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 _____	**03/13/2023**

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 03/13/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facilities for Groups. The census at the time of the survey was 97. 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 sample size was five. The facility received a grade of A. One complaint was investigated. Complaint #NV00068037 with the following allegations could not be substantiated due to lack of evidence: Allegation #1: a resident had a diagnosis of dementia and was inappropriately placed with dangerous items in the resident's room. Allegation #2: the physician was not contacted on the weekend. Allegation #3: staff were not available to administer medications. Allegation #4: a resident was not allowed to have visitation in their room. Allegation #5: items were missing from a resident's room. Allegation #6: a resident was left soiled. Allegation #7: there were piles of unwashed laundry in the hallway. Investigation into the allegations included: Observations of staff interacting with residents, staff responding to call lights, resident hallways, laundry rooms, resident rooms with balconies, and visitors checking into the facility. Interviews were conducted with the Complainant, a Public Guardian, two residents, a Housekeeper, a Caregiver/ Medication Technician, and the Executive Director. Clinical record review included five resident records, including the resident of concern, Medication Administration Records, physician orders, Ultimate User Agreements, History and Physicals, Activities of Daily Living assessments, laboratory results, and Standard Physician	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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	Placement Determinations. Document review included the resident of concern's Admission Agreement Informed Choice Appendix, the Housekeeping and Laundry Manual, Visitation and Safety policy, Visitation Guidelines, Missing Resident Items form, Grievance logs, documentation and correspondence regarding restricted visitation, and staffing schedules. 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.			