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 _____	07/31/2025

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 07/31/2025. 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 100. Twenty resident records and fifteen employee records were reviewed. The facility received a grade of C. Your facility has received a C or D grade for this inspection. 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. 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		

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0174 SS= F	Health& Sanitation-odors-hazards-insects-dirt - NAC 449.209 Health and sanitation. (NRS 449.0302) 4. To the extent practicable, the premises of the facility must be kept free from: (a) Offensive odors; (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility; (c) Insects and rodents; and (d) Accumulations of dirt, garbage and other refuse. Inspector Comments: Based on observation and interview, the facility failed to ensure 1) the facility was free from cobwebs on the building's exterior and interior and 2) smoking residents were smoking in the designated smoking area. Findings include: Cobwebs On 07/31/2025 at 9:46 AM, during a tour of the facility grounds, the following were identified: -The facility exterior had significant indications of cobwebs on the building. - The facility interior had a significant indication of cobwebs in the building. On 07/31/2025 at 2:48 AM, the Executive Director confirmed there were cobwebs on the exterior and interior of the building. The Executive Director verbalized having a contract with a pest control company. Smoking On 7/31/2025 at 2:10 PM, two residents were sitting outside the facility smoking against the facility building, and held the side door ajar with a rock, causing the facility hallway to smell of cigarette smoke. On 07/31/2025 at 2:15 PM, the Executive Director verbalized the residents who smoked should be 20 feet away from the facility and should not hold the door ajar with a rock. The Executive Director explained this was an ongoing issue with the residents who smoke. The Executive Director confirmed the residents should not smoke against the facility and needed either to be 20 feet away from the building (off property), or to smoke at the rear of the facility in a fully equipped designated smoking area. Severity: 2 Scope: 3	0174	1) pressure wash the exterior of the building, move the smoking area to the back of the community letter was sent out to notify the residents; Exhibit 1 2) exterior of building with be cleaned quarterly or as needed, the smoking area will be monitored/cleaned as needed. 3) Maintenance Director, Executive Director, or designee will monitor exterior of building and smoking area. Exhibit 4 (photo of new smoking area) Exhibit 3 (photo of building exterior) 4) Maintenance Director, Executive Director, or designee. 5) 8/11/2025 6) Exhibit 1, 3, and 4 7)N/A	08/11/2025

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0250 SS= D	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 facility failed to ensure the resident snack mini refrigerator was sufficiently cleaned. Findings include: On 07/31/2025 at 9:27 AM, the mini refrigerator, located in the Memory Care Unit medication room, had red juice spilled on the bottom. On 07/31/2025 at 9:28 AM, the Caregiver confirmed there was red juice spilled in the mini refrigerator and should have been cleaned up. The Caregiver was unsure who was responsible for managing the mini refrigerator. This was a repeat deficiency from the 09/11/2024 annual State Licensure survey. Severity: 2 Scope: 3	0250	1) mini fridge was removed from med room on 8/21/2025 2) no measures need to implement, fridge removed 8/21/2025 3) N/A (fridge removed) 4) ED. or designee 5) 8/21/2025 6) N/A 7) N/A	08/21/2025

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0251 SS= F	Storage of Food-Perishable Foods Refrigerated - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 2. Perishable foods must be refrigerated at a temperature of 40 degrees Fahrenheit or less. Frozen foods must be kept at a temperature of 0 degrees Fahrenheit or less. Inspector Comments: Based on observation and interview, the facility failed to ensure perishable food was stored at a temperature of 40 degrees Fahrenheit (F) or less in a mini refrigerator located in the memory care unit. Findings include: On 07/31/2025 at 10:15 AM, a mini refrigerator in the memory care unit medication room lacked a thermometer to determine the proper temperature of the mini refrigerator to store perishable food. The mini refrigerator contained the following: -two plastic containers of leftover food -a Red Bull -one container of coffee creamer -open applesauce container -three containers of electrolyte juice On 07/31/2025 at 10:17 AM, the Caregiver verbalized there were no temperature logs to ensure the mini refrigerator was at an appropriate temperature, and explained the staff were responsible for maintaining the mini refrigerator. Severity: 2 Scope: 3	0251	1) mini fridge was removed from med room on 8/21/2025 2) no measures need to implement, fridge removed 8/21/2025 3) N/A (fridge removed) 4) ED. or designee 5) 8/21/2025 6) N/A 7) N/A	08/21/2025

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0252 SS= F	Storage of Food - Adequate Storage; Packaging - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 3. Sufficient storage must be available for all food and equipment used for cooking and storing food. Food that is stored must be appropriately packaged. Inspector Comments: Based on observation and interview, the facility failed to ensure open food items were properly stored. Findings include: On 07/31/2025 at 10:15 AM, the mini refrigerator for resident snacks in the memory care unit medication room contained: -two plastic containers with leftover food, with a sticky note with the name of the resident the food belonged to - An open container of applesauce. On 07/31/2025 at 10:17 AM, the Caregiver confirmed there were two plastic containers with food for a resident and explained the food was brought in by the resident's family, but was unsure of the date the food was brought to the facility. The Caregiver verbalized the food containers should have included the date the food was brought to the facility and the resident's name. The Caregiver confirmed the cup of applesauce should not have been stored in the refrigerator as it did not have a resident's name or the date it was opened. Severity : 2 Scope : 3	0252	1) mini fridge was removed from med room on 8/21/2025 2) no measures need to implement, fridge removed 8/21/2025 3) N/A (fridge removed) 4) ED. or designee 5) 8/21/2025 6) N/A 7) N/A	08/21/2025

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0451 SS= D	First Aid & CPR - NAC 449.231 First aid and cardiopulmonary resuscitation. (NRS 449.0302) 2. A first-aid kit must be available at the facility. The first-aid kit must include, without limitation: (a) A germicide safe for use by humans; (b) Sterile gauze pads; (c) Adhesive bandages, rolls of gauze and adhesive tape; (d) Disposable gloves; (e) A shield or mask to be used by a person who is administering cardiopulmonary resuscitation; and (f) A thermometer or other device that may be used to determine the bodily temperature of a person. Inspector Comments: Based on observation and interview, the facility failed to ensure a first aid kit contained a cardiopulmonary resuscitation (CPR) mask. Findings include: On 07/31/2025 at 12:01 PM, during the second-floor medication room tour, the first aid kit did not contain a CPR mask. On 07/31/2025 at 12:07 PM, a Medication Technician (MT) confirmed the first aid kit located on the second-floor medication room did not contain a CPR mask. The MT explained the first aid kit was new and did not come with a CPR mask. Severity: 2 Scope: 2	0451	1) items were in first aid kit (exhibit 2 attached), HWD showed surveyor they were present. 2) N/A (items are in all first aid kits) 3) HWD,ED, or designee will ensure vendor includes cpr masks when replenishing kits. 4) HWD, ED, or designee 5) N/A, was already in first aid kit 6) Exhibit 2 7) N/A	07/31/2025

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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. 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 NAC 449.1985 are met. Inspector Comments: Based on clinical record review and interview, the Administrator failed to ensure an ultimate user agreement was completed for 1 of 20 sampled residents (Resident #18). Findings include: Resident #18 Resident #18 was admitted to the facility on 08/03/2025, with diagnoses including Parkinson's disease and unspecified dementia. Resident #18's clinical record documented a signed ultimate user agreement; however, lacked the date the agreement was signed by the resident and the facility. On 07/31/2025 at 12:02 PM, the Health & Wellness Director confirmed Resident #18's ultimate user agreement lacked the date the agreement was signed prior to the facility possessing and/or administering resident medication. This was a repeat deficiency from the 09/11/2024 annual State Licensure survey. Scope: 2 Severity: 1	0876	1) corrected Ultimate User agreement for resident #18 (see exhibit 5) 2) HWD, RCC, or designee will ensure Ultimate User is complete upon move in, and change of medication administration status. 3) HWD, and RCC or designee will audit all new move ins and existing residents for all Ultimate user agreements. 4) HWD, RRC, or designee 5) 8/1/2025 6) Exhibit 5 7) N/A	08/01/2025
0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 and R043-22 - 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 , 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-	0878	1) received inhaler, for resident #3 on 8/2/2025. Bisacodyl, for resident #6,was added to resident MAR, and added to cart. 2) HWD, RCC, or designee, will increase cart to chart audits. 3) HWD, RCC, or designee, will audit resident medications upon move in, as needed. 4) HWD, RCC, ED, or designee 5) 8/2/2025 6) Exhibit, 8 and 9. 7)N/A	08/02/2025

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	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 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 clinical record review and interview, the facility failed to ensure medications were on-site to administer as prescribed for 1 of 20 sampled residents (Resident #3) and a resident's medications were filled and administered to a resident per physician orders for 1 of 20 sampled residents (Resident #6). Findings include: Resident			

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	#3 Resident #3 was admitted to the facility on 05/01/2025, with diagnoses including rheumatoid arthritis, hypokalemia, and dementia. Resident #3's physician order, dated 04/13/2025, documented the following: -Albuterol inhaler, 90 micrograms (mcg) per actuation, two puffs orally, every six hours as needed for wheezing. Resident #3's Medication Administration Record (MAR) documented the following: -Albuterol Sulfate, 90 mcg, inhale two puffs by mouth every six hours as needed for wheezing. On 07/31/2025, during Resident #3's medication review, the prescribed albuterol inhaler was not present in the medication cart and the MT could not locate the medication. On 07/31/2025 at 12:12 PM, the MT confirmed Resident #3's albuterol inhaler could not be located in the medication cart or the locked medication overflow cabinet. The MT explained the resident was a newer admission and had never used the inhaler. The MT verbalized the MT had thought the inhaler had expired and a refill order had been faxed to the pharmacy just this morning. The MT could not find evidence the medication had been filled since admission. On 07/31/2025 at 1:42 PM, MT2 confirmed Resident #3's clinical record contained an admission order for albuterol inhaler dated 04/13/2025. MT2 explained the facility had trouble obtaining some of Resident #3's medications and did not believe the albuterol inhaler prescription had been filled since admission. MT2 confirmed the medication was not on site and available for administration to Resident #3. Resident #6 Resident #6 was admitted to the facility on 06/23/2025, with a diagnosis of benign essential hypertension. A physician's order, dated 06/27/2025, documented Dulcolax Bisacodyl oral tablets, take by mouth. Resident #6's July 2025 Medication Administration Record (MAR) lacked documentation of Dulcolax Bisacodyl. On 07/31/2025 at 2:43 PM, the Resident Care Coordinator (RCC) explained prior to admitting a new resident to the facility, the resident would meet with their physician to review current medications. The list of current medications would be brought to the facility, and the facility would ensure all medications were onsite,			

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	physician's orders were maintained, and all the medications were transcribed on the resident's MAR. The RCC confirmed Dulcolax Bisacodyl was included on Resident #6's list of current medications, however was absent from Resident #6's MAR. The RCC explained the facility did not have Resident #6's Dulcolax Bisacodyl on site on admission. The RCC verbalized the facility should have reached out to the physician to ensure the order was filled but did not. The RCC explained the Dulcolax Bisacodyl had not been administered to Resident #6 since admittance to the facility in June 2025. This was a repeat deficiency from the 09/11/2024 annual State Licensure survey. Severity: 2 Scope: 1			
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, interview, clinical record review, and document review, the facility failed to ensure medications were stored securely in a locked area inaccessible to other residents and visitors and not in a resident's room for 1 of 20 sampled residents (Resident #6). Findings include: Resident #6 was admitted to the facility on	0920	1) removed medications from residents apartment. 2) RP, and residents will be advised upon move in that medications are not to be in resident apartment unless MD, has order for self administration, staff will monitor daily for medications in apartments. 3) HWD, RCC, or designee will monitor daily. 4) HWD, RCC, or designee 5) 8/8/2025 6) N/A 7) N/A	08/08/2025

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	06/23/2025, with a diagnosis of benign essential hypertension. Resident #6's clinical record included an Ultimate User Agreement, dated 06/29/2025, documenting the resident designated the facility's employees to possess, administer and monitor the resident's medications. On 07/31/2025 at 1:23 PM, Resident #6's room was unlocked, the resident was not present, and the following medications were found in a box stored on the bathroom shelves: -Two bags of Menthol 7.5 milligram (mg) cough drops. -One bag of Menthol 4.8 mg cough drops. -One bag of Menthol 1.8 mg cough drops. -One box of Guaifenesin 600 mg and Pseudoephedrine Hydrochloride (HCl) 60 mg tablets. -One box of Ibandronate 150 mg tablets affixed with a prescription label documenting to take one tablet by mouth 60 minutes before the first food, beverage, or medicine of the day with plain water once monthly. -One bottle of Aspirin 81 mg tablets. -One box of Bisacodyl 5 mg tablets. -One box of Phenazopyridine HCl 99.5 mg tablets. -Two tubes of Hydrocortisone 2.5% cream affixed with a prescription label documenting to apply twice a day for two to four weeks to cool after two weeks of using Fluorouracil. -Two bottles of Menthol 4% spray. -One bottle of Acetaminophen 500 mg tablets. -One bottle of Calcium, Magnesium, Zinc and Vitamin D3 caplets. -One bottle of Carbamide Peroxide 6.5% earwax removal kit. -Three tubes of Triamcinolone 0.1% ointment affixed with a prescription label documenting to apply a thin coat to the affected area twice a day. -One tube of Fluorouracil 5% cream affixed with a prescription label documenting to apply one application topically to the affected area twice daily for 14 days. -One box of Diphenhydramine HCl 25 mg and Phenylephrine HCl 10 mg tablets. -One box of Loratadine 10 mg tablets. -One tube of Hydrocortisone 1% cream. On 07/31/2025 at 1:23 PM, a Medication Technician (MT) confirmed the unsecured medications in Resident #6's room. The MT verbalized Resident #6 had additional medications the facility managed. The MT verbalized residents should not have unsecured medications in their rooms because residents could accidentally take the			

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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
	incorrect medications at the incorrect dose. The MT explained facility did room checks every day to ensure residents did not have unsecured medications. On 07/31/2025 at 2:43 PM, the Resident Care Coordinator (RCC) verbalized all resident medications should be kept secure to prevent the resident from taking more than the recommended dose, and to prevent other residents from accessing the medications. If a resident's clinical record included an Ultimate User Agreement indicating the facility would manage a resident's medications, the resident should not have medications in their room. The RCC explained staff entered resident rooms daily to ensure medications were not left unsecured in resident rooms. The RCC confirmed Resident #6's clinical record included an Ultimate User Agreement indicating the facility would possess, administer and monitor the resident's medications. The RCC verbalized Resident #6 should not have any unsecured medications in the resident's room. The facility policy titled, "Storage of Medications," revised 08/26/2021, documented all medications stored by the facility must be in a clean, neat, locked stationary container or area. This was a repeat deficiency from the 09/11/2024 annual State Licensure survey. Severity: 2 Scope: 1			