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 _____	08/01/2023

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

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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 08/01/23. This survey was conducted by the Division of Public and Behavioral Health in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for six Residential Facility for Groups beds for elderly and disabled persons, and/or chronic illness, and/or Alzheimer's disease, Category II residents. The census at the time of the survey was three. Three resident files were reviewed and five employee files were reviewed. The facility received a grade of D. NAC 449.27706 Resurvey: Application and fee; failure to comply. 2. If the Bureau issues a placard to a residential facility that includes a grade of "C" or "D," the administrator must submit an application to the Bureau for a resurvey of the facility not later than 30 days after the facility receives the placard. The fee for an application for a resurvey is $600 and must accompany the application. 3. The Bureau may revoke the license of a residential facility that is required to submit an application for a resurvey pursuant to subsection 2 if the facility fails to submit the application in accordance with the provisions of that subsection. 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		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	Name: ERNESTO BELTEJAR JR	Title: ADMINISTRATOR	Date: 09/26/2023

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0050	Administrator's Responsibilities - Oversight - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.27706, inclusive, and chapter 449 of NRS. Inspector Comments: Based on observation, record review, document review, and interview, the Administrator failed to provide oversight and direction for the employees to provide the necessary needed services and protective supervision to residents. Findings include: Please see TAG Y0051, Y0085, Y0088, Y0102, Y0104, Y0272, Y0451, Y0527, Y0528, Y0529, Y0530, Y0532, Y0644, Y0859, Y0872, Y0876, Y0895, Y0920, Y0936, Y0938, Y0977, Y0992, Y0994, Y0999, Y1001, Y1021, Y1035, Y1036, Y1037, Y1039, Y1540, and Y1700. Severity: 2 Scope: 3	0050	1. Because of the Administrator's failure to provide oversight and direction both for the employees and to the residents. Employee 1 subjected himself to a reorientation seminar provided by another licensed administrator on September 5, 2023. The title of the seminar is "OVERALL OPERATIONS OF AN ADULT GROUPCARE". The seminar dealt in: a. the daily operations of adult groupcare as stated in NAC 449. 156 to NAC 449.27706 b. Employee requirements and supervision c. Resident's care, requirements and needs d. Medications - policies and procedures e. Environmental Concerns in a group home settings. See attachment no. 1 for the certification 2. After the seminar the administrator had made a thorough effort by monitoring the daily operations of the facility as to employees, residents, medications and the facility's environment. 3. Monitoring of the overall operations of the facility had been done started on August 7, 2023 and remonitored extensively after the seminar on September 6, 2023.	09/24/2023

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0051 SS= C	Administrator's Responsiblities - Designation - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 2. Designate one or more employees to be in charge of the facility during those times when the administrator is absent. Except as otherwise provided in this subsection, employees designated to be in charge of the facility when the administrator is absent must have access to all areas of and records kept at the facility. Confidential information may be removed from the files to which the employees in charge of the facility have access if the confidential information is maintained by the administrator. The administrator or an employee who is designated to be in charge of the facility pursuant to this subsection shall be present at the facility at all times. The name of the employee in charge of the facility pursuant to this subsection must be posted in a public place within the facility during all times that the employee is in charge. Inspector Comments: Based on observation, interview, and document review, the Administrator failed to designate in writing one or more employees to oversee the facility during the Administrator's absence. Findings include: On 08/01/23 at 9:34 AM, during the facility tour, there was no evidence of a written posted designation of the employee(s) in charge during the Administrator's absence. On 08/01/23 at 9:42 AM, the Owner/Caregiver acknowledged there was no document posted or available identifying who was the designee to be contacted in the Administrator's absence. Severity: 1 Scope: 3	0051	1. Administrator is fully aware of the importance of a designee in a facility. In his absence, these are the employees that has the authority to act in behalf of the Administrator. On August 2, 2023 When He learned that there was no documents posted about the designee/s of the facility. He immediately informed the following employees as his designee: namely employee no.2, employee no. 3 and employee 4 and posted on the board the name of these employees as his designee. Unfortunately employee 4 resigned and was replaced by employee no. 5 as designee. Attachment no. 1 is the new and revised designee of the facility. Attachment no. 2 was the previous designee. 2. Administrator then inspects all the documents of the facility - documents needed to be posted, files etc. and made sure that all documents needed are in the facility and in compliance. 3. Administrator will monitor all documents on a monthly basis - which started August 7, 2023 and will continually do it on a monthly basis so as to avoid the same deficiency. 4. In the absence of the Administrator - employee no. 2 or employee no. 3 was designated to check the documents and files of the facility.	09/17/2023
0085 SS= D	Staffing - Cg on Duty All Times - NAC 449.199 Staffing requirements 1. The administrator of a residential facility shall ensure that a sufficient number of caregivers are present at the facility to conduct activities and provide care and protective supervision for the residents. There must be at least one caregiver on the premises of the facility if one or more residents are present at the facility.	0085	1.When the Administrator was informed that there needs to be 2 caregivers on site at Valley of Golden Ages being resident no. 3 needs 2 caregivers assistance. He immediately revised the schedule on August 2, 2023 (after the survey) and see to it that there are 2 caregivers on site. August 27, 2023 resident no. 3 expires and the remaining residents needs only one caregiver and thus schedule was back to	09/24/2023

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	Inspector Comments: Based on record review, document review, and interview, the Administrator failed to schedule a sufficient number of Caregivers at the facility to provide care for 1 of 3 residents (Resident #3). Findings include: Resident #3 Resident #3 was admitted to the facility on 07/21/23, with a diagnosis of weakness, heart failure and type two diabetes. On 08/01/23 at 10:35 AM, the Caregiver explained Resident #3 was a two person assist to transfer the resident from the bed to the wheelchair. On 08/01/23 at 1:47 PM, the Owner/Caregiver confirmed there was only one caregiver on the scheduled. The Owner/Caregiver verbalized two caregivers would need to be scheduled since Resident #3 required two-person assistance with transferring. Severity: 2 Scope: 1		one caregiver in the morning and one caregiver at night. Note: Administrator immediately revised the schedule on August 2, 2023 but then Employee no. 4 resigned on August 4, 2023 and thus needs to update the schedule again. See attachment no. 1 and 2 for the old and new schedule of facility for August and September 2023. 2. In order to avoid the same deficiency, Administrator ordered employee no. 3 - that every time there is a new admittance to the facility; she has to determine the ratio of caregivers to the resident depending on their assessment - meaning if a resident needs 2 person assistance then facility has to make sure that there are 2 caregivers on schedule and on site etc. Also, He asked employee no. 3 to be observant of the health condition of the residents. If a resident's health condition declines and needs 2 person assistance then - facility has to adjust on the schedule. 3. On September 1, 2023 Administrator went to the facility, look at all the resident's assessments on their file and observed that all the residents at that time only needs minimal or just one person assistance and thus, Sept. 2023 schedule was back to one caregiver during the day and one at night. 4. Administrator will continue to monitor the degree of assistance of the residents on a monthly basis and had given instruction to employee 3 and 4 to inform him in case there is a decline on the physical condition of the residents - so as to adjust the needed caregivers of the facility. 5. In the absence of the Administrator employee2, 3 will continue to monitor the resident's need for assistance.	

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0088 SS= A	Staffing Schedule - NAC 449.199 Staffing requirements 4. The administrator of a residential facility shall maintain monthly a written schedule that includes the number and type of members of the staff of the facility assigned for each shift. The schedule must be amended if any changes are made to the schedule. The schedule must be retained for at least 6 months after the schedule expires. Inspector Comments: Based on document review and interview, the Administrator failed to maintain a monthly written staff schedule for at least six months. Findings include: On 08/01/23 at 9:37 AM, the facility lacked posted staffing schedules. The facility could not provide any staff schedules. On 08/01/23 at 1:57 PM, the Owner/Caregiver confirmed there were no schedules posted or six months of past schedules. Severity: 1 Scope: 1	0088	1. Administrator posted a new schedule on August 2, 2023 and made sure that there were 2 caregivers on sight due to one residents needing two assistance. He also made sure that there is a caregiver at night see schedule 1 for employee August 2023 schedule and attachment no. 2 for Archived employee schedules up to September 2023. Note: August 4, 2023 Employee 4 resigned and thus Administrator has to update the schedule again for August and September 2023. see attachment no. 2 for the updated August and September 2024 schedule. 2. Administrator will continue to monitor the monthly schedule of the facility and made sure that there are sufficient caregiver/s on site to address at the ADL's (Assistance for Daily Living) of the residents, and also he made sure that there will always be caregiver at night to watch the need of the residents at night time. He started monitoring the schedule on August 2, 2023 and will continue to monitor it before the first of the month. Second monitoring was done on August 30, 2023 and will continue thereof. 3. In the absence of employee 1, employee 2 and 3 will monitor the monthly schedules.	09/21/2023

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0102 SS= D	Personnel File - TB Screening - NAC 449.200 Personnel files. 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee; Inspector Comments: Based on employee record review and interview, the facility failed to ensure a tuberculosis (TB) screening was completed for 1 of 5 employees (Employee #1). Findings include: Employee #1 Employee #1 had a start date of 09/19/19 and the title of Owner/Administrator. Employee #1's record documented a positive TB test on 05/08/01 and negative chest x-ray on 01/03/18, however, lacked documentation of annual signs and symptoms completed for 2023. On 07/26/23 at 1:59 PM, the Owner/Caregiver confirmed Employee #1 had not completed an annual TB signs and symptoms for 2023. Severity: 2 Scope: 1	0102	1. Administrator already had his tb signs and symptoms taken last February 2023 but was not filed at the facility. He immediately get a copy of his Tb Symptoms and added to his file at Valley of Golden Ages. see attachment no. 1 2. Administrator will do a monthly inspection of the facility's resident and employee file and makes sure that all the facility's file is in compliance. He started inspecting the file on August 7, 2023 and continually do the inspection every 15th of the month. 3. In his absence, employee no. 2 and 3 can monitor the files also.	09/17/2023

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0104 SS= E	Personnel Files - Background Checks - NAC 449.200 Personnel files. (NRS 449.0302) 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 5 sampled employees met the background check requirements of Nevada Revised Statute (NRS) 449.124 ((Employee #4 and #5). Findings include: Employee #4 Employee #4 was hired as a Caregiver with a start date of 12/15/22. Employee #4's personnel file lacked documented evidence of fingerprints being submitted and evidence of a NABS Clearance Letter for the facility. Employee #5 Employee #5 was hired as a Caregiver with a start date of 07/15/23. Employee #5's personnel file lacked documented evidence of fingerprints being submitted and evidence of a NABS Clearance Letter for the facility. The facility's online NABS account did not reflect the two employees being screened for the facility. On 08/01/23 at 1:45 PM, the Owner/Caregiver verbalized the facility had not submitted Employee #4 and #5's fingerprints to the Central Repository. Severity: 2 Scope: 2	0104	1. DPS Background check for employee no. 4 was submitted on August 1, 2023 - see attachment 1. Unfortunately; she got stressed by the survey and the imposed employee trainings requirements that she needs in order to work at the facility and thus decided to resigned from the facility on August 4, 2023. 2. DPS Background check for employee no. 5 was submitted on August 9, 2023 but came back because on her first submitted documents her birthday was inscribed/printed erroneously. She resubmitted her documents on August 23, 2023 and waiting for her clearance. see attachment no. 2 for her DPS Background check. 3. Upon learning of the deficiency; August 7, 2023 Administrator began reviewing all employee files and made sure that all employees had their background check at least before 10 days upon hiring. As of the present, all employees had their background check taken and all have clearances except for the pending clearance of employee no. 5 4. Administrator will continue to monitor the employee files on a regular basis every first of the month. He started monitoring the files on August 7, 2023 and will do this on a monthly basis. 5. In his absence; employee 2 and 3 will do the monitoring.	09/21/2023

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0272 SS= C	Service of Food - Menus - NAC 449.2175 3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days. Inspector Comments: Based on observation and interview, the facility failed to post a current menu for 3 of 3 sampled residents. Findings include: On 08/01/23 at 9:34 AM, during the facility tour, there was no menu posted for the facility. On 08/01/23 at 1:47 PM, the Owner/Caregiver confirmed there was no menu posted in the facility for August 2023, and there were no archived menus for the last six months. Severity: 1 Scope: 3	0272	1. On August 2, 2023; the Administrator created and posted the August 2023 menu for the residents - and printed the six months archived menus of the facility. see attachments no. 1, 2, 3, 4, 5, 6, and 7. 2. Same day (August 2, 2023) The administrator instructed employee no. 3 that every 1st or beginning of the month; A new menu for the month should be posted on the facility board and has to be followed religiously. In the event that the said menu will not be followed - a substitute menu should be posted on that day menu had been substituted. 3. Administrator will monitor the postings of the menu every 1st of the month, and any substituted menu given on any day of the month. 4. In his absence employee no. 2 will monitor the menu postings.	09/18/2023
0451 SS= F	First Aid & CPR - NAC 449.231 First aid and cardiopulmonary resuscitation. (NRS 449.0302) 2. A first-aid kit must be available at the facility. The first-aid kit must include, without limitation: (a) A germicide safe for use by humans; (b) Sterile gauze pads; (c) Adhesive bandages, rolls of gauze and adhesive tape; (d) Disposable gloves; (e) A shield or mask to be used by a person who is administering cardiopulmonary resuscitation; and (f) A thermometer or other device that may be used to determine the bodily temperature of a person. Inspector Comments: Based on observation and interview, the facility failed to ensure a first aid kit was readily available. Findings include: On 08/01/23 at 9:34 AM, during the facility tour, the Caregivers working in the facility could not locate a first aid kit on the premises, nor were all of the required items for a first aid kit available. On 08/01/23 at 1:47 PM, the Owner/Caregiver confirmed the facility did not have a first aid kit. Severity: 2 Scope: 3	0451	1. August 2, 2023 First Aid Kit was placed at the back of the facility's office. see attachment 1, 2 and 3. 2. Employee 1 had a meeting on August 2, 2023 with employee 2 and 3 and discuss all the necessary requirements needed in the daily operations of the facility as to files, postings including First Aid Kit. 3. Employee 1 will start monitoring all these requirements on a monthly basis, so as to make the facility in compliance with all the needed requirements by the bureau. He started this on August 2, 2023 and will continued to do it every first week of the month. 4. In his absence, employee no. 2 or 3 will monitor the facility and see to it that it complies with all the requirements of the Bureau.	09/18/2023

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0527 SS= F	Activities for Residents - NAC 449.260 Activities for residents. (NRS 449.0302) 1. The caregivers employed by a residential facility shall: (b) Provide group activities that provide mental and physical stimulation and develop creative skills and interests; Inspector Comments: Based on observation, interview and document review, the facility failed to provide activities which stimulated residents' interests and skill levels for 3 of 3 residents. Findings include: On 08/01/23 from 9:43 AM to 1:30 PM, there were no activities conducted. Three residents were observed either in their room, in bed, watching television or sleeping. There were no daily activities listed on the calendar. On 08/01/23 at 1:47 PM, the Owner/Caregiver confirmed no activities were offered at the facility because the residents were all bed bound. Severity: 2 Scope: 3	0527	1. On August 2, 2023; Administrator showed to employee 3, 4, 5 the files where they can get the postings of the Activity for the month. Employee no. 3 immediately posted the August 2023 Activity on the board. see attachment 1 for August activity and attachment no. 2 for the archived activities. 2. On august 5, 2023 Employee 1 had a meeting with employee 2, 3, and 5; He reiterated in the meeting the importance of Daily Activity for the residents - whatever health conditions they are in. Administrator reiterated to them that such posted activity is not set on stone - they can be flexible on whatever small activity that encourages the residents to do. Even bed bound residents can have activity too - just being with them - listening to the music, watching tv together, chatting with them for a short period of time will make a difference on their daily lives. Employee 2, 3 and 5 agreed and promised that they will start doing activities to the residents. 3. On August 5, 2023 Administrator made a surprise visit and saw employee 3 chatting with one of the residents in the resident's room and the residents seems so happy. Administrator will make a monthly surprise visit to the facility to make sure that daily activity of the residents are being initiated by the said employees. 4. In his absence employee 2 will monitor that daily activity to the facility is being conducted by the other employees.	09/18/2023

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0528 SS= F	Activities for Residents - NAC 449.260 Activities for residents. (NRS 449.0302) 1. The caregivers employed by a residential facility shall: (c) Plan recreational opportunities that are suited to the interests and capacities of the residents; Inspector Comments: Based on observation, interview and document review the facility failed to provide group activities to develop creative skills and interests, and align with resident's interests. On 08/01/23 at 9:43 AM, the activities calendar for August 2023 could not be located. On 08/01/23 from 9:43 AM to 1:30 PM, there were no activities conducted. Three residents were observed either in their room, in bed, watching television or sleeping. On 08/01/23 at 1:47 PM, the Owner/Caregiver confirmed no activities were offered at the facility because the residents were all bed bound. Severity: 2 Scope: 3	0528	1. On August 2, 2023, Administrator showed to employee 2,3 and 5 the files where they can get the postings of the Activity for the month. Employee 3 immediately posted the August 2023 Activity on the board. see attachment 1 for August activity and attachment 2 for the archived activities. 2. Administrator sees also a need for the employees to be reoriented regarding activities for elderly that is disabled, dementia and bed bound and thus; On August 14, 2023 Administrator hold an hour of seminar - on the seminar he sampled activities for elderly that is disabled, dementia and bed bound. see attachment no. 3. Administrator instructed that employees scheduled on certain day to do the activities at least an hour in the morning and at least an hour in the afternoon so that we can stimulate whatever small skills, communications they have or just even break the monotony for them of living in an adult groupcare. 3. Employee on duty had started the activity/ies that they learned on the seminar the following day - August 15, 2023. and they will continue to do this everyday. Administrator will remind them regularly about the resident activities and monitor it weekly. He will also get the feedback of the residents. 4. In case Employee 1 is not around - Employee 2 is in charge of the activity monitoring.	09/23/2023

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0529 SS= F	Activities for Residents - NAC 449.260 Activities for residents. (NRS 449.0302) 1. The caregivers employed by a residential facility shall: (d) Provide each resident with a written program of activities; Inspector Comments: Based on observation, interview and document review the facility failed to provide a written program of activities for 3 of 3 sampled residents. On 08/01/23 at 9:43 AM, the activities calendar for August 2023 could not be located. On 08/01/23 at 1:47 PM, the Owner/Caregiver confirmed no written calendar was provided to the residents because the residents were all bed bound. Severity: 2 Scope: 3	0529	SEE NO. 10 TAG 0527 AND NO. 11 TAG 0528 FOR THE CORRECTIONS OF DEFICIENCIES, PLAN OF ACTION (MEASURES) TO AVOID THE DEFICIENCY TO HAPPEN AGAIN AND THE DATE MONITORING HAD STARTED AND THE PERSON IN CHARGE OF MONITORING.	09/23/2023
0530 SS= F	Activities for Residents - NAC 449.260 Activities for residents. (NRS 449.0302) 1. The caregivers employed by a residential facility shall: (e) Provide for the residents at least 10 hours each week of scheduled activities that are suited to their interests and capacities; Inspector Comments: Based on observation, interview and document review the facility failed to offer at least 10 hours of activities weekly for 3 of 3 residents. Findings include: On 08/01/23 at 9:45 AM, during the tour of the facility, the August 2023 activities calendar was not posted in a common area. On 08/01/23 from 9:43 AM to 1:30 PM, there were no activities conducted. Three residents were observed either in their room, in bed, watching television or sleeping. On 08/01/23 at 1:47 PM, the Owner/Caregiver confirmed no activities were offered at the facility because the residents were all bed bound. Severity: 2 Scope: 3	0530	SEE NO. 10 TAG 0527 AND NO. 11 TAG 0528 FOR THE CORRECTIONS OF DEFICIENCIES, PLAN OF ACTION (MEASURES TO AVOID THE DEFICIENCY TO HAPPEN AGAIN; DATE OF IMPLEMENTATION AND THE PERSON IN CHARGE OF MONITORING.	09/23/2023

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0532 SS= C	Activities for Residents - NAC 449.260 Activities for residents. (NRS 449.0302) 1. The caregivers employed by a residential facility shall: (g) Post, in a common area of the facility, a calendar of activities for each month that notifies residents of the major activities that will occur in the facility. The calendar must be: (1) Prepared at least 1 month in advance; and (2) Kept on file at the facility for not less than 6 months after it expires. Inspector Comments: Based on observation, interview, and document review, the facility failed to post an activities calendar for 3 of 3 residents. Findings include: On 08/01/23 at 9:45 AM, during the tour of the facility, the August 2023 activities calendar was not posted in a common area. On 08/01/23 from 9:43 AM to 1:30 PM, there were no activities conducted. Three residents were observed either in their room, in bed, watching television or sleeping. On 08/01/23 at 1:47 PM, the Owner/Caregiver confirmed no activities calendar was posted at the facility because the residents were all bed bound. Severity: 1 Scope: 3	0532	SEE NO. 10 TAG 0527 AND NO. 11 TAG 0528 FOR THE CORRECTION OF THE DEFICIENCY, PLAN OF ACTION (MEASURES) TO AVOID THE DEFICIENCY TO HAPPEN AGAIN, DATE OF MONITORING STARTED AND PERSON IN CHARGE OF MONITORING.	09/23/2023
0644 SS= C	Posting Requirements - 1. A person who operates a residential facility for groups shall: (a)?Post his or her license to operate the residential facility for groups; (b)?Post the rates for services provided by the residential facility for groups; and (c)?Post contact information for the administrator and the designated representative of the owner or operator of the facility, in a conspicuous place in the residential facility for groups. Inspector Comments: Based on observation and interview, the Administrator failed to ensure the current facility license was posted in a conspicuous place. Findings include: On 08/01/23, during an initial tour of the facility, there was no evidence the current facility license was posted in a conspicuous place. On 08/01/23 at 1:46 PM, the Owner/Caregiver confirmed the current facility license for 2023 was not posted in the facility. Severity: 1 Scope: 3	0644	1. On August 2, 2023 Administrator posted the facility license on the board - see attachment no. 1 2. The Administrator will make sure that all documents needed by the facility for compliance is complete and accurate and readily available and posted in a conspicuous place to avoid same deficiency. 3. Administrator reviewed all documents needed on August 7, 2023 and will continue monitoring it every first of the month. 4. In his absence employee 2 and 3 will do the monitoring.	09/24/2023

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0859 SS= E	Medical Care of Resident After Illness - NAC 449.274 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 his or her physician. The resident must be cared for pursuant to any instructions provided by the resident ' s physician. Inspector Comments: Based on interview and clinical record review, the facility failed to ensure a general physical examination was completed upon admission and/or annually for 1 of 3 sampled residents (Resident #1). Findings include: Resident #1 Resident #1 was admitted to the facility on 07/08/23, with diagnoses including chronic obstructive pulmonary disease, type two diabetes, and heart failure. Resident #1's clinical record documented an admission general physical examination dated 12/15/22. Resident #1's clinical record lacked documented evidence an admission general physical exam had been completed within six months of admission. On 08/01/23 at 1:40 PM, the Owner/Caregiver confirmed Resident #1 lacked documented evidence of an admission general physical exam within six month of admission and verbalized general physical examinations were to be completed upon admission to the facility. Severity: 2 Scope: 2	0859	1. Administrator contacted the primary care provider for resident 1 to provide a copy of her latest physical exam. see attachment no. 1 2. All resident's files will be monitored monthly by the administrator. Monitoring had been started on August 7, 2023 and every first of the month thereof. In case of new admittance, Administrator will makes sure that all documents are completed in compliance before admittance. 3. In the absence of the Administrator, employee 2 and 3 will monitor the resident's files.	09/20/2023

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0872 SS= D	Medication Educ Initial/annual Administrator - NAC 449.2742 -Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (f) In his or her first year of employment as an administrator of the residential facility, receive, from a program approved by the Bureau, 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 completion of such training. (g) After receiving the initial training required by paragraph (f), 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. (h) Annually pass an examination relating to the management of medication approved by the Bureau. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 5 employees completed the required 8 hours of annual medication management training (Employee #1). Findings include: Employee #1 Employee #1 was hired as the Administrator with a start date of 09/19/19. Employee #1's personnel file documented Medication Management training dated 01/13/22, with an expiration date of 01/13/23. Employee #1's personnel file lacked documented evidence of eight hours of annual Medication Management training. On 08/01/23 at 1:42 PM, the Owner/Caregiver confirmed Employee #1's personnel file lacked documented evidence of annual medication management training. Severity: 2 Scope: 1	0872	1. On August 2, 2023; Administrator made a copy of his Medication Management trainings and filed it on the facility's employee file. see attachment no. 1 2. Administrator will do a monthly monitoring of employee files to makes sure that all employee files are complete and in compliance with the BHCQC. He started monitoring on August 7, 2023 of all employee and resident files. He will do the monitoring every first of the month. 3. In the absence of Employee 1 - employee 2 and 3 will do the monitoring.	09/20/2023

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0876 SS= E	Medication Administration - NRS 449.0302 - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of: (a) Controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.0302 are met. (b) Insulin using an auto-injection device only if the conditions prescribed in NRS 449.0304 and NAC 449.1985 are met. Inspector Comments: Based on clinical record review and interview, the Administrator failed to ensure an ultimate user agreement was completed for 1 of 3 residents (Residents #2). Findings include: Resident #2 Resident #2 was admitted to the facility on 07/24/23, with diagnoses including Alzheimer's disease, frequent falls and subdural hematoma. Resident #2's clinical record lacked documented evidence of an Ultimate User Agreement. On08/01/23 at 1:43 PM, the Owner/Caregiver confirmed Resident #2 did not have an Ultimate User Agreement completed and verbalized an Ultimate User Agreement needed to be completed to determine if the resident was able to take their own medication or if the facility needed to manage the medications. Severity: 2 Scope: 2	0876	1. On August 2, 203, The Administrator noticed that there was an Ultimate Agreement on file for Resident 2 but her name was not inscribed on the documents; thus the administrator contacted Resident 2's daughter (POA) and made sure that she was the one that signed the ultimate user agreement. After that she inscribed Resident no. 2's name on the said document and refiled it. see attachment no. 1 2. Administrator will monitor the resident file on a monthly basis to make sure that all resident files are complete and compliance. He started monitoring the files on August 7, 2023 and he will do this, every 1st week of the month. 3. In his absence, employee 2 and 3 will do the monitoring.	09/20/2023
0895 SS= F	Administration of Medication Maintenance - NAC 449.2744 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; and (4) Instructions for administering the medication to the resident	0895	1. The Administrator had done the ff: **A. Resident 1** July MAR - We reflected COMBIVENT AER 20-100 on her July MAR with note: "Medication Originally Not Reflected", cited by BHCQC inspector on 8/1/2023 (see attachment 1.) August & September MAR - The Administrator immediately revised Resident 1 MAR on August 2, 2023 and made sure that the COMBIVENT AER 20-100 medication is reflected on her MAR. Same was done on her September MAR. see attachment no. 1 and 2 for	09/20/2023

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	that reflect each current order or prescription of the resident ' s physician. Inspector Comments: Based on observation, interview, and record review, the Administrator failed to ensure the Medication Administration Record (MAR) was accurate for 3 of 3 sampled residents (Resident #1, #2, and #3). Findings include: Resident #1 Resident #1 was admitted to the facility on 07/08/23, for diagnoses including chronic obstructive pulmonary disease, marjor depression and congestive heart failure. On 08/01/23, during a medication review with a Caregiver, the following medication was available in the medication cart for Resident #1: - combivent AER 20-100, inhale one puff by mouth three times per day and one puff every 4 hours as need for cough or shortness of breath. The July and August 2023 MAR for Resident #1 did not include the combivent inhaler. A Physician's Order for Resident #1, dated 07/14/23, documented the following order: - combivent AER 20-100, inhale one puff by mouth three times per day and one puff every 4 hours as need for cough or shortness of breath. Resident #2 Resident #2 was admitted to the facility on 07/24/23, with diagnoses including Alzheimer's disease, frequent falls and subdural hematoma. On 08/01/23, during a medication review with a Caregiver, the following medication was available in the medication cart for Resident #2: - trazadone 50 milligram (mg), take half a tablet by mouth at bedtime - senna 8.8 mg/5 milliliter (ml), give 5 ml by mouth twice daily - gabapentin 250 mg/5 ml, give 2 ml by mouth every 8 hours - morphine sulfate, 100 mg/5 ml, give .25 ml by mouth every two hours as needed for pain - lorazapam 2 mg/ml, give .25 ml every two hours as needed The July and August 2023 MAR for Resident #2 did not include the trazadone, senna, gabapentin, morphine and lorazapam. A Physician's Order for Resident #2, dated 07/24/23, documented the following order: - trazadone 50 milligram (mg), take half a tablet by mouth at bedtime for insomnia - senna 8.8 mg/5 milliliter (ml), give 5 ml by mouth twice daily for bowel function - gabapentin 250 mg/5 ml, give 2		Resident 1 August and September MAR **B. Resident 2** Resident 2 MAR was corrected on August 2, 2023 and all medications that was not listed was added to the MAR for August. Resident 2 condition decline and all her medications were discontinued 0n 08/25/23 except for Morphine and Lorazepam. Resident no. 2 passed away on 08/27/23. see attachment no. 2 for Discharge, Medication List, Medication Order and CORRECTED MAR. **C. Resident 3** Due to her declining health condition, nurse visited her on 8/1/2023, she discontinue some medications including the verbal order for Nystatin cream (see attachment no. 2 for the order). On August 2, 2023 Resident 3 passed away and all her medications were destructed. see attachment no. 3 for her MAR, DISCONTINUED ORDER, AND DISCHARGE 2. Because of the various deficiencies sighted by the surveyor regarding Medication. The Administrator asked another administrator to give him a Medication reorientation seminar on September 5, 2023. see attachment no. 1 for the reorientation seminar. The Training was centered on the ff: a. Medication Policies and Procedures. b. The Right Person, Right Drug, Right Dosage, Right Route and Right Time procedure. c. Medication Administration Record, PRN and Missed skipped Medication, Medication Destruction, Pharmacy Log d. Medication Safety and Storage After the Administrator's reorientation the following day September 6, 2023 - He shared the Medication Reorientation Seminar to Employee 2, 3 and 5. Employee 4 was not present due to her resignation on August 4, 2023. 2. After the seminar, On September 8, 2023 - Administrator had inspected the MAR and made sure that all prescribed medications	

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	ml by mouth every 8 hours for neuropathy pain - morphine sulfate, 100 mg/5 ml, give .25 ml by mouth every two hours as needed for severe pain - lorazapam 2 mg/ml, give .25 ml every two hours as needed for agitation Resident #3 Resident #3 was admitted to the facility on 07/21/23, with diagnoses including age related physical debility, heart failure and weakness. On 08/01/23, during a medication review with a Caregiver, the following medication was available in the medication cart for Resident #3: - nystatin-triamcinolone cream, apply topically to affected area twice daily (clean area with warm soapy water prior to applying cream) - nitofurantion mono-mer 100 mg (macrobid), give one capsule by mouth twice daily for seven days - morphine sulfate, 100 mg/5 ml, give .25 ml by mouth every two hours as needed for pain - lorazapam 2 mg/ml, give .25 ml every two hours as needed The July and August 2023 MAR for Resident #3 did not include the nystatin-triamcinolone cream, nitofurantion mono-mer, morphine and lorazapam. A Physician's Order for Resident #3, dated 07/31/23, documented the following order: - nitofurantion mono-mer 100 mg (macrobid), give one capsule by mouth twice daily for seven days - morphine sulfate, 100 mg/5 ml, give .25 ml by mouth every two hours as needed for pain and shortness of breath - lorazapam 2 mg/ml, give .25 ml every two hours as needed for agitation No Physician's Order for nystatin-triamcinolone cream, apply topically to affected area twice daily (clean area with warm soapy water prior to applying cream) On 08/01/23 at 12:29 PM, the Caregiver verbalized the MAR was not up to date for the residents. The Caregiver verbalized the MAR should be accurate and include the most current medication orders. Severity: 2 Scope: 3		of all the residents are safely locked, all reflected in each of their MAR and administered at the right time. 3. The administrator will monitor the medications and the MAR every first of the month. He started this first week of August 5, Sept. 8 and every first of the month thereof. 4. In his absence, employee 2 and 3 will do the monitoring.	

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0920 SS= F	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medications for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself or herself without supervision may keep the resident ' s medication in his or her room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room. Inspector Comments: Based on observation, interview and clinical record review, the facility failed to ensure medications were secured properly resulting in the potential for residents, unauthorized staff and visitors to access medications. Findings include: On 08/01/23 at 9:35 AM, during the facility tour, the medication storage closet was unsecured with no staff present and medications in the fridge were stored unsecured. One resident was present in the dining room with access to the medication cabinet. The medication cabinet contained three boxes of all residents medications. On 08/01/23 at 9:37 AM, the Caregiver verbalized the Caregiver was out of line of sight of the unlocked medication cabinet and medications were unsecure in the fridge. The Caregiver confirmed the medication cabinet and medications in the fridge should have been locked and stored securely. Severity: 2 Scope: 3	0920	1. As soon as the Administrator had been informed that the Medication Storage on the Cabinet and Medication on the fridge was not secured. He immediately ordered caregiver no. 5 to secure the mentioned storage medications immediately and at all times. see attachment no. 1 and no. 2 2. Based on the survey results; employees had incurred many deficiencies when it comes to proper Policies and Procedures in handling, administering, documenting medications; and as such on Sept. 5, 2023 Employee 1 asked another Administrator to give him a reorientation on the overall Medication Policies and Procedures. After the reorientation, on September 6, 2023 - employee 1 gave Medication reorientation seminar to employees no. 2, 3 and 5 (employee 4 resigned on August. 4, 2023.) See attachment no. 4 3. After the seminar, on September 7, Administrator monitored the facility: inspected the medication storage and medication on the fridge, the other medications and see to it that they are secured and locked; He also inspected the MAR and made sure all prescribed medications are listed and been religiously day to day signed the day they administered medications. He will do this every first of the month. 4. In his absence employee 2 and 3 will do the monitoring.	09/23/2023

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0936 SS= F	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 2 of 3 sampled residents met the requirements for timely tuberculosis (TB) testing in accordance with Nevada Administrative Code (NAC) 441A (Residents #1 and #2). Findings include: Resident #1 Resident #1 was admitted to the facility on 07/08/23, with diagnoses including chronic obstructive pulmonary disorder , congestive heart failure and major depression. Resident #1's record documented the resident had a TB test read on 03/02/23, but did not have a completed second step. On 08/01/23 at 1:42 PM, the Owner/Caregiver verbalized the resident's two step TB test was not completed. Resident #2 Resident #2 was admitted to the facility on 07/24/23, with diagnoses including Alzheimer's disease, frequent falls and subdural hematoma. Resident #2's record lacked documentation of a TB test at admission. On 08/01/23 at 1:42 PM, the Owner/Caregiver confirmed a two step TB test or QuantiFERON had not been completed for Resident #2 at admission. Severity: 2 Scope: 3	0936	1. After the survey, On August 2, 2023 the Administrator immediately asked a Nurse Practitioner to administer a 2 step tb test both for Residents 1 and Residents 2. She immediately came to the facility on August 2, 2023 and administered the first skin test; came back on August 4, 2023 to read the result; administered the Second Step on August 10, 2023 and read the result on August 12, 2023. 2. Administrator wil diligently monitor the resident file on a regular basis. He started doing the monitoring on August 7, 2023 and will do this every first of the month and make sure that all resident file requirements are met on a timely basis and in compliance. 3. In his absence employee 2 and 3 will do the monitoring.	09/21/2023

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0938 SS= E	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: (g) An evaluation of the resident ' s ability to perform the activities of daily living and a brief description of any assistance he or she needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his or her ability to perform the activities of daily living; and (3) In any event, not less than once each year. Inspector Comments: Based on clinical record review and interview, the facility failed to ensure an initial Activities of Daily Living (ADL) assessment was completed at or prior to admission for 1 of 3 residents (Resident #2). Findings include: Resident #2 Resident #2 was admitted to the facility on 07/24/23, with diagnoses including Alzheimer's disease, frequent falls and subdural hematoma. Resident #2's clinical record lacked documented evidence an initial ADL assessment was completed at admission. On 08/01/23 at 1:30 PM, the Owner/Caregiver confirmed the ADL assessments for Residents #2, was not completed at admission. The Owner explained ADL assessments were to be completed at admission by the owner, caregiver, or the administrator. Severity: 2 Scope: 2	0938	1. Resident 2 Initial Assessment was taken by employee 3 on July 24, 2023 but forgotten to put on her file and thus the Administrator ordered employee 3 to put the initial assessment on Resident 2's file. see attachment no. 1 2. Administrator had started monitoring all resident files on August 7, 2023 to make sure all resident files are complete, updated and in compliance with the bureau. He will monitor all files every 1st of every month. 3. In his absence employee 2 and 3 will do the monitoring.	09/21/2023

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0977 SS= F	Alzheimer's Care - NAC 449.2754 Residential facility which provides care to persons with Alzheimer ' s disease: Application for endorsement; general requirements. (NRS 449.0302) 8. The members of the staff of the facility shall develop a program of activities that promotes the mental and physical enhancement of the residents. The following activities must be conducted at least weekly: (a) Activities to enhance the gross motor skills of the residents; (b) Social activities; (c) Activities to enhance the sensory abilities of the residents; and (d) Outdoor activities. Inspector Comments: Based on observation and interview the facility failed to develop a program of activities for residents with Alzheimer's disease or dementia. Findings include: On 08/01/23 in the afternoon, in discussion with the Owner/Cargiver the facility failed to develop a program of activities to enhance the gross motor skills of the residents, to provide social activities, to enhance the sensory abilities of the residents, and to provide outdoor activities. On 08/01/23 at 1:44 PM, the Owner/Caregiver confirmed the facility did not have a program of activities for residents with Alzheimer's disease. Severity: 2 Scope: 3	0977	SEE NO. 10 TAG 0527 AND NO. 11 TAG 0528 FOR THE CORRECTIONS OF THE DEFICIENCY, PLAN OF ACTION (MEASURES) TO AVOID THE DEFICIENCY TO HAPPEN AGAIN AND THE DATEMONITORING HAD STARTED AND THE PERSON IN CHARGE OF THE MONITORING.	09/23/2023

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0992 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (c) At least one member of the staff is awake and on duty at the facility at all times. (d) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer ' s disease, successfully completes the training and continuing education required pursuant to NAC 449.2768. Inspector Comments: Based on observation and interview, the Administrator failed to ensure at least one member of the staff was awake and on duty when the residents were sleeping. Findings include: On 08/01/23 at 9:30 AM, during the facility tour, the facility lacked a schedule posted to indicate if a caregiver was awake while residents were sleeping On 08/01/23 at 11:32 AM, the Caregiver verbalized the staff were not awake when the residents were sleeping. Severity: 2 Scope: 3	0992	1. On August 2, 2023 The Administrator ordered employee 3 to post employee schedule for August 2023 reflecting that there is a staff that awake at night for resident/s that needs help in the evening see attachment no. 1 and 2. NOTE: Administrator had revised the schedule on August 4, 2023 as employee 4 resigned. see attachment for the updated schedule for August and September 2023. 2. Every 1st of the month, administrator will make sure to monitor the employee schedule, and it will be posted on the board and makes sure that there is an employee scheduled every evening. He started this on August 2, 2023 and will do this every first of the month. 3. In his absence, employee 2 and 3 will do the monitoring.	09/23/2023

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0994 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. Inspector Comments: Based on observation and interview, the Administrator failed to ensure sharp objects in the kitchen were secured from the residents in an Alzheimer's endorsed facility. Findings include: Two knives were located on the kitchen counter, accessible to residents. On 08/01/23 at 9:51 AM, the Caregiver confirmed the findings and verbalized the knives should be secured from the residents for resident safety. Severity: 2 Scope: 3	0994	1. On August 2, 2023 after the survey - the Administrator ordered employee 3 to make sure that all sharp objects like knives, forks, etc (anything sharps and can be harmful to the residents) has to be locked in a secured cabinet at all times for the safety of the residents. see attachment no. 1 and 2 2. Administrator also ordered the caregiver to locked the room leading to the kitchen area when she is not present, so that Alzheimer residents does not have access to the kitchen. 3. Administrator started monitoring the facility on August 7, 2023 and he will do this on a monthly basis. 4. In his absence, employee 2 and 3 will continue the monitoring.	09/23/2023
0999 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation and interview, the Administrator failed to ensure toxic items were secured in an Alzheimer's endorsed facility. Findings include: During a tour of the facility, kitchen chemicals under the kitchen sink were left unsecure. On 08/01/23 at 9:47 AM, the Caregiver confirmed the kitchen chemicals under the kitchen sink should be secured from residents for resident safety. Severity: 2 Scope: 3	0999	1. On August 2, 2023, Administrator ordered employee 3 to place all hazardous chemicals, materials, cleaning agents, etc. (any chemicals that can be swallowed and detrimental to the health of the residents) to put in a secured Hazardous Materials Cabinet. See attachment 1 and 2. 2. On August 13, 2023 all employees had been reoriented in a seminar regarding the overall maintenance and operations of an Alzheimer Facility. see attachment no. 2 3. Administrator had started monitoring the overall environmental safety of the facility on August 15, 2023 and will continue every month thereof. 4. In his absence, employee 2 and 3 will do the monitoring.	09/23/2023

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1001 SS= E	Elderly Care Training for Caregivers - NAC 449.2758 Residential facility which provides care for elderly persons or persons with disabilities: Training for caregivers. (NRS 449.0302) 1. Within 60 days after being employed by a residential facility for elderly persons or persons with disabilities, a caregiver must receive not less than 4 hours of training related to the care of those residents. Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 5 sampled employees working at the facility one year or greater completed at least eight hours of annual Caregiver training (Employee #2, and #3). Findings include: Employee #2 Employee #2 was hired by the facility as Owner/Manager with a start date of 03/27/20. Employee #2's personnel file lacked documented evidence of annual training for the care of elderly/disabled. Employee #3 Employee #3 was hired by the facility as Owner/Caregiver with a start date of 11/11/90. Employee #3's personnel file lacked documented evidence of annual training for the care of elderly/disabled. On 08/01/23 at 1:57 PM, the Owner/Caregiver confirmed the employee #2 and #3 personnel files lacked completion of elderly/disabled annual training. Severity: 2 Scope: 2	1001	1. Employee 2 had already taken his Annual Elderly and disabled training last January 2023 and was filed with other facility and thus administrator order him to photocopy such seminars and added it on his file at the facility. see attachment no. 1 Employee 3 had her Annual Elderly and Disabled training taken from August 5 to August 11, 2023 see attachment no. 2 2. Administrator will do a monthly monitoring of all employee files and make sure that they are complete and in compliance with the Bureau. He started this on August 7, 2023 and will continue the monitoring on monthly basis. 3. In his absence employee 2 and 3 will do the monitoring.	09/23/2023

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1021 SS= D	Care for Persons with Chronic Illnesses - NAC 449.2766 Residential facility which offers or provides care for persons with chronic illnesses and debilitating diseases: Application for endorsement; training for employees. (NRS 449.0302) 2. Within 60 days after being employed by a residential facility for persons with chronic illnesses, an employee of the facility shall obtain at least 4 hours of in-service training relating to the care provided to such persons and in the actions necessary to control infections. 3. Evidence of training received pursuant to subsection 2 must be included in the employee ' s personnel file. Inspector Comments: Based on record review and interview, the facility failed to ensure caregiving staff received at least four hours of training in the care of persons diagnosed with chronic illnesses within 60 days after being hired for 1 of 5 sampled employees who worked at the facility for greater than 60 days (Employee #4). Findings include: On 08/01/23, the facility was endorsed to care for persons with chronic illnesses. Employee #4 Employee #4 was hired on 12/15/22 as a Caregiver. Employee #4's personnel record lacked documented evidence of chronic illness training. On 08/01/23 at 1:43 PM, the Owner/Caregiver confirmed Employee's#4 had not completed the initial four hours of chronic illness within 60 days of employment. Severity: 2 Scope: 1	1021	1. ADMINISTRATOR was not able to get the initial chronic illness for employee no. 4 because she decided to quit the following day due to her stress on the survey - see attachment no. 1 for her resignation. 2. From now on, Before hiring employee, Administrator will complete the needed requirements of employees first before hiring to avoid the deficiency to incur again. 3. Administrator started monitoring all employee files on August 7, 2023 and made sure that they are complete and in compliance with the bureau. He will continue monitoring it every first of the month. 4. In his absence, employee 2 and 3 will do the monitoring.	09/23/2023

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1035 SS= E	Care to Persons with Dementia - NAC 449.2768 Residential facility which provides care to persons with dementia: Training for employees. (NRS 449.0302, 449.094) 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that: (a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer ' s disease, successfully completes: (1) Within the first 40 hours that such an employee works at the facility after he or she is initially employed at the facility, at least 2 hours of training in providing care, including emergency care, to a resident with any form of dementia, including, without limitation, Alzheimer ' s disease, and providing support for the members of the resident ' s family. Inspector Comments: Based on personnel file review and interview, the Administrator failed to ensure 2 of 5 sampled employees received two hours of dementia training within 40 hours of the employees' start date (Employee #4, and #5). Findings include: Employee #4 Employee #4 was hired as the Caregiver with a start date of 12/15/22. Employee #4's personnel record lacked documented evidence of two hours of dementia training within 40 hours of the employees' start date. Employee #5 Employee #5 was hired as a Caregiver with a start date of 07/15/23. Employee #5's personnel record lacked documented evidence of two hours of dementia training within 40 hours of the employees' start date. On 08/01/23 at 1:42 PM, the Owner/Caregiver confirmed the two hours of dementia training had not been completed by Employee #4 and #5 within 40 hours of the employees' start date. Severity: 2 Scope: 2	1035	1. Administrator was not able to get Employee 4 her 2 hours of dementia training as she resigned the following day after the survey, which she states that she got overwhelmed by the employee requirements of an Alzheimer facility. see attachment no. 2. Employee no. 5 got her dementia training immediately the following day . see attachment no. 1 2. Administrator started reviewing all employee files on august 7, 2023 and made sure that all files are complete and in compliance with the bureau. He will do this every first week of the month regularly. 3. In his absence employee no. 2 and 3 will do the monitoring.	09/24/2023

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1036 SS= D	Care to Persons with Dementia - NAC 449.2768 Residential facility which provides care to persons with dementia: Training for employees. (NRS 449.0302, 449.094) 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that: (a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer ' s disease, successfully completes: (2) In addition to the training requirements set forth in subparagraph (1), within 3 months after such an employee is initially employed at the facility, at least 8 hours of training in providing care to a resident with any form of dementia, including, without limitation, Alzheimer ' s disease. Inspector Comments: Based on personnel file review and interview, the Administrator failed to ensure 1 of 5 sampled employees received eight hours of dementia training within 90 days of the employees start date (Employee#4). Findings include: Employee #4 Employee #4 was hired as a Caregiver with a start date of 12/15/22. Employee #4's personnel record lacked documented evidence of 8 hours of dementia training within 90 days of the employees' start date. On 08/01/23 at 1:47 PM, the Owner/Caregiver confirmed the 8 hours of dementia training had not been completed for Employee #4. Severity: 2 Scope: 1	1036	1. Administrator was not able to get employee no. 4 her initial 8 hour Alzheimer/Dementia Training as she resigned a day after the survey. see attachment no. 1. 2. Nonetheless, the Administrator made sure that all other employees got their Alzheimer/Dementia Training as he began reviewing their files on a August 7, 2023 and made sure that employee files are complete and in compliance. To avoid the deficiency to incur again; He also had a meeting with employee 3 that employees cannot be hired unless all proper documents are complete and in compliance upon hiring. 3. He started monitoring the files on august 7, 2023 and will continue monitoring it every 1st of the month. In his absence, employee no. 2 and 3 will do the monitoring.	09/24/2023
1037 SS= E	Care to Persons with Dementia - NAC 449.2768 Residential facility which provides care to persons with dementia: Training for employees. (NRS 449.0302, 449.094) 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that: (a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer ' s disease, successfully completes: (3) If such an employee is licensed or certified by an occupational	1037	1. Employee 2 has his continuing Alzheimer-Dementia training on January 8, 2023 but was filed on the other facility. Administrator asked him to photocopy such training and place it on his file at the facility. see attachment 2. Employee 3 had her initial 8 hours of Alzheimer-Dementia training taken August 2, 2023 - see attachment no. 1 2. Administrator had began Monitoring all facility files on August 7, 2023. He made sure that all files are complete and in compliance with the requirements of the	09/23/2023

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	licensing board, at least 3 hours of continuing education in providing care to a resident with dementia, which must be completed on or before the anniversary date of the first date the employee was initially employed at the facility. The requirements set forth in this subparagraph are in addition to those set forth in subparagraphs (1) and (2), may be used to satisfy any continuing education requirements of an occupational licensing board, and do not constitute additional hours or units of continuing education required by the occupational licensing board. (4) If such an employee is a caregiver, other than a caregiver described in subparagraph (3), at least 3 hours of training in providing care to a resident with dementia, which must be completed on or before the anniversary date of the first date the employee was initially employed at the facility. The requirements set forth in this subparagraph are in addition to those set forth in subparagraphs (1) and (2). Inspector Comments: Based on employee record review and interview, the Administrator failed to ensure 2 of 5 sampled employees received at least 3 hours of annual Alzheimer's training on or before the employee's anniversary date (Employee #2 and #3). Findings include: Employee #2 Employee #2 was hired on 03/27/20 as an Owner/Manager. Employee #2's file lacked documented evidence of annual Alzheimer's training for 2023. Employee #3 Employee #3 was hired on 11/11/90 as an Owner/Caregiver. Employee #3's file lacked documented evidence of annual Alzheimer's training. On 08/01/23 at 1:42 PM, the Owner/Caregiver confirmed the lack of annual three hours Alzheimer's training for Employee #2 and #3. Severity: 2 Scope: 2		Bureau. He will continually do this every first week of the month. 3. In his absence employee 2 and 3 will continue the monitoring.	

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1039 SS= E	Care to Persons with Dementia - NAC 449.2768 Residential facility which provides care to persons with dementia: Training for employees. (NRS 449.0302, 449.094) 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that: (b) The facility maintains proof of completion of the hours of training and continuing education required pursuant to this section in the personnel file of each employee of the facility who is required to complete the training or continuing education. Inspector Comments: Based on record review and interview, the Administrator failed to maintain proof of annual Alzheimer's training was completed for 2 of 5 employees. (Employees #2 and #3). Findings include: Employee #2 Employee #2 was hired on 03/27/20 as an Owner/Manager. Employee #2's file lacked documented evidence of annual Alzheimer's training. Employee #3 Employee #3 was hired on 11/11/90 as an Owner/Caregiver. Employee #3's file lacked documented evidence of annual Alzheimer's training. On 08/01/23 at 1:42 PM, the Owner/Caregiver acknowledged the lack of annual Alzheimer's training for Employee #2 and #3. Severity: 2 Scope: 2	1039	See no. 31 TAG 1037 FOR THE CORRECTIONS AND PREVENTION OF DEFICIENCY TO OCCUR AND THE START DATE WHERE THE MONITORING HAD STARTED AND THE EMPLOYEES WHO WILL CONTINUE TO MONITOR IN THE ABSENCE OF THE ADMINSITRATOR TO PREVENT SUCH DEFICIENCY TO OCCUR AGAIN.	09/26/2023

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1540 SS= D	Cultural Competency Training - R016-20 Section 14.1 1. Pursuant to subsection 1 of NRS 449.103, within 30 business days after the course or program is assigned a course number by the Division pursuant to section 18 of this regulation or within 30 business days of any agent or employee being contracted or hired, whichever is later, and at least once each year thereafter, a facility shall conduct training relating specifically to cultural competency for any agent or employee of the facility who provides care to a patient or resident of the facility so that the agent or employee may: (a) More effectively treat patients or care for residents, as applicable; and (b) Better understand patients or residents who have different cultural backgrounds, including, without limitation, patients or residents who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103. Inspector Comments: Based on employee record review and interview, the facility failed to ensure 1 of 5 sampled employees required to take cultural competency training completed a cultural competency course approved by the Division of Public and Behavioral Health (Employee #3). Findings include: Employee #3 Employee #3 was hired on 11/11/90, as an Owner/Caregiver. Employee #3's personnel file lacked evidence of a cultural competency course approved by the Division of Public and Behavioral Health. On 08/01/23 at 1:43 PM, the Owner/Caregiver verbalized Employee #3's personnel file lacked evidence of culteral competency completed. Severity: 2 Scope: 1	1540	1. Administrator had ordered Employee 3 to take her Cultural Competency training and She did it on August 19, 2023 as evidenced by attachment no. 1 2. Administrator had started monitoring all files of the facility on August 7, 2023 to make sure that all files are complete and in compliance with the requirements of the Bureau. He will continue monitoring it every first of every month. 3. In his absence employee 2 and 3 will do the monitoring.	09/23/2023
1700 SS= F	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 health care to conduct a physical	1700	1. Before Admission, Standard Placement Determination was given to the health care provider of each residents that is going to be placed in the facility. August 2, 2023, Administrator had asked employee 3 to personally go the office of the health care providers to follow up said documents. According to them said documents were faxed to the facility but facility had not received it. Anyways, attached are the Standard Placement Determination for	09/24/2023

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 _____	08/01/2023

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
	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 3 of 3 residents (Resident #1, #2 and #3). Findings include: Resident #1 Resident #1 was admitted to the facility on 07/08/23, with		Resident 1, 2, and 3. 2. Administrator started monitoring all resident files on august 7, 2023 and make sure that each resident file is complete, updated and in compliance with the bureau. He will continue monitoring the file every 1st of the month. 3. In his absence, employee 2 and 3 will do the monitoring.	

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	diagnoses including congestive heart failure, chronic obstructive pulmonary disease, and major depression. Resident #1's record lacked documented evidence a Physician Placement Determination Statement had been completed either before or since the resident's admission on 07/08/23. Resident #2 Resident #2 was admitted to the facility on 07/24/23, with diagnoses including Alzheimer's disease, frequent falls, and subdural hematoma. Resident #2's record lacked documented evidence a Physician Placement Determination Statement had been completed either before or since the resident's admission on 07/24/23. Resident #3 Resident #3 was admitted to the facility on 07/21/23, with diagnoses including heart failure, age related physical debility, and type two diabetes. Resident #3's record lacked documented evidence a Physician Placement Determination Statement had been completed either before or since the resident's admission on 07/21/23. On 08/01/23 at 1:42 PM, the Owner/Caregiver confirmed Resident #1, #2, and #3 did not have a Physician Placement Determination Statement completed. Severity: 2 Scope: 3			