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 _____	**03/20/2023**

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**

(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 State Licensure re-grading survey conducted at your facility on March 20, 2023. 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 102. 15 resident files were reviewed, and 6 employee files were reviewed. The facility received a grade 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 regulatory deficiencies were identified:	0000		
0053 SS= D	Administrator's Responsibilities-Complete Rec - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 4. Ensure that the records of the facility are complete and accurate.	0053	1)nA	03/27/2023
0074 SS= D	Elder Abuse Training - NRS 449.093 Training to recognize and prevent abuse of older persons: Persons required to receive; frequency; topics; costs; actions for failure to complete. 1. An applicant for a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before a license to operate	0074	1) N/a	03/27/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: KATIE NICHOLS Title: ED Date: 06/11/2023

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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	such a facility, agency or home is issued to the applicant. If an applicant has completed such training within the year preceding the date of the application for a license and the application includes evidence of the training, the applicant shall be deemed to have complied with the requirements of this subsection. 2. A licensee who holds a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must annually receive training to recognize and prevent the abuse of older persons before the license to operate such a facility, agency or home may be renewed. 3. If an applicant or licensee who is required by this section to obtain training is not a natural person, the person in charge of the facility, agency or home must receive the training required by this section. 4. An administrator or other person in charge of a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the facility, agency or home provides care to a person and annually thereafter. 5. An employee who will provide care to a person in a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the employee provides care to a person in the facility, agency or home and annually thereafter. 6. The topics of instruction that must be included in the training required by this section must include, without limitation: (a) Recognizing the abuse of older persons, including sexual			

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	abuse and violations of NRS 200.5091 to 200.50995, inclusive; (b) Responding to reports of the alleged abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; and (c) Instruction concerning the federal, state and local laws, and any changes to those laws, relating to: (1) The abuse of older persons; and (2) Facilities for intermediate care, facilities for skilled nursing, agencies to provide personal care services in the home, facilities for the care of adults during the day, residential facilities for groups or homes for individual residential care, as applicable for the person receiving the training. 7. The facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care is responsible for the costs related to the training required by this section. 8. The administrator of a facility for intermediate care, facility for skilled nursing or residential facility for groups who is licensed pursuant to chapter 654 of NRS shall ensure that each employee of the facility who provides care to residents has obtained the training required by this section. If an administrator or employee of a facility or home does not obtain the training required by this section, the Division shall notify the Board of Examiners for Long-Term Care Administrators that the administrator is in violation of this section. 9. The holder of a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care shall ensure that each person who is required to comply with the requirements for training pursuant to this section complies with such requirements. The Division may, for any violation of this section, take disciplinary action against a facility, agency or home			

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	pursuant to NRS 449.160 and 449.163.			
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.	0178	1) NA	03/27/2023
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	1) N/A	03/27/2023
0874 SS= E	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.	0874	1) N/A	03/27/2023

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0878 SS= D	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 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.	0878	1) N/A	03/27/2023
0905 SS= D	Administration of Medication Restrictions - NAC 449.2746 Administration of	0905	1) Resident #11's Trazadone HCL 50 mg, was discontinued on 4/21/2023.	04/21/2023

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	medication: Restrictions concerning medication taken as needed by resident; written records. (NRS 449.0302) 1. A caregiver employed by a residential facility shall not assist a resident in the administration of a medication that is taken as needed unless: (a) The resident is able to determine his or her need for the medication; (b) The determination of the resident ' s need for the medication is made by a medical professional qualified to make that determination; or (c) The caregiver has received written instructions indicating the specific symptoms for which the medication is to be given, the exact amount of medication that may be given and the frequency with which the medication may be given. Inspector Comments: Based on clinical record review and interview, the facility failed to ensure written instructions indicating the specific symptoms for which an as needed (PRN) medication was to be given was documented for 1 of 15 sampled residents (Resident #11). Findings include: Resident #11 Resident #11 was admitted to the facility on 03/25/22, with diagnoses including chronic kidney disease, congestive heart failure, and hypertension. Resident #11's Medication Administration Record (MAR) dated March 2023, documented the following: -trazadone HCL 50 milligram (mg) table. Take one tablet at bedtime as needed for 30 days. The medication entries on the MAR lacked the symptom for giving an as needed medication. A physician's order dated 01/09/23, documented trazadone HCL 50 milligram (mg) table. Take one tablet at bedtime as needed for up to 30 days. Indication: trouble sleeping. On 03/20/23 at 2:20 PM, a Medication Technician confirmed the PRN trazadone lacked a symptom in which to treat. On 03/20/23 at 2:38 PM, the Health and Wellness Director verbalized PRN medications required a symptom in which to treat. Severity: 2		2) For all residents that have a PRN, HWD will ensure there is a symptom on the order and on the MAR. 3) HWD, RCC, ED or designee will do internal cart audits, and work with our contracted pharmacy to audit as well. 4) HWD, RCC, ED or designee. 5) 4/21/2023 6) N/A	

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	Scope: 1			

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0920 SS= D	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medications for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself or herself without supervision may keep the resident ' s medication in his or her room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room. Inspector Comments: Based on observation and interview, the facility failed to ensure medications were stored safely in 2 of 38 resident rooms, with residents who were authorized to self-administer their medications (Room #40, and #202). Findings include: On 03/20/23 at 11:07AM, the Resident was out of Room #40 and medications were on the kitchen counter. The resident's door was unlocked. On 03/20/23 at 11:09 AM, the Maintenance Director confirmed the Resident room door was unlocked and the medications were not secured. On 03/20/23 at 11:56 AM, the Resident was out of Room #202 and medications were on the kitchen counter. The resident's door was unlocked. On 03/20/23 at 11:58 AM, the Maintenance Director confirmed the Resident room door was unlocked and the medications were not secured. Severity: 2 Scope: 1	0920	1) room #202, is now on medication management, room #40, is using a lock box/locked drawer to secure medication. 2) HWD, ED, or designee will ensure, residents have a locked drawer/lock box, to lock medication if they are self medication residents. 3) HWD, ED or designee will ensure residents have the tools, to lock the medication. Consistent monitoring and spot checks to ensure meds are secured. 4) HWD, ED or designee. 5) 03/28/2023 6)N/A	03/28/2023

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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 and clinical record review, the facility failed to ensure over-the-counter medications had a resident and physician name on the label for 1 of 10 sampled residents (Resident #3). Findings include: Resident #3 Resident #3 was admitted to the facility on 12/10/21, with diagnoses including hypertension, osteoarthritis, and chronic kidney disease. Resident #3's March 2023 Medication Administration Record (MAR) documented acetaminophen 325 milligram (mg) tablet. Take two tablets by mouth every day. Resident #3's acetaminophen bottle lacked the physician's name on the bottle. A physician's order dated 12/10/21, for Resident #3 documented acetaminophen 325 milligram (mg) tablet. Take two tablets by mouth every day. On 03/20/23 at 2:07 PM, a Medication Technician confirmed the acetaminophen bottle lacked the physician's name on the bottle. Resident #3's March 2023 Medication Administration Record (MAR) documented vitamin B-12 1000 micrograms (mcg). Take one tablet by mouth every morning. Resident #3's vitamin B-12 bottle lacked the resident and physician's name on the bottle. A physician's order dated 12/10/21, for Resident #3 documented vitamin B-12 1000 mcg. Take one tablet by mouth every morning. On 03/20/23 at 2:06 PM, a Medication Technician confirmed the vitamin B-12 bottle lacked the physician's name and the resident's name on the bottle. On 03/20/23 at 2:40 PM, a Health and	0923	1) Resident #3, all OTC medication have the Dr. added to the outside of the OTC bottles 2) HWD, has added increased cart audits, along side with her Resident Care Coordinator (RCC) 3) HWD, RCC, ED, or designee, will do cart audits, working with our contracted pharmacy to audit as well. 4) HWD, RCC, ED or designee. 5) 3/27/2023 6) N/A	03/27/2023

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	Wellness Director verbalized over the counter medications required a resident and physician name on the bottle. 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 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.	0938	1) N/A	03/27/2023

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0994 SS= D	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: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. Inspector Comments: Based on observation, interview and document review, the facility failed to ensure dangerous items were secured in the common area of the memory care unit and in 1 of 22 resident rooms (Room #5). Findings include: On 03/20/23 at 10:45 AM, a pair of cosmetic scissors were found in the bathroom cabinet located in room 5. The cosmetic scissors were removed by the Executive Director. On 03/20/23 at 10:48 AM, the Executive Director confirmed the cosmetic scissors located in room 5 should have been removed and secured after each use to ensure resident safety. The facility policy titled, "Storage of Personal Care Items in Connections," last updated 02/2023, documented scissors were not allowed in apartments at any time. Severity: 2 Scope: 1	0994	1) the item was removed 2) Health and Wellness Director (HWD), or designee will ensure all items are secured. 3) HWD, ED or designee will monitor Memory Care Apartments, to ensure items are safe. 4) HWD, ED, Memory Care Director (MCD), or designee. 5) 3/20/2023 6) N/A	03/20/2023
0999 SS= D	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.	0999	1) N/A	03/27/2023

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1540 SS= D	Cultural Competency Training - R016-20 Section 14.1 1. Pursuant to subsection 1 of NRS 449.103, within 30 business days after the course or program is assigned a course number by the Division pursuant to section 18 of this regulation or within 30 business days of any agent or employee being contracted or hired, whichever is later, and at least once each year thereafter, a facility shall conduct training relating specifically to cultural competency for any agent or employee of the facility who provides care to a patient or resident of the facility so that the agent or employee may: (a) More effectively treat patients or care for residents, as applicable; and (b) Better understand patients or residents who have different cultural backgrounds, including, without limitation, patients or residents who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103. Inspector Comments: Based on personnel file review and interview, the facility failed to ensure all employees received cultural competency training within 30 days of their date of hire for 2 of 6 sampled employees. (Employee #2 and #5). Findings include: Employee #2 was hired as Care Partner with a start date of 12/02/22. Employee #2's Cultural Competency training was dated 02/02/23, approximately one month late. On 03/20/23 at 11:17 AM, the Business Office Manager confirmed Employees #2's Cultural Competency training was completed approximately one month late. Employee #5 was hired as Care Partner with a start date of 05/12/22. Employee #6's Cultural Competency training was dated 03/07/23. On 03/20/23 at 11:19 AM, the Business Office Manager confirmed Employees #6's Cultural Competency training was completed late. Severity: 2 Scope: 1	1540	1)Upon new hire process, Business Office Manager (BOM) ensures the employee gets the cultural training on or before the first 30 days of hire. 2) BOM, keeps records of new hires, and monitors when the new hire will need to take the cultural training. 3) BOM,ED, or designee will monitor new hire process. 4) BOM,ED or designee 5)4/3/2023 6) N/A	04/03/2023
1700 SS= D	Annual Assessment of History of Each Resident - NRS 449.1845 Administrator of	1700	1) N/A	03/27/2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**03/20/2023**

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	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			

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

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	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 NRS by 2019, 2594)			