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 _____ | **11/03/2022** |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **SUMMIT GROUP HOME** | **1620 BYRD DR, SPARKS, NEVADA ,89431** |

| (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<br><br>Inspector Comments: This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility on 11/03/22. This State Licensure Survey was conducted in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The census at the time of the survey was five. The sample size was six. The facility received a grade of A. There was one complaint investigated. Complaint #NV00067254 with the following allegations could not be substantiated: Allegation #1: A resident medication was not administered could not be substantiated because the resident medication was administered according to the physician's orders and the medications were documented on the Medication Administration Record (MAR). Allegation #2: A resident eloped out of the front door and crossed the street without the caregiver noticing could not be substantiated based on interviews with the Administrator and a Caregiver. Allegation #3: A Caregiver ate the resident breakfast and other meals, could not be substantiated based on interview with the Administrator. Residents' interviews confirmed the meals were not being withheld or taken away from residents. Allegation #4: A resident had fallen on multiple occasions and sustained injuries from the falls could not be substantiated based on interview with the Administrator. The review of incident reports did not indicate the resident was neglected. The investigation into the allegations included: Observation of staff and resident interactions, residents having breakfast, and a brief tour of the facility. Interviews were conducted with the Administrator, a Caregiver, and three Residents. Review of six resident files, including the resident of concern's record. Document review included MAR completion, Ultimate User Agreement, Activities of Daily Living, Meal Plan, Admission Records, | 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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| | Discharge/Transfer Form, Medication Policy, Physician Plan of Care, History and Physicals for diagnoses, Standard Physician Assessments, Placement Determination forms, Incident Reports, Resident Handbook, the facilities Grievance policy, and a policy for Resident Rights. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation, 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. | | | |