B. Room #13B's entrance door was unlocked. On 12/21/21 at 9:28 AM, the Lead Medication Technician confirmed the toxic substances found in Room #2, #4B, #7B, #12A, and #13B should not have been left in the showers or on the bathroom shelf and should have been secured in the locked storage cabinet in each resident's room. The Lead Medication Technician confirmed the Rubbermaid Enriched Foam Hand Soap was in all the wall mounted soap dispensers in each of the resident rooms in the unit. The Safety Data Sheet titled, "Rubbermaid One Shot Enriched Foam Hand Soap with Moisturizers," dated 06/19/20, documented on page five, Section 16: Other information, "H318: Causes serious eye damage," and to seek first-aid measures if after eye contact or ingestion. On 12/21/21 at 11:20 AM, the Executive Director verbalized the facility did not have a policy on the definition, storage or use of toxic substances used in the memory care unit. On 12/21/21 at 2:55 PM, the Executive Director confirmed the Safety Data Sheet for the hand soap documented the soap had the potential to be toxic if ingested or after eye contact. The Executive Director verbalized the facility would work with their vendor to change the hand soap used in the memory care unit. Severity: 2 Scope: 3			

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0050 SS= F	Administrator's Responsibilities - Oversight - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.27706, inclusive, and chapter 449 of NRS. Inspector Comments: Based on observation, record review, and interview, the Administrator failed to provide oversight and direction to staff to ensure the facility complied with certain requirements of Nevada Administrative Code 449.156 to 449.27706, inclusive, and Nevada Revised Statutes Chapter 449. Findings include: Please see Tags Y0072, Y0102, Y0178, Y0250, Y0859, Y0870, Y0874, Y0876, Y0878, Y0885, Y0923, Y0936, Y0938 and Y0999. Severity: 2 Scope: 3	0050	-1) Administrator completed 4 hours of regulation review/training to ensure oversight and direction for staff as necessary to ensure residents receive needed services and protective supervision and that facility will remain in compliance with certain requirements of NAC 449.156 to 449.27706 and chapter 449 of NRS. 2) Administrator will continue to consult/train with Area Director of Operations for guidance/assistance when necessary. 3) ADO or designee will monitor for compliance 4) Administrator and ADO 5) 2/24/2022 6) Exhibit #1	02/24/2022
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	0072	1) Employee #9 is scheduled to take 16 hour Assisted Living Medication Management class on 3/21-3/22/2022. Employee is not currently operating in medication aide role and is not administering medications. 2) Business Office Director or designee will monitor all renewal dates for Medication Aid certifications and ensure that all necessary training requirements are renewed prior to expiration. 3) Executive Director, Business Office Director or designee will audit expiration dates of all Medication Aid certifications and verify renewals have been scheduled. 4) Executive Director, Business Office Director 5) 3/22/2022 6) Exhibit D	03/22/2022

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	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 examination relating to the management of medication approved by the Bureau. Inspector Comments: Based on record review, document review and interview, the facility failed to ensure 1 of 4 sampled employees completed the required 8 hours of annual medication management training on a timely basis (Employee #9). Findings include: Employee #9 Employee #9 was hired as a Care Partner/Medication Aide with a start date of 10/19/21. Employee #9's employee file documented sixteen hours of initial Medication Management training dated 06/11/20, with an expiration date of 06/11/21. Employee #9's employee file documented eight hours of annual Medication Management training dated 09/29/21. There was a gap of 108 days between the initial and annual training. On 12/21/21 at 2:48 PM, the Business Office Manager confirmed there was a gap in medication management training for Employee #9 and the employee was required to re-take the initial Medication Management training due to the gap in certification. Severity: 2 Scope: 1			

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0102 SS= D	Personnel File - TB Screening - NAC 449.200 Personnel files. 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee; Inspector Comments: Based on employee file review, document review and interview, the facility failed to ensure a tuberculosis (TB) screening was completed in accordance with Nevada Administrative Code 441A for 1 of 9 sampled employees (Employee #9). Findings include: Employee #9 Employee #9 was hired as a Care Partner/Medication Aide with a start date of 10/19/21. Employee #9's personnel file documented a QuantiFERON lab test drawn. Employee #9's personnel file lacked the results of the testing. On 12/21/21 at 1:45 PM, the Business Office Manager confirmed the TB findings for Employee #9 and verbalized the lack of completing the TB employee screening posed a risk to residents. Severity: 2 Scope: 1	0102	1) Employee #9's completed quantiferon test with negative results reported on 9/18/2021 placed in personnel file. 2) Business Office Director or designee will ensure all TB test results will be placed in personnel file upon hire. 3) Business Office Director or designee will audit personnel files to verify necessary TB paperwork is present. 4) Executive Director, Business Office Director 5)12/23/2021 6) Exhibit C	12/23/2021

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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. Inspector Comments: Based on observation and interview, the facility failed to ensure the back patio and walkway was de-iced and the refuse area was free and clear of garbage and debris. Findings include: On 12/21/21 at 8:59 AM, the back patio was coated with ice. On 12/21/21 at 8:59 AM, the Life Enrichment Director confirmed the presence of ice on the back patio and walkway and verbalized ice on the patio and the walkway could be unsafe for residents and staff. The Life Enrichment Director verbalized the Maintenance Director de-iced the grounds; however, the Maintenance Director was on vacation. The Life Enrichment Director verbalized the facility had deicer on the premises. Severity: 2 Scope: 3	0178	1) Back patio was de-iced on 12/21/2021 and garbage and debris were removed from refuse area. 2) Maintenance Director or designee will clear walkways/patio areas and apply salt/deicer when ice/snow present. Maintenance Director or designee will remove any garbage/debris that is not placed properly in dumpster. 3) Maintenance Director or designee will inspect all walkways and patio areas daily to ensure no ice is present and inspect refuse and surrounding areas daily to verify no garbage/debris is present outside of dumpster. 4) Executive Director, Maintenance Director 5) 12/21/2021	12/21/2021
0250 SS= F	Kitchens- Equipment Works; Clean And Sanitary - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition. Inspector Comments: Based on observation and interview, the kitchen was not clean and properly maintained for the preparation, service, and storage of food. Findings include: On 12/21/21 at 8:41 AM, were observed the following in the kitchen: - Several non-food contact surfaces were heavily soiled and required a professional cleaning. Floors, walls, and ceilings	0250	1) Kitchen deep cleaned by staff on 12/22/2021 and professionally cleaned 2/25/2022. Ice cream containers in ice cream freezer covered with foil day of inspection, plastic covers ordered 2/24/22. Pork tenderloins moved to bottom shelf day of inspection. Spray sink repaired 1/10/2022. 2) Cleaning schedule re-implemented for kitchen staff. Permanent plastic covers ordered to be placed on opened ice cream after placed in ice cream freezer. Walk in refrigerator shelves labeled to identify where food should be placed. 3) Dining Services Director or designee will review cleaning schedule assignments, visually inspect kitchen for cleanliness daily. Dining Services Director or designee will visually inspect ice cream freezer daily to verify all containers are covered while not in use. Dining Services Director or designee	02/25/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**12/21/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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	through-out the kitchen, cooking, and dishwashing areas under mounted equipment were heavily soiled. - The stove was heavily soiled with spilled food cooked on to the burners. - The ice cream in the ice cream freezer was uncovered. - The inside of the juice dispenser was dirty with hair and debris stuck in dried syrup. - The walk-in freezer floor was covered in dirt and debris. On 12/21/21 at 8:50 AM, two pork tenderloins were thawing in a shallow pan on a shelf above processed meat. On 12/21/21 at 8:53 AM, the Dining Director verbalized the pork tenderloins were thawing above processed meats and confirmed raw meat should have been placed on the bottom shelf to thaw to prevent cross-contamination and food-borne illness. On 12/21/21 at 9:00 AM, the Dining Director acknowledged the observations in the kitchen. - The spray sink to the left of the dishwasher was leaking from the bottom of the front left corner. A bucket was located under the front left corner of the sink to catch the leaking water. On 12/21/21 at 9:18, the Dining Director verbalized the sink was leaking due to a crack in the metal. Severity: 2 Scope: 3		will visually inspect walk in refrigerator daily to ensure all food is placed properly on correct shelf. Dining Services Director, Maintenance Director or designee will inspect equipment for daily and report/repair any necessary damage. 4) Dining Services Director, Executive Director 5)2/25/2022 6) Exhibit #3	

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0859 SS= D	Medical Care of Resident After Illness - NAC 449.274 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 his or her physician. The resident must be cared for pursuant to any instructions provided by the resident ' s physician. Inspector Comments: Based on record review and interview, the facility failed to ensure a physical examination was performed prior to admission for 1 of 25 sampled residents (Resident #9). Findings include: Resident #9 Resident #9 was admitted to the facility on 04/05/21, with diagnoses including cerebrovascular accident, gastroesophageal reflux disease, asthma, hypertension, and pain. Resident #9's physical examination documented the reason for the visit as, "Assisted Living. New Patient Appointment," with a date of service of 04/07/21, two days after the date of admission. On 12/21/21 at 2:53 PM, the Executive Director confirmed Resident #9's pre-admission physical examination had been completed two days after the documented move-in date of admission. Severity: 2 Scope: 1	0859	1) Resident physical completed 4/7/21, after physical move in date to community. 2) Health and Wellness Director, Executive Director or designee will verify physical completed within 30 days prior to physical move in to community. Physical move in will not be permitted without proper documentation. 3) Health and Wellness Director, Executive Director or designee will review any new resident paperwork prior to move in to ensure proper paperwork is present in order to move forward with resident physical move in. 4) Health and Wellness Director, Executive Director 5) 2/24/2022	02/24/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**12/21/2021**

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0870 SS= D	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). Inspector Comments: Based on record review and interview, the Administrator failed to ensure a medication profile review was performed by a physician, pharmacist or registered nurse at least once every six months for 1 of 25 sampled residents residing in the facility for longer than six months (Resident #23). Findings include: Resident #23 Resident #23 was admitted to the facility on 09/25/20 with diagnoses to include cognitive impairment, depression and heartburn. Resident #23's file contained a medication review dated 01/31/21. The resident's file lacked documented evidence of a six-month medication review for 07/2021. On 12/21/21 at 2:18 PM, the Executive Director was not able to provide a medication review for 07/2021 for Resident #23. Severity: 2 Scope: 1	0870	1) Resident #23 had no medication orders in July 2021 for pharmacy to review. January 2021 medication that was reviewed by pharmacy was discontinued on 1/27/21. No correction required. 2) Community will continue to have pharmacy review medications at least every 6 months for all residents who are on community medication management program. 3) Executive Director will continue to ensure pharmacy completes audits as required at least every 6 months. 4) Executive Director 5) 12/21/21	12/21/2021

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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0874 SS= D	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 record review, document review and interview, the Administrator failed to notify a resident's physician of the pharmacist's recommendation for 1 of 25 sampled residents in the facility longer than six months requiring a medication profile review (Resident #21). Findings include: Resident #21 Resident #21 was admitted to the facility on 04/08/21 with diagnoses including chronic renal failure, hyperkalemia, dementia, essential hypertension and major depressive disorder. Resident #21's medical record documented a medication profile review dated 04/30/21 and 07/27/21. The medication profile review dated 04/30/21, included three recommendations: - Muscle relaxant use; change therapy. - Fall/fall risk; monitor orthostatic blood pressure. - Administer Donepezil in the evening prior to bedtime. Resident #21's record lacked documented evidence the 04/30/21 recommendations had been communicated to Resident #21's physician. On 12/21/21 at 2:18 PM, the Executive Director confirmed the findings and verbalized the Administrator needed to forward any recommendations to the resident's physician. Severity: 2 Scope: 1	0874	1)Two of three Pharmacy recommendations were sent to physician for review 2/28/22. One pharmacy recommendation addressed with medication discontinue issued 5/6/21. Changed donepezil to bedtime, per med review. 2) Upon receipt of pharmacy report, Executive Director, Health and Wellness Director or designee will review and send all recommendations to resident physician for review. Community will keep copy of documentation in file and follow up until response is received. 3) Executive Director or designee will verify all documentation is reviewed and responded to by physician/provider. 4) Executive Director, Health and Wellness Director 5) 2/28/2022 6) Exhibit #4	02/28/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**12/21/2021**

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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. (as amended by LCB File No. R109-18) 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 section 13 of this regulation are met. Inspector Comments: Based on observation, record review and interview, the Administrator failed to ensure an ultimate user agreement was completed for 1 of 25 sampled residents (Resident #8). Findings include: Resident #8 Resident #8 was admitted to the facility on 03/23/21 with diagnoses including hemorrhoids, osteoporosis and hypertension. The resident's file documented an ultimate user agreement authorizing the facility to manage the resident's medications dated 04/07/21, sixteen days after the resident was admitted. On 12/21/21 at 3:20 PM, the Executive Director verbalized the resident's real admission date was 04/07/21, however was not able to provide documented evidence the resident was admitted on 04/07/21. The Executive Director confirmed the facility was responsible for administering the resident's medications. Severity: 2 Scope: 1	0876	1) Resident #8 physically moved into the community 4/8/2021, community started medication administration 4/8/2021. Ultimate user is dated 4/7/2021. 2) Health and Wellness Director or designee will ensure ultimate user is signed prior to physical move in for all residents on medication management program. Executive Director or designee will ensure all physical move in dates are documented properly in resident chart. 3) Health and Wellness Director or designee will audit all paperwork prior to physical move in to ensure compliance prior to move in. 4) Executive Director, Health and Wellness Director 5) 12/21/2021 6) Exhibit #5	12/21/2021
0878 SS= E	Medication/OTCS, Supplements, Change Order - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver 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 has	0878	1) Resident #18, order dated 10/27/21, indicated routine Senna order - MAR was correct for routine order at time of inspection. PRN Senna order was not entered into MAR at time of inspection, order has since been discontinued. Medication for residents #2, #4 and #11 are	03/01/2022

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	approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. 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 must be administered as prescribed by the physician. If a physician 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 (Previously Y 0879) (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 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, the physician, registered nurse or pharmacist 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, record review, and interview, the facility failed to 1) follow a physician order for 1 of 25 sampled residents (Resident #18), 2) ensure medications were on-site to administer as prescribed for 3 of 25 sampled residents (Resident #11, #2, and #4), and 3) ensure a change order label was completed for 2 of 25 sampled		all in house, in med carts. Change of direction labels were applied for residents #1 and #13. 2) HWD or designee will verify correct order is entered into electronic MAR when order is received at community. HWD or designee will verify medications are available in house daily at med pass for all residents. HWD or designee will verify MAR matches medication label daily at each med pass and place a change of direction label if required. 3) HWD or designee will verify correct order is entered into electronic MAR when order is received at community. HWD or designee will verify medications are available in house daily at med pass for all residents. HWD or designee will verify MAR matches medication label daily at each med pass and place a change of direction label if required. 4) Health and Wellness Director, Executive Director 5) 3/1/2022 6) Exhibit #6	

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		A. BUILDING _____ B. WING _____	**12/21/2021**

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	residents (Resident #1, and #13). Findings include: Resident #18 Resident #18 was admitted on 01/03/18 with diagnoses to include coronary artery disease, hypertension, and dyslipidemia. Resident #18's physician order dated 11/11/21 and medication label documented Senna Plus 8.6 milligram (mg)-50 milligram tablet. Take one tablet by mouth once a day as needed for constipation. The resident's December 2021 Medication Administration Record (MAR) documented Senna Plus 8.6 milligram (mg)-50 milligram tablet. Take one tablet by mouth once a day for constipation. The resident's MAR documented the medication was given at 8:00 AM daily. On 12/21/20 at 3:20 PM, the Care Partner Medication Aide verbalized the Senna should have been given as needed and the medication had been administered daily. Resident #11 Resident #11 was admitted on 05/08/21 with diagnosis to include dementia, type II diabetes mellitus, hypertension, and mental disorder. Resident #11's December 2021 MAR and physician order dated 11/02/21 documented Rosuvastatin calcium tablet 20 milligram. Give one tablet by mouth in the evening. However, the medication was not on site and had not been administered for 16 days. The last dose was administered on 12/03/21 at 8:00 PM. On 12/21/21 at 3:22 PM, the Care Partner Medication Aide acknowledged the medication was not on-site. Resident # 2 Resident #2 was admitted on 06/27/21 with diagnosis including cerebrovascular accident, Parkinson disease, and memory loss. Resident #2's physician order dated 11/10/21, documented Atorvastatin calcium tablet 20 milligram (mg), take 1 tablet by mouth daily. However, the medication was not on-site to administer as prescribed. On 12/21/21, during medication review, the Atorvastatin calcium 20 mg for Resident #2 was not on-site. The last dose was administered on 12/19/21. On 12/21/21 at 2:17 PM, the Medication Technician (MT) confirmed the			

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		A. BUILDING _____ B. WING _____	**12/21/2021**

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	medication was not on site and verbalized the facility was waiting for the pharmacy to fill the medication. On 12/21/21 at 3:18 PM, the Administrator and MT verbalized the Atorvastatin calcium medication was not on-site for Resident #2. Resident #1 Resident #1 was admitted to the facility on 03/29/21 with diagnoses including Alzheimer's disease, anxiety, and overactive bladder. Resident #1's December 2021 MAR documented donepezil HCl 10 mg tablet, give one tablet by mouth one time a day per MD. The MAR documented the medication was administered at 8 PM. A physician order for Resident #1 dated 11/20/17, documented donepezil 10 mg tablet, take one tablet by mouth every day. Resident #1's medication label documented donepezil 10 mg tablet, take one tablet by mouth every morning with food. On 12/21/21 at 1:28 PM, a MT verbalized Resident #1's donepezil was being administered in the evenings at 8:00 PM. The MT confirmed the medication label should match the MAR and the physician order. Resident #4 Resident #4 was admitted to the facility on 01/18/21, with diagnoses including diabetes mellitus type two, hypertension, and glaucoma. Resident #4's December 2021 MAR documented: -lisinopril 5 mg tablet, give one tablet by mouth one time a day -lorazepam 0.5 mg tablet, give one tablet by mouth in the evening for agitation and anxiety -lorazepam 0.5 mg tablet, give one tablet by mouth as needed for agitation and anxiety -simvastatin 20mg tablet, give one tablet by mouth one time a day On 12/21/21 at 2:23 PM, a MT verbalized the medications were not on-site for Resident #4. Resident #13 Resident #13 was admitted to the facility on 04/02/19, with diagnoses including dementia, hypertension, and pain. Resident #13's physician order dated 08/25/21 and December 2021 MAR documented lidocaine cream 4%, apply to left hip topically one time a day for pain. Resident #13's lidocaine medication label			

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 _____	12/21/2021

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	documented apply to left hip topically two times a day. The medication label lacked a change order label. On 12/21/21 at 3:18 PM, a MT confirmed the medication label lacked a change order label for Resident #13's lidocaine. Severity: 2 Scope: 2			
0885 SS= D	Medication - Destruction - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Inspector Comments: Based on observation, interview, record review, and document review, the facility failed to remove and destroy a discontinued medication in a timely manner for 5 of 25 sampled residents (Resident #16, #3, #1, #5 and #17). Findings include: Resident #16 Resident #16 was admitted to the facility on 07/18/21 with diagnoses including dementia, delirium, and depressed mood. A physician's order for Resident #16, dated 10/31/21 documented hydromorphone HCL 2 milligrams (mg), take 0.5 tablets by mouth every 6 hours as needed for severe pain for up to 5 days. The December 2021 Medication Administration Record (MAR) did not have the medication listed on the MAR. On 12/21/21 at 2:35 PM, the hydromorphone HCL 2 mg tablets for Resident #16 were still in the medication drawer for the resident. On 12/21/21 at 2:36 PM, the Medication Technician confirmed the discontinued medication was still in the medication cart and should have been removed and destroyed when the medication had been discontinued by the	0885	1) Medication for residents #1, #2, #5, #16 and #17 were removed from cart day of inspection and destroyed. 2) HWD or designee will remove discontinued medication from cart upon receipt of discontinue order. HWD or designee will destroy medication when removed from cart. 3) HWD or designee will audit carts daily during med pass to ensure no discontinued medication is in cart. 4) Health and Wellness Director or designee 5) 12/22/2021	12/22/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**12/21/2021**

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	physician. Resident #3 Resident #3 was admitted to the facility on 09/06/21, with diagnoses to include non-toxic single thyroid nodule and chronic right shoulder pain. Resident #3's medication in the medication drawer documented hydrochlorothiazide 50 mg tablet give 1 tablet daily. The MAR documented hydrochlorothiazide tablet 25 mg give 0.5 tablet one time a day for md family provides. The physician's order dated 07/27/21 with a discontinue date 08/02/21 documented hydrochlorothiazide 50 mg take 1 tablet by mouth daily. On 12/12/21 at 3:45 PM, the Executive Director verbalized the medication was changed to a different pharmacy, however, was not able to provide a new physician's order and therefore, the medication should have been destroyed. Resident #1 Resident #1 was admitted to the facility on 03/29/21, with diagnoses including Alzheimer's disease, anxiety, and overactive bladder. Resident #1's medication label dated 04/03/21, documented phenazopyridine 100 mg tablet, take one tablet by mouth three times daily as needed for pain for up to two days. Resident #1's December MAR lacked documented evidence of phenazopyridine. Resident #1's clinical record lacked documented evidence of an order for phenazopyridine. On 12/21/21 at 1:44 PM, a MT verbalized the phenazopyridine was ordered for Resident #1 in the Emergency Room (ER) and the facility lacked a discontinuation order because the phenazopyridine was brought by the resident from the ER. The MT was unable to determine when the phenazopyridine was last administered. The MT confirmed the phenazopyridine should have been pulled from the medication cart. Resident #5 Resident #5 was admitted to the facility on 01/11/19, with diagnosis including macular degeneration, osteoporosis, and hypertension. Resident #5's medication label, dated 02/27/19, documented amlodipine beyslate 5 mg tablet, take one			

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		A. BUILDING _____ B. WING _____	**12/21/2021**

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	tablet by mouth one time a day. Resident #5's MAR lacked documented evidence of amlodipine besylate. Resident #5's clinical record documented a discharge order for amlodipine dated 01/07/21. On 12/21/21 at 3:05 PM, a MT confirmed the amlodipine besylate was not on the MAR and should have been removed from the medication cart when the discharge order was received. Resident #17 Resident #17 was admitted to the facility on 06/29/20, with diagnoses including dementia, atrial fibrilation, and diabetes mellitus type two. Resident #17's medication label documented ondansetron HCL 4 mg tablet, take one tablet by mouth every six hours as needed for nausea. Resident #17's December MAR lacked documented evidence of ondansetron. Resident #17's clinical record lacked documented evidence of a physician order for ondansetron. On 12/21/21 at 2:36 PM, a MT confirmed Resident #17's MAR lacked documented evidence of ondansetron. The MT verbalized the ondansetron should have been removed from the medication cart. Severity: 2 Scope: 1			
0923 SS= D	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, interview and record review, the facility failed to properly label over the counter (OTC) medications with the physician's name for 3 of 25 sampled residents (Resident #5, #13, and #24). Resident #5 Resident #5 was admitted to the facility on 01/11/19, with diagnoses including macular degeneration,	0923	1) Labels applied/corrected for OTC medications for residents #5, #13 and #24. Labels include contents, physician name and resident name on original medication container. 2) Health and Wellness Director or designee will add label with resident and physician name to all OTC medications received. 3) Health and Wellness Director or designee will audit OTC medications daily at med pass 4) Health and Wellness Director, Executive Director 5) 12/22/2021	12/22/2021

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	osteoporosis, and hypertension. Resident #5's December 2021 Medication Administration Record (MAR) documented acetaminophen 500 milligram (mg) capsule, take one capsule by mouth every eight hours for pain. A bottle of acetaminophen 500 mg capsules was with the Resident #5's medications. The label lacked documentation of the ordering provider of the medication. On 12/21/21 at 3:01 PM, a Medication Technician confirmed Resident #5's bottle of acetaminophen did not include documentation of the ordering provider. Resident #13 Resident #13 was admitted to the facility on 04/02/19, with diagnoses including dementia, hypertension, and pain. Resident #13's December 2021 MAR documented the following medications: -Probiotic Advantage Ultra, give two gummies by mouth in the evening for supplement -acetaminophen 500 mg tablet, give two tablets by mouth two times a day A bottle of Probiotic Advantage Ultra was with Resident #13's medications. The label lacked documentation of the ordering provider of the medication. A bottle of acetaminophen 500 mg tablets was with Resident #13's medications. The label lacked documentation of the ordering provider of the medication. On 12/21/21 at 3:15 PM, an MT confirmed Resident #13's bottles of Probiotic Advantage Ultra and acetaminophen did not include documentation of the ordering provider. Resident #24 Resident #24 was admitted to the facility on 12/04/21, with diagnoses including chronic kidney disease, anemia, depression, and osteoarthritis. Resident #24's December 2021 MAR documented the following medications: -latanoprost solution 0.005%, instill one drop in both eyes at bedtime -vitamin b-12 1000 micrograms (mcg), give two tablets by mouth one time a day -vitamin c/vitamin d/zinc tablet, give two tablets by mouth one time a day -Senna-Plus 8.6-50 mg tablets, give one tablet by mouth two times a day -Milk of Magnesia suspension 1200 mg/15			

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	milliliters (ml), give 30 ml's by mouth every 24 hours as needed for no bowel movement for three days On 12/21/21 at 2:48 PM, a MT confirmed the Milk of Magnesia for Resident #24 lacked documentation of the resident and ordering physician name on the medication container. On 12/21/21 at 2:52 PM, a MT confirmed the following medication labels for Resident #24 lacked documentation of the ordering physician on the medication containers: -latanoprost solution 0.005%, instill one drop in both eyes at bedtime -vitamin b-12 1000 micrograms (mcg), give two tablets by mouth one time a day -vitamin c/vitamin d/zinc tablet, give two tablets by mouth one time a day -Senna-Plus 8.6-50 mg tablets, give one tablet by mouth two times a day Severity: 2 Scope: 1			