STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9541	A. BUILDING _____ B. WING _____	11/04/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE SEASONS OF RENO, ASSISTED LIVING & MEMORY CARE	5165 SUMMIT RIDGE COURT, RENO, NEVADA ,89523-9092

(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 an annual State Licensure survey on 11/04/21. The State Survey was conducted in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for 120 total Residential Facility for Group beds, with 90 beds for elderly and disabled persons and/or provides assisted living services and 30 beds for care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 99. Twenty resident files were reviewed, and fourteen employee files were reviewed. The facility received a grade of B. 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 deficiencies were identified:	0000		
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 five bags full of garbage were not on the sidewalk outside of the enclosed dumpster area. Findings include: On 11/04/21 at 8:45 AM, five bags of garbage were on the sidewalk outside of the facility's enclosed dumpster area. On 11/04/21 at 8:46 AM, the Maintenance Assistant verbalized the bags with garbage should not have been on the sidewalk and had been placed there by staff. Garbage should be placed in the dumpster to prevent attracting rodents or pests to the area. Severity: 2 Scope: 3	0174	1. Bags of garbage were removed from sidewalk outside of dumpster day of inspection. 2. If waste removal company is not able to access dumpster or if for any reason there is more garbage than can be placed in dumpster, maintenance will dispose of overflow garbage at alternate dumpster location. 3. Maintenance Director, Maintenance Assistant or designee will inspect dumpster enclosure and surrounding areas daily and remove any garbage/debris that is not placed properly inside of dumpster. 4. Executive Director, Maintenance Director or designee will ensure there is no garbage outside of the dumpster or dumpster enclosure. 5. Completed 11/4/2021 6. Exhibit A	11/04/2021

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0220 SS= F	Laundry & Linen Services Provided - NAC 449.213 Laundry and linen services. (NRS 449.0302) 1. A residential facility shall: (a) Provide laundry and linen services on the premises of the facility; or (b) Contract with a commercial laundry for the provision of those services. 2. A residential facility that provides its own laundry and linen services shall have accommodations which are adequate for the proper and sanitary washing and finishing of linen and other washable goods. 3. The laundry room in a residential facility must be situated in an area which is separate from an area where food is stored, prepared or served. The laundry must be adequate in size for the needs of the facility and maintained in a sanitary manner. The laundry room must contain at least one washer and at least one dryer. All the equipment must be kept in good repair. All dryers must be ventilated to outside the building. If a washer or dryer is located outside the residential facility, the washer or dryer must be in a room or enclosure. Inspector Comments: Based on observation and interview, the facility failed to ensure 2 of 2 dryer vents from the memory care unit were not clogged with lint where the dryers were vented to the exterior of the building. Findings include: On 11/04/21 at 8:40 AM, two dryer vents on the outside of the building were clogged with lint and there was lint in the rocks underneath the vents. On 11/04/21 at 8:42 AM, the Maintenance Assistant verbalized the vents were from the dryers in the memory care unit. The vents were clogged with dryer lint and should have been cleaned due to the hazard caused by the flammability of the lint. Severity: 2 Scope: 3	0220	1. Maintenance Director removed all lint from exterior vents and rock area and cleaned all laundry vents 11/5/2021. Vendor scheduled for complete cleaning 12/7/2021. 2. All staff who operate dryers will remove lint after each use. Vendor will be scheduled for routine cleaning. 3. Maintenance Director, Maintenance Assistant or designee will inspect all dryer vents daily to ensure there is no build up of lint. 4. Executive Director or designee will monitor for compliance. 5. 11/27/2021 6. Exhibits B, B1	11/05/2021

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0994 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: (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 and interview, the facility failed to ensure a circuit breaker panel was locked and secured from the residents. Findings include: On 11/04/21 at 8:55 AM, a circuit breaker panel located in the Memory Care Unit was unlocked and opened. On 11/04/21 at 8:56 AM, the Memory Care Director confirmed the circuit breaker panel was unlocked and could be a hazard to residents. The Memory Care Director confirmed the panel should have been locked. Severity: 2 Scope: 3	0994	1. Electrical panel locked on day of inspection. 2. Maintenance Director, Maintenance Assistant or designee will inspect all electrical panels monthly and after each use to ensure they are locked. 3. Memory Care Director, Maintenance Director or designee will verify all panels are locked monthly and after each use. 4. Executive Director or Memory Care Director will monitor for compliance. 5. 11/4/2021 6. Exhibit C	11/04/2021

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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. Inspector Comments: Based on observation and interview, the facility failed to ensure residents were safe from toxic substances for 3 of 22 residents residing in the memory care unit. Findings include: On 11/04/21 at 8:44 AM, the following toxic substances were observed on the bathroom counter in Room 03: -12-ounce bottle of Pantene shampoo. -12-ounce bottle of Pantene conditioner. -16.9-ounce bottle of Nivea lotion. -13-ounce bottle of Curel lotion. -12.6-ounce bottle of Suave shampoo/conditioner. -8.5-ounce bottle of Neutrogena lotion. -5.10-ounce tube of Crest Pro Health toothpaste. -3.4-ounce container of Mitchum Women's deodorant. -2.7-ounce container of Secret deodorant. On 11/04/21 at 8:49 AM, the following toxic substance was observed on the bathroom counter in Room 05: -7.5-ounce bottle of Dial antibacterial hand soap. On 11/04/21 at 9:02 AM, the following toxic substance was observed on the bathroom counter in Room 09: -4.8-ounce tube of Colgate Total toothpaste. On 11/04/21 at 9:03 AM, the Memory Care Director confirmed the toxic substances found in Rooms 03, 05, and 09 should not have been left on the bathroom counters and should have been secured in the locked storage room next to the Memory Care Director's office. Severity: 2 Scope: 1	0999	1. Toxic substances were removed from apartments at time of survey. 2. 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 not toxic substances left in resident apartments. 4. Executive Director, Memory Care Director or designee will ensure compliance. 5. 11/4/2021	11/04/2021