

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 4241	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/09/2021
NAME OF PROVIDER OR SUPPLIER A SUMMERDALE HOMES AT RIATA, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 14315 RIATA CIRCLE, RENO, NEVADA ,89521		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a State Licensure annual survey conducted at your facility on 07/09/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for eight Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was eight. Eight resident files were reviewed and three 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:			
0895 SS= D	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 that reflect each current order or prescription of the resident ' s physician. Inspector Comments: Based on record review and interview, the facility failed to ensure the Medication Administration Record (MAR) was accurate for 1 of 8 residents (Resident #2). Findings include: Resident # 2 Resident #2 was admitted to the facility on 02/28/20 with diagnoses including cancer, dyslipidemia, and psychiatric disorder. The resident's current physician order, dated 06/15/21,	0895		07/09/2021

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 Name: EUGENE GASATAYA Title: Administrator
REPRESENTATIVE'S SIGNATURE

Date: 08/25/2021

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	documented fluoxetine 40 milligrams (mg), take one tablet by mouth every morning. The medication available to the resident was not documented on the July 2021 MAR compared with the physician's order. The Caregiver provided evidence with the resident's morning medication bubble package. On 07/09/21 at 12:30 PM, the Caregiver confirmed the resident's MAR was missing the fluoxetine documentation at the time of the medication review. The resident's current physician order, dated 06/15/21, documented sertraline 25 mg, take one tablet by mouth once daily. The medication available to the resident was not documented on the July 2021 MAR compared with the physician's order. The Caregiver provided evidence with the resident's daily medication bubble package. On 07/09/21 at 12:30 PM, the Caregiver confirmed the resident's MAR was missing the sertraline documentation at the time of the medication review. This was a repeat deficiency from the 07/09/20 annual State Licensure survey. Severity: 1 Scope: 2			

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(X4) ID PREFIX TAG 0936 SS= D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0936	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE 07/14/2021
	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 8 residents met the requirements concerning tuberculosis (TB) testing in accordance with Nevada Administrative Code (NAC) 441A (Resident #4, and #7). Findings include: Resident #4 Resident #4 was admitted to the facility on 04/26/21 with diagnoses including diabetes, hypertension, dyslipidemia, and hypothyroidism, dementia. Resident #4's clinical record lacked documented evidence of an initial two-step TB test upon admission to the facility. Resident #4's file contained a QuantiFERON TB test read as negative on 07/26/16. Resident # 7 Resident # 7 was admitted to the facility on 06/21/21 with diagnoses including failure to thrive, hypertension, type 2 diabetes, and dementia. Resident #7's clinical record lacked documented evidence of an initial two-step TB test upon admission to the facility. On 07/09/21 at 11:36 AM, the Caregiver confirmed TB testing for Residents #4 and #7 had not been completed on time. Severity: 2 Scope: 1			

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(X4) ID PREFIX TAG 0960 SS= D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0960	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE 08/25/202 1
	Alzheimer's Care Application for Endorsement - NAC 449.2754 Residential facility which provides care to persons with Alzheimer ' s disease: Application for endorsement; general requirements. (NRS 449.0302) 1. A residential facility which offers or provides care for a resident with Alzheimer ' s disease or related dementia must obtain an endorsement on its license authorizing it to operate as a residential facility which provides care to persons with Alzheimer ' s disease. The Division may deny an application for an endorsement or suspend or revoke an existing endorsement based upon the grounds set forth in NAC 449.191 or 449.1915. Inspector Comments: Based on observation, interview and record review, the facility failed to obtain an Alzheimer's endorsement to provide care to residents with Alzheimer's Disease or related dementia for 1 of 8 residents (Resident #7). Findings include: Resident # 7 Resident # 7 was admitted to the facility on 06/21/21 with diagnoses including failure to thrive, hypertension, type 2 diabetes, and dementia. Resident #7's medical record lacked documented evidence of a Physician Placement Determination form. On 07/09/21 in the morning, Resident #7 was not available to conduct a mini cognitive assessment. On 07/09/21 at 11:36 AM, the Caregiver confirmed the facility did not obtain an Alzheimer's endorsement to care for Resident #7 with Alzheimer's/dementia. Severity: 2 Scope: 1			