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
	9907	A. BUILDING _____ B. WING _____	08/26/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY OF GOLDEN AGES	**2680 MARGARET DR., RENO, NEVADA ,89506**

(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 State Licensure annual grading survey conducted at your facility on 08/26/20. This State Licensure survey was conducted by the Division of Public and Behavioral Health in accordance with NAC 449, Residential Facility for Groups. The facility is licensed for six Residential Facility for Groups beds for elderly and disabled persons, and/or Alzheimer's disease, Category II residents. The census at the time of the survey was six. Six resident files were reviewed and four 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 investigation, 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		
0072 SS= F	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 administrator of the residential facility pursuant to paragraph (e) of subsection 1 of NAC 449.2742; and (d) Annually pass an	0072	1. When the administrator learned that the trainor that conducted the Medication Management Training for the employees has expired credentials. He immediately asked the assistance of with a trainor with valid credentials and was able to get Medication Management Certification for Employee 1, 2, 3, and 4 on August 24, 2020. This has been inspected by the surveyor at the time of the survey and was documented. 2. Administrator has to check and monitor the BHCQC website for the current list of trainor that has current and valid credentials every time employees needs training to avoid Invalid Medication and important trainings. 3. All employees of the facility had reinstated their Medication Management Training certificate conducted by a legitimate instructor on August 24, 2020	09/09/2020

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	examination relating to the management of medication approved by the Bureau. Inspector Comments: Based on record review, document review, and interview, the facility failed to ensure 4 of 4 employees who administered medications to residents were trained in medication management (Employee #1, #2, #3, and #4). Findings include: Employee #1 Employee #1 became the Owner/Administrator on 09/19/19. Employee #1's personnel file documented annual medication management training certification, with the completion date of 09/08/19, by a Bureau of Health Care Quality and Compliance (HCQC) trainer with expired credentials. Employee #1 had been administering medications during the time of Employee #1's expired medication management credentials. Employee #2 Employee #2 was hired as a Owner/Manager on 03/27/20. Employee #2's personnel file documented annual medication management training certification, with the completion date of 09/08/19, by a Bureau of Health Care Quality and Compliance (HCQC) trainer with expired credentials. Employee #2 had been administering medications during the time of Employee #2's expired medication management credentials. Employee #3 Employee #3 was hired as a Caregiver on 06/08/20. Employee #3's personnel file documented annual medication management training certification, with the completion date of 09/08/19, by a Bureau of Health Care Quality and Compliance (HCQC) trainer with expired credentials. Employee #3 had been administering medications during the time of Employee #3's expired medication management credentials. Employee #4 Employee #4 was hired as a Caregiver on 06/12/20. Employee #4's personnel file documented annual medication management training certification, with the completion date of 11/08/19, by a Bureau of Health Care Quality and Compliance (HCQC) trainer with expired credentials. Employee #4 had been administering medications during the time of Employee #4's expired medication management credentials. On 08/26/20 at 11:30 AM, the Owner/Administrator			

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	verbalized at the time of the training in 2019 not being aware the trainer's credentials were expired and did not verify the trainer's credentials on the HCQC website. On 08/26/20 Employee #1, #2, #3, and #4 personnel file documented annual medication management training certification, with the completion date of 08/24/20 by a trainer with current credentials. 05/24/19: The Instructor's Medication Management Training instructor program expired. 06/07/19: Notice of expired curriculum/instructors sent to the instructor. 06/11/19: Instructor was notified by phone the program had expired and the instructor must submit a new application. 08/15/19: HCQC became aware the instructor was providing Medication Management Training as an expired instructor. 03/03/20: HCQC became aware the instructor continued providing Medication Management Training as an expired instructor. 03/12/20: Notification of expired curriculum/instructor sent to the Instructor via email. 03/13/20: Notification of expired curriculum/instructor sent to the Instructor via certified mail. 04/18/20: The HCQC Medication Management Team received an email from the Instructor requesting to renew the expired Medication Management program. 04/20/20: The HCQC Medication Management Team informed the Instructor to apply as a new provider. New provider applications were sent to the Instructor via email. 04/22/20: The HCQC Medication Management Team received an incomplete application from the instructor. 04/23/20: The HCQC Medication Management Team notified the Instructor the application was incomplete via email. 04/30/20 and 05/04/20: The HCQC Medication Management Team provided clarification to the Instructor regarding the documents needed to complete the Medication Management application. Severity: 2 Scope: 3			