

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/18/2022
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 complaint investigation conducted at your facility on 10/19/22, 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 6. The sample size was seven. There was one complaint investigated. Complaint #NV00062361 with the following allegations: Allegation #1: An employee yelled at a resident could not be substantiated due to lack of evidence based on observations of staff to resident interactions and interviews with all residents. Allegation #2: A resident did not get administration of eye drops could not be substantiated based on review of the resident's medication administration record. Allegation #3: A resident was left wet in their brief could not be substantiated due to lack of evidence based on observations and interviews with residents. Allegation #4: A resident was not allowed to use walker could not be substantiated based on observations and interview with residents. Allegation #5: A resident did not receive therapeutic meals could not be substantiated based on interview and review of facility menu. The investigation into the allegations included: Observations of staff to resident interactions. Interviews with residents and Caregiver. Review of seven clinical records, including the resident of concern, including physician progress notes, activities of daily living facility assessments, physician placement determinations, and medication administration records. Review of personnel files including elder abuse prevention training and medication management training. Review of facility menu for months of August 2022, September 2022 and			

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

Date: 02/22/2023

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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	October 2022. Deficiencies unrelated to the allegations were identified (see Tag Y0026, Y0104 and Y0620). 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 regulatory deficiencies were identified:						
0104 SS= D	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, document review and interview, the facility failed to ensure 1 of 2 employees met the background check requirements of Nevada Revised Statute (NRS) 449.124 (Employee #2). Findings include: Employee #2 Employee #2 was hired as a Caregiver with a start date of 01/26/15. Employee #2's personnel file documented fingerprints taken on 01/08/15 and documented State and Federal clearance dated 01/22/15. Employee #2's personnel file lacked fingerprints for a five year renewal through the Nevada Automated Background Check System (NABS). On 10/18 22 at 7:54 AM, the employee roster for the facility in the NABS system lacked Employee #2. On 10/18/22 at 12:30 PM, the Caregiver confirmed the Caregiver had not been fingerprinted and did not have a background check renewal performed when due in 2020. Severity: 2 Scope: 1	0104	0104 NAC 449.200 Personnel Files (NRS 449.0302) Background check website is unlock and running. Facility background account at the DPS was closed when a re-qualification letter for Summerdale Homes Assisted Living was not returned. It was was an old business name prior to 2004. Fingerprints were taken on February 6, 2023 but cannot be processed until the new account is setup by DPS. Administrator will use personal smart phone and caregivers smart phones to remind staff scheduled fingerprinting expiration date to keep background checks current every 5 years.		02/06/2023		

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FORM APPROVED
OMB NO. 0938-0391

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0620 SS= D	Written Policy on Admissions - NAC 449.2702 Written policy on admissions; eligibility for residency. (NRS 449.0302) 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast; (b) Requires restraint; (c) Requires confinement in locked quarters; or (d) Requires skilled nursing or other medical supervision on a 24-hour basis. Inspector Comments: Based on observation, clinical record review, document review, and interview, the facility failed to ensure a bedfast resident was not retained or admitted to the facility for 1 of 6 residents (Resident #3). Findings include: Resident #3 Resident #3 was admitted to the facility on 11/15/21, with a diagnosis of failure to thrive and cerebral atherosclerosis. A Hospice Skilled Note dated 02/15/22, documented the resident was admitted to hospice on 10/20/21 and was bedbound. A Facility Activities of Daily Living (ADL) Assessment dated 02/24/22, documented the resident was totally dependent for all ADLs. On 10/18/22 at 10:40 AM, a Caregiver confirmed Resident #3 was bedbound, meaning the resident could not turn, nor move independently in their own in bed. The resident needed extensive assistance and the caregivers were responsible for repositioning the resident, if needed. On 10/18/22 at 10:40 AM, the Caregiver confirmed Resident #3 did not have a bedfast waiver and an exemption request was not submitted to the State of Nevada to retain a bedbound resident. On 10/18/22 at 10:45 AM, a review of the Bureau of Health Care Quality and Compliance documented no application was on file or had been submitted for a waiver by the facility. Severity: 2 Scope: 1	0620	0620 NAC 449.2702 Written policy on admission for residency (NRS 449.0302) Resident #3 was admitted on 11/15/21. From 11/15/21 to August of 2022, Resident #3 was taking her meals, feeding herself independently with the other residents at the dining table. Resident #3 was able to turn independently in bed until the decline late August 2022. Resident # 3 has a long history of being polite except when cleaning the peri area. Resident # 3 is known to yell, scratch, punch, and kick all personnel performing their duties including the hospice staff for over a year. Administrator will ensure in the future that when a slow, steady decline is observed by staff or if a resident is under hospice care that these clients will be enrolled with the HCQC exemption program. The application is available online. Bedfast waiver was submitted electronically.	02/21/2023

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1010 SS= D	Care for Persons with Mental Illnesses - NAC 449.2764 Residential facility which offers or provides care for persons with mental illnesses: Application for endorsement; training for employees. (NRS 449.0302) 1. A residential facility which offers or provides care and protective supervision for a resident with mental illness must obtain an endorsement on its license authorizing it to operate as a residential facility for persons with mental illnesses. 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 Mental Illness (MI) and admitted and retained 1 of 6 residents with an MI diagnosis (Resident #2). Findings include: Resident #2 Resident #1 was admitted to the facility on 03/25/20, with a diagnosis of schizoaffective disorder. A History and Physical dated 07/14/22, documented Resident #2 had a diagnosis of schizoaffective disorder. The facility lacked an MI endorsement to admit and retain residents with MI. On 10/19/22 at 10:14 AM, the Caregiver confirmed the facility was not endorsed for MI and Resident #2 had a diagnoses of schizoaffective disorder. Severity: 2 Scope: 1	1010	1010NAC 449.2764 Residential facility which offers or provides care for the persons with mental illness (NRS 449.0302) Administrator will apply for the Mental Illness endorsement to be added to the license renewal and renew the MI endorsement annually.		12/29/2022		