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 _____	**02/29/2024**

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 a complaint investigation completed in your facility on 02/29/24, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facilities for Groups. The census at the time of the survey was 111. The facility is 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 sample size was two. The facility received a grade of A. There were two complaints investigated: Complaint #NV00068360 with the following allegations could not be substantiated due to lack of evidence: Allegation #1: the facility did not provide proper testing for a resident who was positive for COVID-19. Allegation #2: the facility failed to implement their infection control policy during a COVID-19 outbreak. Investigation into the allegations included: Observations of staff interacting with residents, resident hallways, resident rooms and bathrooms, laundry rooms, and storage areas containing infection control supplies. Interviews were conducted with two residents, a Caregiver, the Executive Director, and the Wellness Director. Document review included the resident of concern's medical file, the facilities infection control policy, sanitation policy, COVID-19 infection control policy, and the resident of concerns internal incident reports. Complaint #NV00070006 with the following allegations could not be substantiated due to lack of evidence: Allegation #1: a resident was sexually abused another resident. Allegation #2: a resident was physically abused another resident. Allegation #3: a resident's guardian was not notified of a change of condition for that resident. Allegation #4: a resident was not properly or regularly bathed. Allegation #5: the facility	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: Title: Date:

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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	was not properly staffed per regulatory requirement to accommodate the number of resident's in the facility. Allegation #6: resident rooms and bathrooms were not properly cleaned and sanitized. Allegation #7: the facility failed to implement their infection control policy during a COVID-19 outbreak. Investigation into the allegations included: Observations of staff interacting with residents, residents interacting with other residents. staff responding to call lights, resident hallways, laundry rooms, resident rooms, resident bathrooms, and storage areas containing infection control supplies. Interviews were conducted with the Wellness Director, two residents, a Housekeeper, a Caregiver, and the Executive Director. Clinical record review included two resident records, including the resident of concern, physician orders, History and Physicals, Activities of Daily Living assessments, bathing logs, incident logs, and Standard Physician Placement Determinations. Document review included the resident of concern's Admission Agreement Informed Choice Appendix, the Housekeeping and Laundry Manual, the facilities Infection Control policy, Sanitation policy, COVID-19 Infection Control policy, and the resident of concerns internal incident reports. 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. No regulatory deficiencies were identified. No further action necessary. Please retain a copy for your records.			