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
	9541	A. BUILDING _____ B. WING _____	10/10/2023

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

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey on 10/10/23. 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 93. 19 resident files were reviewed, and 12 employee files were reviewed. 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 deficiencies were identified:	0000		

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1010 SS= D	Care for Persons with Mental Illnesses - NAC 449.2764 Residential facility which offers or provides care for persons with mental illnesses: Application for endorsement; training for employees. (NRS 449.0302) 1. A residential facility which offers or provides care and protective supervision for a resident with mental illness must obtain an endorsement on its license authorizing it to operate as a residential facility for persons with mental illnesses. The Division may deny an application for an endorsement or suspend or revoke an existing endorsement based upon the grounds set forth in NAC 449.191 or 449.1915. Inspector Comments: Based on clinical record review and interview, the facility failed to obtain an endorsement for Mental Illness (MI) and admitted and retained a resident with a MI diagnosis for 2 of 19 sampled residents (Resident #3 and #4). Findings include: Resident #3 Resident #3 was admitted to the facility on 05/10/23, with a diagnosis of bipolar disorder. A History and Physical dated 03/26/22, documented Resident #3 had a diagnosis of bipolar disorder. Resident #4 Resident #4 was admitted to the facility on 07/10/17, with diagnoses including obsessive compulsive disorder. A History and Physical Assessment dated 03/13/23, Resident #4 had a diagnosis of obsessive compulsive disorder. The facility lacked an MI endorsement to admit and retain residents with MI. On 10/10/23 at 2:00 PM, the Administrator confirmed the facility was not endorsed for MI and Resident #3 had diagnosis of bipolar disorder and Resident #4 had diagnoses of obsessive compulsive disorder. Severity: 2 Scope: 1	1010	1. Executive Director will apply for Mental Illness Endorsement 2. Executive Director or designee will ensure community has proper endorsements to care for all residents, current or new admissions. 3. Executive Director, Health and Wellness Director or designee will monitor all new admissions; current resident change of condition and verify community has proper endorsements to properly care for all residents. 4. Executive Director 5. November 4, 2023 6. Exhibit A	11/04/2023
1700 SS= D	Annual Assessment of History of Each Resident - NRS 449.1845 Administrator of residential facility for groups to conduct annual assessment of history of each resident and cause provider of health care to conduct certain examinations and assessments; placement based on assessment. 1. The administrator of a residential facility for groups shall: (a) Annually cause a qualified provider of	1700	1. Health and Wellness Director will verify, get documentation that resident #18 is appropriate for Assisted Living. 2. Health and Wellness Director or designee will ensure that all assisted living residents have documentation from qualified provider verifying proper placement upon admission, annually or upon change of condition resulting in need of assessment for placement.	10/10/2023

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	health care to conduct a physical examination of each resident of the facility; (b) Annually conduct an assessment of the history of each resident of the facility, which must include, without limitation, an assessment of the condition and daily activities of the resident during the immediately preceding year; and (c) Cause a qualified provider of health care to conduct an assessment of the condition and needs of a resident of the facility to determine whether the resident meets the criteria prescribed in paragraph (a) of subsection 2: (1) Upon admission of the resident to the facility; and (2) If a physical examination, assessment of the history of the resident or the observations of the administrator or staff of the facility, the family of the resident or another person who has a relationship with the resident indicate that: (I) The resident may meet those criteria; or (II) The condition of the resident has significantly changed. 2. If, as a result of an assessment conducted pursuant to paragraph (c) of subsection 1, the provider of health care determines that the resident: (a) Suffers from dementia to an extent that the resident may be a danger to himself or herself or others if the resident is not placed in a secure unit or a facility that assigns not less than one staff member for every six residents, any residential facility for groups in which the resident is placed must meet the requirements prescribed by the Board pursuant to subsection 2 of NRS 449.0302 for the licensing and operation of residential facilities for groups which provide care to persons with Alzheimer's disease or other severe dementia. (b) Does not suffer from dementia as described in paragraph (a), the resident may be placed in any residential facility for groups. 3. As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031. (Added to NRS by 2019, 2594) Inspector Comments: Based on record review and interview, the facility failed to obtain a Physician Placement Determination Statement to determine the appropriate facility type and care for 1 of 19 sampled residents (Resident #18). Findings include: Resident #18 Resident #18 was		3. Executive Director, Health and Wellness Director or designee will audit charts to ensure all residents have annual assessment of each resident by a qualified provider to ensure proper placement/documentation. 4. Executive Director 5. October 10, 2023 6. Exhibit A	

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	admitted to the facility on 08/08/21, with diagnoses including depression, chronic obstructive pulmonary disorder, congestive heart failure, and Parkinson's disease. A Physician's Placement Determination dated 07/21/21 documented Resident #18 was appropriate for Assisted Living. Resident #18's clinical record did not include a Placement Determination completed at any other time. A physician assessment note dated 08/03/22, documented Resident #18's Psychiatric/Behavioral assessment was positive for memory loss. The resident's cognition and memory were documented as impaired. A physician assessment note dated 02/24/23, documented Resident #18's Psychiatric/Behavioral assessment was positive for memory loss. The resident's cognition and memory were documented as impaired. A hospital discharge summary dated 05/04/23, documented Resident #18 had a medical history of dementia. A physician's note dated 10/10/23, the day of the survey, documented Resident #18 had no diagnosis of dementia and only had memory loss. The resident continued to be appropriate for Assisted Living. On 10/10/23 at 11:24, the Health and Wellness Coordinator (HWC) was unaware of the requirement to complete an annual assessment for placement determination for residents with a diagnosis of dementia residing in the facility's Assisted Living units. The HWC confirmed the facility had not completed annual physician placement determinations for residents with dementia residing in facility's Assisted Living. Severity: 2 Scope: 1			

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1830 SS= F	Infection Control Required Training Inspector Comments: Based on personnel file review and interview, the primary infection control staff and the infection control designee lacked the required infection control training. Findings include: On 10/10/23 at 10:49 AM, the Administrator was provided with the Personnel Check List to complete for 12 sampled employees. On 10/10/23 at 2:57 PM, the Administrator provided the completed form with the following information: Employee #1 Employee #1 was hired by the facility as Administrator with a start date of 06/27/05. Employee #1's personnel file lacked the required infection control and prevention training required for the primary infection control staff. Employee #2 Employee #2 was hired by the facility as Heath and Wellness Director with a start date of 11/07/22. Employee #2's personnel file lacked the required infection control and prevention training required for the designee infection control staff. On 10/10/23 at 2:57 PM, the Administrator provided the Attestation of Compliance form, signed and dated 10/10/23, confirming a thorough review of the personnel records was conducted to determine compliance and any noncompliance found. The Administrator verbalized attesting to the accuracy of the Personnel Checklist Form self-attestation. Severity: 2 Scope: 3	1830	1. The primary infection control staff and designee, employees #1 & #2 will complete required training. 2. Executive Director or designee will ensure infection control training is completed annually. 3. Business Office Manager, Executive Director or designee will audit all employee files to ensure all required training is completed. 4. Executive Director 5. November 4, 2023 6. Exibit C, D	11/04/2023