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 _____	**08/08/2022**

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 a complaint investigation completed in your facility on 08/08/22, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facilities for Groups. The census at the time of the survey was 94. The sample size was five. One complaint was investigated. Complaint #NV00066711 with the allegation a resident did not receive medications to prevent seizures was substantiated (see Tag Y 0072). 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		
0072 SS= D	Qualifications of Caregiver - Med Training - NAC 449.196 Qualifications and training of caregivers. (NRS 449.0302) 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Before assisting a resident in the administration of a medication, receive the training required pursuant to paragraph (e) of subsection 6 of NRS 449.0302, which must include at least 16 hours of training in the management of medication consisting of not less than 12 hours of classroom training and not less than 4 hours of practical training, and obtain a certificate acknowledging the completion of such training; (b) Receive annually at least 8 hours of training in the management of medication and provide the residential facility with satisfactory evidence of the content of the training and his or her attendance at the training; (c) Complete the training program developed by the	0072	Caregiver Med Tech #1 and #2 attended their annual 8 hours of training in the management of medication as required at Majen Training on 8/9/2022. Caregiver Med Tech #1 and #2 completed the training and passed their examination, both certificates of attendance and the passing grades are attached in this POC. In addition both Caregivers Med Tech's were in a medication review training, testing, and observation audit with the Administrator and Wellness coordinator on July 28, 2022. In the Medication Policy and procedure manual we have added all the Med Tech's certificates to the front of the manual with the expiration date of each license. The BOD will report at the first Monday stand up meeting of the month which Med Tech's licenses will be expiring the following month and enroll them in class then before expiration of the license. The Administrator will ensure that she has received confirmation of all med tech registrations for	08/31/2022

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: LISA CAMPBELL Title: Administrator Date: 09/02/2022

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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	administrator of the residential facility pursuant to paragraph (e) of subsection 1 of NAC 449.2742; and (d) Annually pass an examination relating to the management of medication approved by the Bureau. Inspector Comments: Based on personnel file review and interview, the facility failed to ensure 2 of 9 employees (Employee #1 and #2) completed the required annual medication management training prior to administering medications to residents. Findings include: Employee #1 Employee #1 completed annual medication management training on 06/23/21, and expired on 06/23/22. Employee #1's personnel file lacked documented evidence of completion of the required eight hours of annual medication management training by 06/23/22. The facility schedule documented Employee #1 worked as a medication technician at the facility on the following dates after the training expired: June 24, 25, 27, 28, 29, 30, July 1, 2, 4, 5, 6, 7, 8, 11, 12, 13, 14, 15, 16, 18, 19, 20, 21, 22, 23, 25, 26, 27, 28, 29, and 30. Employee #2 Employee #2 completed initial medication management training on 07/28/21, and expired on 07/28/22. Employee #2's personnel record lack documented evidence of completion of the required eight hours of annual medication management training by 07/28/22. The facility schedule documented Employee #2 worked as a medication technician at the facility on the following dates after the training expired: July 29, 30, August 2, 3, 4, and 5. On 08/08/22 11:40 PM, the Executive Director confirmed Employee #1 and #2 lacked the annual medication management training, worked in the role of medication technicians after the expiration date of the training, and verbalized the importance of obtaining the certification prior to administering medications to residents. Severity: 2 Scope: 2		the month prior to the license expiring.	