

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 6/8/2026
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/15/2022
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 and complaint investigation conducted at your facility on 07/13/22, and completed on 07/15/22, 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 two 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. There was one complaint investigated. Complaint #NV00065751 with the allegation a resident was an inappropriate level of care for the facility was substantiated (see tag 1700). 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:			
0053 SS= D	Administrator's Responsibilities-Complete Rec - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The	0053	0053 NAC 449.194 Responsibilities of administrator.	07/16/2022

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER Name: EUGENE GASATAYA Title: Administrator
REPRESENTATIVE'S SIGNATURE

Date: 02/03/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	administrator of a residential facility shall: 4. Ensure that the records of the facility are complete and accurate. Inspector Comments: Based on clinical record review and interview, the Administrator failed to ensure clinical records were complete for 3 of 8 residents (Resident #4, #5, and #6). Findings include: On 07/13/22 at 12:58 PM, the Administrator verbalized the documents in the residents' clinical records were the only documents available to review. Resident #4 Resident #4 was admitted to the facility on 02/24/22, with a diagnosis of advanced dementia. Resident #4's clinical record lacked documented evidence of an admission packet, an Ultimate User Agreement, and a History and Physical. On 07/13/22 at 5:01 PM, the Caregiver confirmed Resident #4's clinical record did not contain an admission packet, an Ultimate User Agreement, and a History and Physical. Resident #5 Resident #5 was admitted on 04/15/22, with diagnoses including unspecified dementia, hypertension, and asthma. Resident #5's clinical record lacked documented evidence of an admission packet, and an Ultimate User Agreement. On 07/13/22 at 5:04 PM, the Caregiver confirmed Resident #5's clinical record did not contain an admission packet and an Ultimate User Agreement. Resident #6 Resident #6 was admitted to the facility on 03/11/22, with a diagnosis of dementia. Resident #6's clinical record lacked documented evidence of a two-step tuberculosis test and a History and Physical. On 07/13/22 at 5:05 PM, the Caregiver confirmed Resident #6's clinical record did not contain a two-step tuberculosis test, and a History and Physical. Severity: 2 Scope: 2		With great difficulty hiring live in caregivers or part-time caregivers since November 2020 despite having the company's reputation that pays the highest salary in the Reno - Sparks area, the administrator have reduced the census to 6 residents from the months of September 2022 to December 2022. This temporary move allowed the administrator time to catch up and perform necessary administrative tasks. Resident #4 was admitted at 2 am on 2/24/22 from across state lines. Administrator gave the family a complete packet that included the admission agreement along with a standard physician assessment a month before admission to the facility. Resident #4 passed away a week later after admission to the facility. Resident #5 and resident #6 were admitted to the facility directly from the same hospital. Admission packets along with the standard physician assessment were faxed to the hospital. Resident #5 son took charge over the paperworks 5 days before discharge to the facility but never showed up with the documents and told the administrator he decided not to be involved. The administrator asked the Aging and Disability Services Division social worker to intervene and to find a legal guardian for resident #5 including a rep payee. Rep payee has been assigned but the legal guardianship process is ongoing. Resident #5 cannot sign the admission agreement and ultimate user agreement due to cognitive deficit. Resident #6 medical history and physical exam has been updated by the residents DPOA. The TB test for resident # 6 is in compliance as a Quantiferon Gold TB test was given by the hospital just a few weeks before the admission date. Administrator will ensure that he is scheduled as the caregiver at the facility where a new resident will be admitted working with family members and hospital				

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			staff to make sure all the required documents are received 48 hours before admission. In the event the administrator is not working at the facility for the new admit, the administrator will require that all paperworks be submitted 48 hours by fax before admission so that the caregiver on duty can review documents for the administrator including utilization of smartphone app Facetime to ensure completed admission paperworks received will include signed admission agreement, signed ultimate user agreement, medical history including a current TB test, and all current vaccinations.				

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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 record review, document review and interview, the facility failed to ensure a volunteer housekeeper met the requirements concerning tuberculosis (TB) testing and pre-employment physical examination. (Housekeeper #1) Findings include: Housekeeper #1 During the initial tour of the facility, the Housekeeper was observed cleaning in the resident rooms and common areas of the facility. On 07/13/22 at 11:30 AM, the Housekeeper verbalized the Housekeeper started on 07/11/22. On 07/13/22 at 12:03 PM, the Administrator verbalized the Housekeeper did not have an employee file as the Housekeeper was a volunteer. The Administrator confirmed the Housekeeper did not have an employee file, to include a TB test and pre-employment physical. Severity: 2 Scope: 1	0102	0102 NAC 449.200 Personnel files The housekeeper quit the following day after learning that a TB test is required. Volunteer does not want to be injected for a TB test. Administrator will continue to look for volunteer housekeepers or hire one if and only if they are willing to be tested for TB and go thru pre-employment physical before working in the facility.		07/16/2022		

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0178 SS= D	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility failed to ensure the basic upkeep of the exterior of the facility was maintained. Findings include: On 07/13/22 at 11:35, two wheelchairs, one bin of Christmas decorations without a lid, a box with 15 feet of lights, and a box with a six outlet power stake were stored on the right side of the facility building (exterior.) On 07/13/22 at 11:53 AM, the Caregiver verbalized the items had been stored on the side of the facility (exterior) for about a month. The Caregiver confirmed the items were not stored properly. Severity: 2 Scope: 1	0178	Wheelchairs were put in the storage shed and christmas decorations with six outlet power stakes were put in a storage bin with a lid. Administrator will ensure to use the storage space of the other group home if necessary to put away bins in the garage so that bins are not left exposed to the elements in the exterior of the building premises.	07/17/2022			
0859 SS= D	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 record review, the facility failed to ensure a physical examination including a review of systems was completed prior to admission and annually for 3 of 8 sampled residents (Resident #3, #4, and #6). Findings include: Resident #3 Resident #3 was admitted to the facility on 10/25/21, with diagnoses including dementia without	0859	0859 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 Resident #3 was admitted to the facility directly from the hospital. Caregiver on duty received incomplete admission paperworks because husband passed away just days before admission. Guardianship was obtained and clinical records with admission physical examination were completed by the legal guardian. Resident #4 family was given the required documents a month before admission but failed to complete them before admission. Resident #6 legal guardian has updated medical history and review of systems. Administrator will ensure that he will be at the facility for new admit and not working at the other facility so that documents can be reviewed to ensure all required documents	07/16/2022			

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	behavioral disturbance, hypertension, and chronic kidney disease. Resident #3's clinical record contained an admission physical examination with a review of systems dated 01/04/22, after the resident's date of admission. On 07/13/22 at 5:00 PM, the Caregiver confirmed Resident #3 did not have an initial history and physical evaluation with a review of systems prior to admission to the facility. Resident #4 Resident #4 was admitted to the facility on 02/24/22, with a diagnosis of advanced dementia. Resident #4's clinical record lacked documented evidence of an initial history and physical with a review of systems. On 07/13/22 at 5:04 PM, the Caregiver confirmed Resident #4 did not have an initial history and physical with a review of systems. Resident #6 Resident #6 was admitted to the facility on 03/11/22, with a diagnosis of dementia. Resident #6's clinical record lacked documented evidence of an initial history and physical with a review of systems. On 07/13/22 at 5:05 PM, the Caregiver confirmed Resident #4 did not have an initial history and physical with a review of systems. Severity: 2 Scope: 2		are met during admission. In the event that the administrator is unable to be present for the new admit, administrator will require that completed paperworks are faxed over 48 hours before admission to be reviewed by the administrator with the assistance of the caregiver on duty using the smartphone app Facetime.	
0871 SS= D	Medication Administration - Plan - 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: d) Develop and maintain a plan for managing the administration of medications at the residential facility, including, without limitation: (1) Preventing the use of outdated, damaged or contaminated medications; (2) Managing the medications for each resident in a manner which ensures that any prescription medications, over-the-counter medications and nutritional supplements are ordered, filled and refilled in a timely manner to avoid missed dosages; (3) Verifying that orders for medications have been accurately transcribed in the record of the medication	0871	0871 NAC 449.2742 Administration of medication: Responsibilities of administrator, caregiver, and employees of facility. After several attempts, resident #1 medication review was brought to the attention of the primary hospice doctor who is aware of the concern but did not change or adjust the medications in question. Resident #1 passed away 11/4/22. Resident #3 medication review was also brought to the attention of the another primary hospice doctor who noted the concern but did not make any changes to the medications in question nor did they provided signed documentation for medication review every 6 months. Administrator will require all medical teams especially hospice providers from medical centers to review and provide signed	01/05/2023

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	administered to each resident in accordance with NAC 449.2744; (4) Monitoring the administration of medications and the effective use of the records of the medication administered to each resident; (5) Ensuring that each caregiver who administers a medication is in compliance with the requirements of subsection 6 of NRS 449.037 and NAC 449.196; (6) Ensuring that each caregiver who administers a medication is adequately supervised; (7) Communicating routinely with the prescribing physician or other physician of the resident concerning issues or observations relating to the administration of the medication; and (8) Maintaining reference materials relating to medications at the residential facility, including, without limitation, a current drug guide or medication handbook, which must not be more than 2 years old or providing access to websites on the Internet which provide reliable information concerning medications. (e) Develop and maintain a training program for caregivers of the residential facility who administer medication to residents, including, without limitation, an initial orientation on the plan for managing medications at the facility for each new caregiver and an annual training update on the plan. The administrator shall maintain documentation concerning the provision of the training program and the attendance of caregivers. Inspector Comments: Based on clinical record review and interview, the Administrator failed to ensure a physician notification of pharmacist recommendations was documented for for 2 of 8 residents residing in the facility for longer than six months (Resident #1 and #3). Findings include: Resident #1 Resident #1 was admitted to the facility on 04/17/17, with diagnoses including dementia, atrial fibrillation, and diabetes mellitus. A Pharmacy Medication Review for Resident #1 dated 12/01/21, documented identified		medication reviews every six months as required by State regulation.				

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	medication issues: Fluoxetine increases effects of apixaban, increasing risk. The pharmacist recommendation was to monitor the medications. The Pharmacy Medication Review included an undated Administrator signature and lacked documentation of the physician notification of the pharmacist recommendations. A Pharmacy Medication Review for Resident #1 dated 06/01/22, documented identified medication issues: Fluoxetine increases effects of apixaban, increasing risk of bleeding. The pharmacist recommendation was to monitor the medications. The Pharmacy Medication Review included an undated Administrator signature and lacked documentation of the physician notification of the pharmacist recommendations. On 07/13/22 at 4:55 PM, the Caregiver confirmed the Pharmacy Medication Reviews for Resident #1 lacked documentation of the physician notification of the pharmacist recommendations. Resident #3 Resident #3 was admitted to the facility on 10/25/22, with diagnoses including dementia without behavioral disturbance, hypertension, and chronic kidney disease. A Pharmacy Medication Review for Resident #3 dated 06/01/22, documented identified medication issues: Potassium chloride and spironolactone each increase potassium. The pharmacist recommendation was to monitor the medications. The Pharmacy Medication Review included an undated Administrator signature and lacked documentation of the physician notification of the pharmacist recommendations. On 07/13/22 at 5:00 PM, the Caregiver confirmed the Pharmacy Medication Review for Resident #3 lacked documentation of the physician notification of the pharmacist recommendations. Severity: 2 Scope: 1						

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0876 SS= D	Medication Administration - NRS 449.0302 - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. (as amended by LCB File No. R109-18) 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 section 13 of this regulation are met. Inspector Comments: Based on clinical record review and interview, the facility failed to ensure an ultimate user agreement was completed for 2 of 8 sampled residents (Resident #5 and #8). Findings include: Resident #5 Resident #5 was admitted on 04/15/22, with diagnoses including unspecified dementia, hypertension, and asthma. Resident #5's clinical record lacked documented evidence of an ultimate user agreement authorizing the facility to manage the resident's medications. On 07/13/22 at 5:05 PM, the Caregiver confirmed Resident #5's clinical record lacked a signed Ultimate User Agreement. The Caregiver confirmed the facility administered medications to Resident #5. Resident #8 Resident #8 was admitted to the facility on 10/08/21, with a diagnosis of mild dementia. Resident #8's clinical record contained an Ultimate User Agreement in the resident's admission packet, however the admission packet was not signed or dated. On 07/13/22 at 5:10 PM, the Caregiver verbalized Resident #8's admission packet was not signed, resulting in an invalid Ultimate User Agreement. The Caregiver confirmed the facility administered medications to Resident #8. Severity: 2 Scope: 1	0876	0876 NAC 449.0302-NAC 449.2742 Administrator of medication; Responsibilities of administrator, caregiver and employees of facility. Resident #5 is unable to sign the ultimate user agreement due to cognitive deficit. Guardianship is still ongoing while a rep payee was assigned with the assistance from ADSD social worker. Resident #5 son waived his responsibility for the care of his love one during the discharge to the facility from the hospital. Resident #8 ultimate user agreement was signed by the DPOA. Administrator will require admissions to be scheduled at a time when he is working at that facility and also require completed paperworks to be faxed 48 hours if administrator is unable to be present so that he can review documents received by working closely with the caregiver on duty for the facility receiving the new patient. Census was reduced for several months from 8 to 6 residents so that administrator can perform duties in a timely fashion.		07/18/2022		

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0936 SS= D	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on clinical record review and interview, the facility failed to ensure 1 of 8 sampled residents met the requirements concerning tuberculosis (TB) testing in accordance with Nevada Administrative Code (NAC) 441A (Resident #6). Findings include: Resident #6 Resident #6 was admitted to the facility on 03/11/22, with a diagnosis of dementia. Resident #6's clinical record lacked documented evidence of a two-step TB test. On 07/13/22 at 5:05 PM, the Caregiver confirmed Resident #6's clinical record did not contain a two-step TB test. Severity: 2 Scope:1	0936	0936 NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. Facility is in compliance. Administrator will ensure that future residents admitted to the facility will obtain a Quantiferon Gold test from the discharging hospital before or during discharge or obtain a 2 step TB test from the RN who administer the TB tests for the residential facility. Administrator has the TB test requirement as part of the standard admission agreement packet.	02/03/2023			
0938 SS= D	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without	0938	Administrator updated the current annual ADL for resident #7. Administrator was unable to be timely with resident #1 and resident #6 annual ADL's due to working 6 days a week and limited to caregiving duties at the other facility. Administrator will be using the smart phones to have alerts set up a month before the ADL's are due and have the other caregivers use their smart phones to set up alerts for the annual ADL's a month before it is due so that the entire staff can assist with getting the administrator to update annual ADL's on a	07/16/2022			

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	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 initial and annual Activities of Daily Living (ADL) assessments were completed timely for 3 of 8 sampled residents (Resident #1, #6, and #7). Findings include: Resident #1 Resident #1 was admitted to the facility on 04/14/17, with diagnoses including dementia, atrial fibrillation, and diabetes mellitus. Resident #1's clinical record documented an annual ADL assessment was completed on 03/27/21, and 07/14/22, approximately three months after the assessment was due. Resident #6 Resident #6 was admitted to the facility on 03/11/22, with a diagnosis of dementia. Resident #6's clinical record documented an initial ADL assessment was completed on 03/24/22, 13 days after the assessment was due. Resident #7 Resident #7 was admitted to the facility on 03/25/20, with a diagnosis of dementia. Resident #7's clinical record documented an annual ADL assessment was completed on 03/23/21; however, the file lacked documentation of a current annual ADL assessment. On 07/13/22 at 1:05 PM, the Administrator confirmed the ADL assessments were not completed timely for Resident #1, #6, and #7. Severity: 2 Scope: 2		timely fashion every year.				
0960 SS= F	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	0960	0960 NAC 449.2754 Residential facility which provides care for persons with Alzheimer's disease: Application for endorsement; general requirements.		01/05/2023		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 6/8/2026
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/15/2022	
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	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 clinical record review and interview, the facility failed to obtain an endorsement for Alzheimer's (ALZ) and admitted and retained 7 of 8 residents with an ALZ diagnosis (Resident #2, #3, #4, #5, #6, #7 and #8). Findings include: Resident #2 Resident #2 was admitted to the facility on 05/25/22, with a diagnosis of dementia. A History and Physical dated 05/23/22, documented Resident #2 had a diagnosis of dementia. Resident #3 Resident #3 was admitted to the facility on 10/25/21, with diagnoses including dementia without behavioral disturbance, hypertension, and chronic kidney disease. A History and Physical dated 01/04/22, documented Resident #3 had a diagnosis of dementia. Resident #4 Resident #4 was admitted to the facility on 02/24/22, with a diagnosis of advanced dementia. A Physician's Certificate with Needs Assessment dated 10/13/21, documented Resident #4 had a diagnosis of advanced dementia. Resident #5 Resident #5 was admitted on 04/15/22, with diagnoses including unspecified dementia, hypertension, and asthma. A History and Physical dated 02/20/22, documented Resident #3 had a diagnosis of dementia. Resident #6 Resident #6 was admitted to the facility on 03/11/22, with a diagnosis of dementia. A Discharge Summary dated 03/11/22, documented Resident #6 had a diagnosis of dementia. Resident #7 Resident #7 was admitted to the facility on 03/25/20, with a diagnosis of		The facility is in compliance. Administrator took new CEU's for Alzheimer's and Mental Illness which the administrator had taken several times in the past 20 years. A Summerdale Homes at Riata submitted application for endorsement including mental illness and Alzheimer's. Summerdale had been admitting residents with chronic illnesses who are also suffering from various degree of dementia from early stages, mild stages, and advanced stages of dementia with no behavioral issues especially flight risks issues.				

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	dementia. A History and Physical dated 05/12/21, documented Resident #7 had a diagnosis of dementia. Resident #8 Resident #8 was admitted to the facility on 10/08/21, with a diagnosis of mild dementia. A History and Physical dated 02/20/22, documented Resident #8 had a diagnosis of dementia. The facility lacked an ALZ endorsement to admit and retain residents with ALZ. On 07/13/22 at 3:35 PM, the Administrator confirmed the facility was not endorsed for ALZ. Severity: 2 Scope: 3						
1700 SS= F	Annual Assessment of History of Each Resident Inspector Comments: Based on interview and record review, the Administrator failed to ensure a resident with a diagnosis of dementia had a standard placement determination completed by a provider prior to admission to the facility to ensure the facility would have been able to provide the appropriate level of care in 7 of 8 residents (Resident #2, #3, #4, #5, #6, #7 and #8). Findings include: Resident #2 Resident #2 was admitted to the facility on 05/25/22, with a diagnosis of dementia. Resident #2's clinical record lacked documented evidence of a Standard Physician's Assessment. On 07/13/22 at 5:00 PM, the Caregiver confirmed Resident #2 did not have a Standard Physician's Assessment. Resident #3 Resident #3 was admitted to the facility on 10/25/21, with diagnoses including dementia without behavioral disturbance, hypertension, and chronic kidney disease. Resident #3's clinical record lacked documented evidence of a Standard Physician's Assessment. On 07/13/22 at 5:00 PM, the Caregiver confirmed Resident #3 did not have a Standard Physician's Assessment. Resident #4 Resident #4 was admitted to the facility on 02/24/22, with a diagnosis of advanced dementia. Resident #4's clinical record lacked documented evidence of a Standard Physician's Assessment. On 07/13/22 at 5:01 PM, the Caregiver confirmed Resident #4 did not	1700	1700 Annual Assessment of History of each Resident Resident #7 was alert and oriented prior to admission. In the past year, resident #7 level of care has increased with decline in cognition. With the assistance from the Elder Protective Services, guardianship services was initiated 8 months ago and resident #7 is now under the care of a public guardian agency. Resident #2 was transferred back to the hospital as the level of care was beyond what the facility can provide. Resident #3 spouse passed away resulting in an incomplete admission paperworks. Resident #4 passed away a week after admission before the family could turn in the completed packet even though the family was given these forms a month before admission. Resident #5 son at the last minute refused to help and didn't turn in the packet upon admission. Guardianship services in in process. Resident #6 DPOA completed the required the standard physician assessment forms. Resident #8 DPOA has completed the standard physician assessment forms. Administrator will require that completed paperworks are received by fax 48 hours before admission to ensure that all required documents are in the facility before admission of a new resident. Administrator will review files with the caregiver on duty. Administrator will coordinate with families and hospital discharge planners so that the		07/29/2022		

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	have a Standard Physician's Assessment. Resident #5 Resident #5 was admitted on 04/15/22, with diagnoses including unspecified dementia, hypertension, and asthma. Resident #5's clinical record lacked documented evidence of a Standard Physician's Assessment. On 07/13/22 at 5:04 PM, the Caregiver confirmed Resident #5 did not have a Standard Physician's Assessment. Resident #6 Resident #6 was admitted to the facility on 03/11/22, with a diagnosis of dementia. Resident #6's clinical record lacked documented evidence of a Standard Physician's Assessment. On 07/13/22 at 5:05 PM, the Caregiver confirmed Resident #6 did not have a Standard Physician's Assessment. Resident #7 Resident #7 was admitted to the facility on 03/25/20, with a diagnosis of dementia. Resident #7's clinical record lacked documented evidence of a Standard Physician's Assessment. On 07/13/22 at 5:07 PM, the Caregiver confirmed Resident #7 did not have a Standard Physician's Assessment. Resident #8 Resident #8 was admitted to the facility on 10/08/21, with a diagnosis of mild dementia. Resident #8's clinical record lacked documented evidence of a Standard Physician's Assessment. On 07/13/22 at 5:10 PM, the Caregiver confirmed Resident #8 did not have a Standard Physician's Assessment. Severity: 2 Scope: 3		administrator can be physically present to the facility where the new admit is coming to in order that all required paperworks are received. If not complete, the administrator can take action to ensure that the required documents are submitted as soon as possible.				