Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9538	A. BUILDING _____ B. WING _____	12/06/2023

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 annual grading survey conducted at your facility on December 6, 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 105. Twenty-five resident files were reviewed, and ten employee files were reviewed. The facility received a grade of A. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified:	0000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: KATIE NICHOLS Title: ED Date: 01/03/2024

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0255 SS= E	Permits-Comply with NAC 446 on Food Service - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 6. A residential facility with more than 10 residents shall: (a) Comply with the standards prescribed in chapter 446 of NAC; and (b) Obtain the necessary permits from the Division. Inspector Comments: Based on observation on 12/06/23, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Major Violations: a. A pan was stacked on exposed and uncovered cake in the walk-in refrigerator at the time of inspection. b. The cook's line stove and oven was not maintained. The equipment showed signs of excessive wear, damaged components, and had grease build up on internal components, including the areas around the pilot flames. c. The interior surfaces of the kitchen ice machine were soiled with grime build-up. d. The kitchen floors underneath equipment, including the cook's line and dry storage, were soiled with grease and food debris. 3. Equipment and Maintenance Violations: a. Faucet plumbing fixtures at the three compartment sink and janitors sink were damaged and leaking water. Severity: 2 Scope: 2	0255	NAC 449.217: 1) a, Pan was removed, and product was disposed of by DSD on 12-6-2023. b, DSD/ED, new Range is on order. c, DSD, cleaned on 12-6-2023. 2) DSD or designee, has implemented new cleaning schedules, to ensure these do not recur, and re-train staff. 3) DSD or designee, will monitor for cleanliness daily. 4) DSD 5) 1/3/2023. 6) Exhibit A 7) N/A 8)NA	01/03/2024

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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 toxic substances were inaccessible to residents housed in the memory care unit. Findings include: On 12/06/23 the following rooms in the memory care unit contained toxic items: Room 11B - at 10:23 AM, the resident nightstand contained the following: - a two-ounce container of lens cleaner - a small container of spa green lotion - a small container of hand sanitizer Room 14A - at 10:31 AM, an unlocked bathroom cabinet contained the following: - a 16-ounce container of Soothe & Cool cleanser - a 30.6-ounce container of Dove body wash - a 10.4-ounce container of Pantene conditioner Room 14B - at 10:34 AM, the resident nightstand contained the following: - a 1.75-ounce container of Gold Bond lotion On 12/06/23 at 10:23 AM through 10:34 AM, the Community Sales Director confirmed the above-mentioned items were toxic and dangerous to residents in the memory care unit and should be secured. Facility policy, "Memory Care Chemical Safety," dated 01/2020, documented, "Apartments will have periodic checks to ensure safety and to minimize risk, the apartments: Will have personal care supplies locked in secure cabinet in the apartment or a designated space in the community with the exception of toothpaste and hand soap." Severity: 2 Scope: 3	0999	NAC 449-2756: 1) All items were removed day of inspection. 2) ED,MCD or designee, will inspect rooms daily, and notify all Responsible Party's, and outside providers, of company policy regarding toxic items. 3) ED,MCD or designee, will inspect rooms daily, and notify all Responsible Party's, and outside providers, of company policy regarding toxic items. 4) ED,MCD. 5) 12-6-2023. 6) Exhibit B 7) N/A 8) N/A	12/06/2023