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 _____	07/11/2024

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 07/11/24. 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 92. Twenty resident files were reviewed, and fifteen 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		
0859 SS= D	Medical Care of Resident After Illness - NAC 449.274 and R043-22 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. (NRS 449.0302) 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by a qualified provider of health care in accordance with NRS 449.1845. The resident must be cared for pursuant to any instructions provided by the qualified provider of health care. Inspector Comments: Based on record review and interview, the facility failed to ensure an annual physical examination was completed timely for 3 of 20 sampled residents (Resident #19, #20, and #15). Resident #19 Resident #19 was admitted to the facility on 04/25/2023, with a diagnosis of Alzheimer's disease, heart valve	0859	1) Resident #19 annual physical dated 2/8/2024 has been placed in resident chart. Resident # 20 annual physical dated 02/16/2024 has been placed in resident chart. Resident #15 previous annual physical dated 3/1/2023 has been placed in resident chart. 2) Health and Wellness Director, Health and Wellness Coordinator or designee will ensure all resident physicals are placed in resident chart upon receipt of documentation. 3) Health and Wellness Director, Health and Wellness Coordinator or designee will audit resident charts to ensure all paperwork is filed upon receipt of documentation. 4)Executive Director 5) 8/5/2024 6) Exhibit A, B, C	08/06/2024

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 _____	07/11/2024

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
	disorder, and hypercholesterol. Resident #19's record included an initial physical examination completed on 03/20/2023. Resident #3's clinical record lacked an annual physical examination for 2024. Resident #20 Resident #20 was admitted to the facility on 02/16/2021, with diagnoses including dementia, hypothyroid, hyperlipidemia, and hypertension. Resident #20's record included an annual physical examination completed on 03/13/2023 and on 06/07/2024, however the annual 2024 physical examination was completed late. On 07/11/2024 at 11:21 AM, the Health and Wellness Director confirmed Resident #19's record lacked an annual physical examination for 2024 and Resident #20's record documented the annual physical examination was completed late. Resident #15 Resident #15 was admitted to the facility on 12/18/2015, with diagnoses including vascular dementia and anxiety. Resident #15's record included an annual physical examination dated 06/22/2022 and 07/04/2024. The resident's record lacked an annual physical examination for 2023. On 07/11/2024 at 2:20 PM, the Health and Wellness Director confirmed Resident #15's record lacked documented evidence of an annual physical examination for 2023. Severity: 2 Scope: 1			
0895 SS= D	Administration of Medication Maintenance - NAC 449.2744 and R043-22 Administration of medication: Maintenance and contents of logs and records. (NRS 449.0302) 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician, physician assistant or advanced practice registered nurse, including, without limitation, whether the medication is to be	0895	1) Resident #11- Sennosides-Docusate 8.6mg-50mg, one tab at night, hold for loose stools was added to resident MAR 7/11/2024. Resident #20 - Morphine Sulfate 100mg/5ml (20mg/ml) order discontinued by physician 7/11/2024, medication removed from cart and destroyed. 2) Health and Wellness Director, Health and Wellness Coordinator or designee will review all physician's orders and compare to MAR and medication that is received to ensure accuracy of MAR and correct medication when new or changed physician's orders are received. 3)Health and Wellness Director, Health and Wellness Coordinator or designee will audit carts quarterly to ensure compliance. 4)Executive Director 5)07/11/2024 6)Ex E & F	07/11/2024

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 _____	07/11/2024

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
	administered according to a routine schedule or as needed; (5) Any change in an order or prescription of a resident ' s physician, physician assistant or advanced practice registered nurse,including, without limitation, the discontinuation of the medication; (6) Any time when the resident is out of the facility; and (7) Any mistakes made in the administration of medication. Inspector Comments: Based on observation, interview, and record review, the Administrator failed to ensure the Medication Administration Record (MAR) was accurate for 2 of 20 sampled residents (Resident #11 and #20). Findings include: Resident #11 Resident #11 was admitted to the facility on 06/14/2023, with diagnoses including status post right femur fracture, chronic kidney disease, hypothyroidism, and hypertension. On 07/11/2024 at 11:42 AM, during a review of Resident #11's medications and in the presence of the Medication Aide, a bubble pack containing Senexon-S (Sennosides-Docusate) 8.6 milligrams (mg) - 50 mg tablets was on site and included a label containing the resident's name. Senexon-S was not on Resident #11's MAR. A physician's order dated 06/24/2024, documented Sennosides-Docusate 8.6 mg-50 mg tablet, take one tablet by mouth at bedtime. Hold for loose stools. A physician's order dated 06/27/2024, documented discontinue Senna 8.6 mg two tablets at night. Start Senokot-S (Sennosides-Docusate) 8.6 mg-50 mg tablets, one tablet at night, hold for loose stools. On 07/11/2024 at 12:06 PM, the Medication Aide confirmed the physician's order indicating to discontinue Senna 8.6 mg and start Senokot-S 8.6 mg-50 mg had not been transcribed completely into the resident's record and onto the resident's MAR. The Medication Aide verbalized Senexon-S should be on Resident #11's MAR and explained the Medication Aide did not know if the medication had been administered to the resident because it was not on the MAR. The Medication Aide verbalized the Senexon-S was prescribed to Resident #11 to help the resident pass stools. The Medication Aide explained if the medication was not administered to the			

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 _____	07/11/2024

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
	resident, the resident could have long-term serious adverse effects as the resident had a history of difficulty passing stools. Resident #20 Resident #20 was admitted to the facility on 02/16/2021, with diagnoses including dementia, hypothyroidism, hyperlipidemia, and hypertension. Resident #20's MAR included Morphine Sulfate 20 mg/5 milliliters (ml) solution, take 0.25 ml by mouth every two hours as needed for pain or shortness of breath. On 07/11/2024 at 12:10 PM, during a review of Resident #20's medications and in the presence of the Memory Care Director, Morphine Sulfate 100 mg/5 ml (20 mg/ml) solution was onsite and included a label containing the resident's name. The Memory Care Director confirmed the medication available in the facility did not match Resident #20's MAR. A physician's order dated 10/23/2023, documented Morphine Sulfate 20 mg/5 ml solution, take 0.25 ml by mouth every two hours as needed for pain or shortness of breath. A physician's order dated 03/15/2023, documented Morphine Sulfate 20 mg/ml, 0.25 ml by mouth (PO) or sublingual (SL) every two hours as needed for pain or shortness of breath (SOB). On 07/11/2024 at 12:21 PM, the Health and Wellness Director reviewed Resident #20's MAR and physician's orders and confirmed the Morphine Sulfate solution on site in the facility did not match the resident's MAR or the physician's order dated 10/23/2023. On 07/11/2024 at 2:07 PM, the Health and Wellness Director verbalized the Health and Wellness Director had contacted Resident #20's physician and clarified the correct order was Morphine Sulfate 20 mg/ml, take 0.25 ml PO or SL every two hours as needed for pain or SOB. The Health and Wellness Director explained the MAR was inaccurate due to an error made by facility staff when transcribing the order. Severity: 2 Scope: 1			

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 _____	07/11/2024

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
0936 SS= D	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on record review and interview, the facility failed to ensure a two-step tuberculosis (TB) test was completed upon admission for 1 of 20 sampled residents (Resident #14). Findings include: Resident #14 Resident #14 was admitted to the facility on 06/24/2024, with diagnoses including diabetes mellitus type 2, depression, and anxiety. Resident #14's record included a two-step TB test administered on 05/17/2024, and 05/27/2024. Both TB tests lacked a read date. On 07/11/2024 at 2:20 PM, the Health and Wellness Director confirmed Resident #14's initial two-step TB test lacked read dates and was incomplete. Severity: 2 Scope: 1	0936	1) Upon admission a one step TB was given 6/24/2024 and read 6/26/2024 with a negative result. The second step was given 7/11/2024 and read 7/13/2024 with a negative result. 2) Health and Wellness Director or Health and Wellness Coordinator will ensure all TB tests will be complete with read dates and results for new admissions and existing residents. 3) Health and Wellness Director, Health and Wellness Coordinator or designee will complete ongoing audits all resident TB tests to ensure TB tests are complete. 4) Executive Director 5) 7/13/2024 6) Ex D	07/13/2024