

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 05/13/2024
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 initiated at your facility on 04/16/2024 and concluded on 05/13/2024, 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 or disabled persons, Category II residents. The census at the time of the survey was seven. Seven resident files were reviewed and two employee files were reviewed. Two complaints were investigated. 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. Complaint #NV00069691 with the following allegations could not be substantiated due to lack of evidence: - Allegation #1: The facility misused a resident's personal funds. - Allegation #2: The facility limited a resident's family member from contact with the resident. - Allegation #3: The facility Administrator verbally abused a resident. Complaint #NV00070765 was substantiated. The allegation the facility had an obstacle in place which impeded residents' free movement was substantiated, see TAG Y0174. The allegation the facility did not maintain a bathroom fan in working order to properly			

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

Date: 10/29/2024

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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	ventilate the bathroom was substantiated, see TAG Y0178. The allegation a facility employee lacked required annual caregiver training could not be substantiated due to a lack of evidence. The investigation into the allegations included: Observations of the facility's environment inside and outside and the maintenance of fans, lights and access ramps to the facility, staff and resident interactions, resident to resident interactions, residents in resident rooms, and residents in common areas. Interviews with four residents, a Caregiver and the Administrator. Clinical record review of resident admission agreements, physician notes, standard physician placement assessments, activities of daily living assessments, resident rent invoices, and resident fiduciary correspondence. Record review of visitor logs, staffing schedules, and caregiver training and certifications. 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:						

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0050 SS= F	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, and interview, the Administrator failed to provide oversight and direction to staff to ensure the facility complied with certain requirements of Nevada Administrative Code 449.156 to 449.27706, inclusive, and Nevada Revised Statutes Chapter 449. Findings include: Findings include: Please See Tags Y0053, Y072, Y074, Y0102, Y0106, Y0859, Y0870, Y0936, Y0938, and Y0960, Y01045, Y01540, Y01700, Y01825, Y01830. Severity: 2 Scope: 3	0050	Y 0050 NAC 449.194 (NRS 449.0302) Administrator's Responsibilities - Oversight Administrator is dealing with unprecedented health issues and was completely incapacitated for 8 (non-consecutive) weeks between the months of January 2024 to May 2024 with several medical appointments still ahead. Administrator used to enroll and cover payments for the caregiver annual training requirements, vaccination, etc.. Administrator will delegate all of the training renewals and cost to the caregiver who in turn will be reimburse for fees incurred to ensure that annual training will be completed on a timely basis. Caregiver will also program annual renewal dates using the smart phone.		07/05/2024		
0053 SS= F	Administrator's Responsibilities-Complete Rec - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 4. Ensure that the records of the facility are complete and accurate. Inspector Comments: Based on observation, document review, record review, and interview, the Administrator failed to ensure personnel records and resident medical records were complete and accurate in accordance with State regulations. Findings include: See TAGS Y0050, Y0053, Y072, Y074, Y0102, Y0106, Y0859, Y0870, Y0936, Y0938, and Y0960, Y01045, Y01540, Y01700, Y01825, Y01830. Severity: 2 Scope: 3	0053	Y 0053 NAC 449.194 (NRS 449.0302) Responsibilities of Administrator To ensure that the records of the facility are kept complete and accurate, the administrator will delegate his duties to the caregiver using smart phones for reminders. Administrator will no longer be the lone person responsible for keeping all the records accurate and complete due to the recent health challenges. This new approach will have two people working on it instead of just one person.		07/05/2024		

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0072 SS= D	Qualifications of Caregiver - Med Training - NAC 449.196 Qualifications and training of caregivers. (NRS 449.0302) 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Before assisting a resident in the administration of a medication, receive the training required pursuant to paragraph (e) of subsection 6 of NRS 449.0302, which must include at least 16 hours of training in the management of medication consisting of not less than 12 hours of classroom training and not less than 4 hours of practical training, and obtain a certificate acknowledging the completion of such training; (b) Receive annually at least 8 hours of training in the management of medication and provide the residential facility with satisfactory evidence of the content of the training and his or her attendance at the training; (c) Complete the training program developed by the administrator of the residential facility pursuant to paragraph (e) of subsection 1 of NAC 449.2742; and (d) Annually pass an examination relating to the management of medication approved by the Bureau. Inspector Comments: Based on record review, document review and interview, the facility failed to ensure 1 of 2 employees completed the required eight hours of annual medication management training on a timely basis (Employee #1). Findings include: Employee # 1 Employee #1 was hired as a caregiver on 01/18/2015. Employee #1's file documented an eight-hour annual Medication Management training with an expiration date of 02/22/2024. On 04/16/2024 at 9:59 AM, the Caregiver confirmed Employee #1 was working and administering medications to residents with an expired medication management certification. Severity: 2 Scope: 1	0072	Y 0072 NAC 449.196 (NRS 449.0302) Qualifications and training of caregivers To prevent lapses of certification and ensure timely annual training, the administrator has partnered with a home health agency. This agency will schedule annual training and annual testing as required by NAC 449.	09/08/2024

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(X4) ID PREFIX TAG 0074 SS= E	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0074	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE 08/31/2024		
	Elder Abuse Training - NRS 449.093 Training to recognize and prevent abuse of older persons: Persons required to receive; frequency; topics; costs; actions for failure to complete. 1. An applicant for a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before a license to operate such a facility, agency or home is issued to the applicant. If an applicant has completed such training within the year preceding the date of the application for a license and the application includes evidence of the training, the applicant shall be deemed to have complied with the requirements of this subsection. 2. A licensee who holds a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must annually receive training to recognize and prevent the abuse of older persons before the license to operate such a facility, agency or home may be renewed. 3. If an applicant or licensee who is required by this section to obtain training is not a natural person, the person in charge of the facility, agency or home must receive the training required by this section. 4. An administrator or other person in charge of a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the facility, agency or home provides care to a person and annually thereafter. 5. An employee who will provide care to a person in a facility for intermediate care, facility for		Y 0074 NAC 449.093 (NRS 449.093) Elder Abuse Training Employee #1 has completed the elder abuse training after the completion of an eviction to a very problematic resident. Administrator has solicited the help of several group home owners under his administration including the employees of Summerdale Homes to sync their smart devices to alert administrator for their next annual elder abuse training due date which should prevent late certification.				

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	skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the employee provides care to a person in the facility, agency or home and annually thereafter. 6. The topics of instruction that must be included in the training required by this section must include, without limitation: (a) Recognizing the abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; (b) Responding to reports of the alleged abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; and (c) Instruction concerning the federal, state and local laws, and any changes to those laws, relating to: (1) The abuse of older persons; and (2) Facilities for intermediate care, facilities for skilled nursing, agencies to provide personal care services in the home, facilities for the care of adults during the day, residential facilities for groups or homes for individual residential care, as applicable for the person receiving the training. 7. The facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care is responsible for the costs related to the training required by this section. 8. The administrator of a facility for intermediate care, facility for skilled nursing or residential facility for groups who is licensed pursuant to chapter 654 of NRS shall ensure that each employee of the facility who provides care to residents has obtained the training required by this section. If an administrator or employee of a facility or home does not obtain the training required by this section, the Division shall notify the Board of Examiners for Long-Term Care Administrators that the administrator is in						

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	violation of this section. 9. The holder of a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care shall ensure that each person who is required to comply with the requirements for training pursuant to this section complies with such requirements. The Division may, for any violation of this section, take disciplinary action against a facility, agency or home pursuant to NRS 449.160 and 449.163. Inspector Comments: Based on record review and interview, the facility failed to ensure employees completed elder abuse prevention training timely for 1 of 3 sampled employees (Employee #1). Findings include: Employee #1 Employee #1 was hired as a Caregiver on 01/18/2015. The employee's personnel file documented annual elder abuse training completed on 02/01/2021 and 01/27/2022. The personnel file lacked documented evidence an annual elder abuse training was completed in 2023 and 2024. On 04/16/2024 at 10:00 AM, the Caregiver verbalized Employee #1 did not have elder abuse prevention training completed in 2023 and 2024 and confirmed the elder abuse prevention training was late. Severity: 2 Scope: 1						

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0102 SS= E	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 and interview, the facility failed to ensure 2 of 3 sampled employees met the requirements concerning tuberculosis (TB) testing and pre-employment physical examination (Employee #1 and #3). Findings include: Employee #1 Employee #1 was hired as a Caregiver on 01/18/2015. Employee #1's file lacked documented evidence of a pre-employment physical examination. Employee #1's file documented a TB test read positive on 05/28/2015 and a chest x-ray read negative on 04/27/2016. The employee's file contained signs and symptoms TB questionnaires dated 08/24/2020 and 08/21/2021. Employee #1's file lacked documented evidence of a signs and symptoms TB questionnaire for 2022 and 2023. On 04/16/2024 at 10:05 AM, the Caregiver confirmed the lack of a TB signs and symptoms questionnaire in 2022 and 2023 for Employee #1. Employee #3 During the initial tour of the facility, the Housekeeper was observed cleaning in the resident rooms and common areas of the facility. On 04/16/2024 at 10:18 AM, the Housekeeper verbalized the Housekeeper began working at the facility two months ago. On 04/16/2024 at 10:20 AM, the Caregiver verbalized the housekeeper did not have an employee file; however, the Housekeeper worked at the facility. Employee #1 confirmed the Housekeeper did not have an employee file, to include a TB test and pre-employment physical. Severity: 2 Scope: 2	0102	Y 0102 NAC 449.200. TB Screening and Personnel Files TB symptom test for employee #1 was completed. Employee #1 pre-employment was done over 11 years ago at the other Summerdale Homes so the original; pre-employment record is lost as they are kept for only 5 years. Administrator will delegate this work to the caregivers and reimburse the cost to ensure timely renewals of annual requirements. Staff, including the administrator, and other group home owners under the same administratorship will use their smart phones to remind each other of important renewal dates and will work collaboratively to ensure annual TB signs and symptoms is done on a timely fashion. Furthermore, the administrator has hired Your Main Lab to schedule our yearly TB testing and signs of symptoms for TB. Employee #3 was let go last May 31, 2024.	09/03/2024

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0174 SS= F	Health& Sanitation-odors-hazards-insects-dirt - NAC 449.209 Health and sanitation. (NRS 449.0302) 4. To the extent practicable, the premises of the facility must be kept free from: (a) Offensive odors; (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility; (c) Insects and rodents; and (d) Accumulations of dirt, garbage and other refuse. Inspector Comments: Based on observation and interview, the facility failed to ensure the facility was free from tripping hazards and other safety hazards in the backyard. Findings include: On 05/13/2024 at 9:45 AM, during a tour of the facility grounds, the following safety hazards were identified: - The backyard ramp had a one and one-half inch drop from the sliding door threshold onto the ramp creating a potential tripping hazard and wheelchair barrier entering the house. - The backyard ramp had a diamond plate ramp sitting loosely on the wood ramp at the end of the ramp. The diamond plate ramp was not attached, did not traverse the entire width of the wooden ramp, and created a tripping hazard when exiting or entering the ramp. - The backyard ramp lacked handrails, creating a safety hazard to both sides of the elevated ramp. On 05/13/2024 at 10:40 AM, the Administrator confirmed the findings associated with the backyard ramp and verbalized it was not free of tripping and/or safety hazards. Severity: 2 Scope: 3	0174	Y 0174 NAC 449.209. (NRS 449.0302) Health and Sanitation - hazards Two diamond plates at 30 inches in width were ordered last week and the administrator will pick up the custom made items and install them this coming Tuesday June 25, 2024. These plates are designed to be bolted in on all sides with aluminum screws that will not protrude to avoid a tripping hazard. The handyman finally came last Friday and inspected the areas of deficiencies and was paid for his estimate and long distance drive. Handyman will gather materials for the ramps to install handrails for the ramp going into the facility and the ramp heading out to the backyard. His scheduled work is three weeks out since he has projects lined up all the way to the middle of July 2024.			06/25/2024	

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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 maintain a bathroom ceiling fan in working order to ventilate the hallway bathroom. Findings include: On 05/13/2024, during a tour of the facility, the hallway bathroom ceiling ventilation fan was non-operational. The bathroom lacked a window for ventilation. The only source of ventilation was the ceiling fan. On 05/13/2024 at 10:38 AM, the Administrator confirmed the bathroom ceiling fan was non-operational. Severity: 2 Scope: 1	0178	Y 0178 NAC 449.209 (NRS 449.0302) Health and Sanitation Non-operational fan was replaced with a new bathroom ceiling fan on Thursday May 23, 2024. Air purifier is still being used along with the new ceiling fan. Administrator will ensure to replace broken ceiling fan as soon as it fails. Dust were removed and staff will maintain it on a weekly basis so that dust does not accumulate.			05/23/2024	

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0450 SS= D	First Aid & CPR - NAC 449.231 First aid and cardiopulmonary resuscitation. (NRS 449.0302) 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training. Inspector Comments: Based on interview and record review, the facility failed to ensure 1 of 3 sampled employees required to obtain Cardiopulmonary Resuscitation (CPR) was certified to perform (Employee #1). Findings include: Employee #1 Employee #1 was hired as a caregiver on 01/18/2015. Employee #1's employee file documented CPR and first aid training had expired on 07/09/2023. The employee file lacked documented evidence current CPR and first aid training. On 04/16/2024 at 10:05 AM, the Caregiver acknowledged the findings and confirmed Employee #1's file lacked a current CPR and first aid certification and was providing resident care. Severity: 2 Scope: 1	0450	Y 0450 NAC 449.231. (NRS 449.0302) First Aid and cardiopulmonary resuscitation Administrator will delegate this training renewal to the employee as well to ensure timely training before the expiration of the certification in 2026. Administrator will still double check with scheduling using the smart phones and will reimburse employee expenses in this new system of collaboration.	06/30/2024			
0520 SS= F	Supervision and Treatment of Residents - NAC 449.259 and R043-22 Supervision and treatment of residents generally. (NRS 449.0302) 2. A person-centered service plan developed pursuant to this section must include, without limitation: (a) Provisions concerning activities of daily living, medication management, cognitive safety, assistive devices, special needs, social and recreational needs and involvement of ancillary services; (b) Protective supervision as necessary for the resident; (c) The manner in which all caregivers will be informed of the required supervision of the resident; (d) The manner in which the facility will ensure that the resident has the opportunity to attend the	0520	Y 0520 NAC 449.259 (NRS 449.0302) R 043-22. Supervision & Treatment of Residents Administrator and caregiver have interviewed each resident. Staff have completed person centered service plan. To ensure timely annual renewal and prevent lapses, the Administrator along with the caregiver are using their smart phones for reminders to have care plans reviewed and renewed on a timely on a timely basis.	06/30/2024			

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NAME OF PROVIDER OR SUPPLIER A SUMMERDALE HOMES AT RIATA, LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 14315 RIATA CIRCLE, RENO, NEVADA ,89521			
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	religious service of his or her choice and participate in personal and private pastoral counseling; (e) Permission for the resident to rest in his or her room at any time; (f) Permission for the resident to enter or leave the facility at any time if the resident: (1) Is physically and mentally capable of leaving the facility; and (2) Complies with the rules established by the administrator of the facility for leaving the facility; (g) Laundry services for the resident unless the resident elects in writing to make other arrangements; (h) The manner in which the facility will ensure that the resident's clothes are clean, comfortable and presentable; (i) A requirement that the facility must inform the resident or his or her representative of the actions that the resident should take to protect the resident's valuables; (j) A written program of activities for the resident that includes scheduled and unscheduled activities that are suited to his or her interests and capacities; Inspector Comments: Based on record review and interview, the facility failed to ensure a person-centered service plan was developed to address the facility's treatment of residents for 7 of 7 residents reviewed for service plans (Resident #1, #3, #4, #5, #6, #7, and #8). Findings include: The following residents' records lacked documented evidence of a person-centered service plan to address the treatment needs of the residents by the facility's caregiver staff: - Resident #1 was admitted to the facility on 11/25/2022 with diagnosis including Parkinson's disease, dementia, and heart failure with normal ejection fraction disorder. - Resident #3 was admitted to the facility on 03/14/2024, with diagnoses including syncope, muscle weakness, and difficulty walking. - Resident #4 was admitted to the facility on 03/11/2022, with diagnosis including vascular dementia and cerebral atherosclerosis disorder. - Resident #5 was admitted to the facility on 01/09/2024, with diagnoses including						

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	hypokalemia, epilepsy, acute urinary tract infection and dementia. - Resident #6 was admitted to the facility on 12/22/2023, with diagnoses including acute respiratory failure with hypoxia, atrial fibrillation, and pneumonia of both lungs due to infectious organism. - Resident #7 was admitted to the facility on 03/25/20, with diagnosis including dementia disorder, osteoarthritis of multiple joints disorder, anemia, and hypertension. - Resident #8 was admitted to the facility on 01/08/2024, with diagnoses including dementia, atrial fibrillation, history of falling and type II diabetes mellitus. On 05/13/2024 at 12:55 PM, the Administrator confirmed the facility had not created person-centered service plans for the residents currently residing in the facility affecting 7 of 7 residents. Severity: 2 Scope: 3						
0870 SS= D	Medication Administration-Accuracy & Report - 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: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility. (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). Inspector Comments: Based on record	0870	Y 0870 NAC 449.2742 Medication Administration - Accuracy and Report Resident #2 does not take any medication. Resident #4 six month pharmacy review has been updated. Administrator's health challenges this year or at any time will be overcome by having the caregiver collaborate with the administrator in getting the pharmacy reviews on a timely basis as staff is always in contact with the pharmacy on a weekly basis.		06/28/2024		

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	review and interview, the facility failed to ensure a medication profile review was performed by a physician, pharmacist or registered nurse at least once every six months for 2 of 7 residents residing in the facility for longer than six months (Resident #2 and #4). Findings include: Resident #2 Resident #2 was admitted to the facility on 06/15/2023 with diagnoses including acute heart failure due to pericarditis, obesity, and hypothyroidism. Resident #2's record lacked documented evidence of a six-month pharmacy review. On 04/16/2024 at 11:18 AM, the Caregiver acknowledged the missing medication profile review. Resident #4 Resident #4 was admitted to the facility on 03/11/2022 with diagnoses including vascular dementia and cerebral atherosclerosis disorder. Resident #4's record lacked documented evidence of a six-month pharmacy review. On 04/16/2024 at 11:42 AM, the Caregiver acknowledged the missing medication profile reviews. Severity: 2 Scope: 1			
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 record review and interview, the facility failed to ensure 2 of 7 sampled residents met the requirements concerning tuberculosis (TB) testing in accordance with Nevada Administrative Code (NAC) 441A (Resident	0936	Y 0936 NAC 449.2749 (NRS 449.0302) Maintenance and contents of separate files for each employee. Summerdale Homes lost the RN that was able to visit the facility and administer 1-2 Step TB tests. Administrator finally got a referral and will seek help from a mobile tech who administers Quantiferon Gold TB test. Residents had their Quantiferon Gold taken in the month of July. Resident #3 was evicted from the facility. Administrator signed a contract with Your Main Lab to do the annual Quantiferon TB test for all the residents and staff so our TB tests will be on time and only done once a year.	07/31/2024

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	#1 and #4). Findings include: Resident #1 Resident #1 was admitted to the facility on 11/25/2022 with diagnoses including Parkinson's disease, dementia, and heart failure with normal ejection fraction disorder. Resident #1's clinical record documented a two-step TB test. The first step was administered on 01/06/2023 with a negative read date 01/09/2023. The second step was administered on 01/31/2023 with a negative read date 02/15/2023. Resident #1's clinical record lacked documentation of a TB test administered in 2024. On 04/16/2024 at 11:05 AM, the Caregiver acknowledged the findings and confirmed the requirements for TB testing. Resident #4 Resident #4 was admitted to the facility on 03/11/2022 with diagnosis including vascular dementia and cerebral atherosclerosis disorder. Resident #4's clinical record documented a two-step TB. The first step was administered on 02/10/2023 with a negative read date 02/13/2023. The second step was administered on 02/17/2023 with a negative read date 02/19/2023. Resident #4's clinical record lacked documentation of a TB test administered in 2024. On 04/16/2024 at 11:41 AM, the Caregiver acknowledged the findings and confirmed the requirements for TB testing. Severity: 2 Scope: 1						
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	0938	Y 0938 NAC 449.2749 (NRS 449.0302) Maintenance & Contents of Separate File Annual ADL or needs assessment has been updated for all the current residents. Administrator and caregiver will collaborate efforts to maintain the annual ADL assessment for each resident by using their smart phones to set reminders so each file will be updated on a timely basis.		06/25/2024		

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	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 interview and document review, the facility failed to ensure an annual Activities of Daily Living (ADL) Assessment was completed for 3 of 7 sampled residents (Resident #1, #4, and #7). Findings include: Resident #1 Resident #1 was admitted to the facility on 11/25/2022, with diagnoses including Parkinson's disease, dementia, and heart failure with normal ejection fraction disorder. Resident #1's clinical record lacked an annual ADL Assessment for 2023. Resident #4 Resident #4 was admitted to the facility on 03/11/2022, with diagnoses including vascular dementia and cerebral atherosclerosis disorder. Resident #4's clinical record lacked an annual ADL Assessment for 2023. Resident #7 Resident #7 was admitted to the facility on 03/25/2020, with diagnoses including dementia disorder, osteoarthritis of multiple joints disorder, anemia, and hypertension. Resident #7's clinical record lacked an annual ADL Assessment for 2023. On 04/16/2024 at 11:40 AM, the Caregiver acknowledged the findings and verbalized an annual ADL assessment had not been completed for Resident #1, #4, and #7 for 2023. Severity: 2 Scope: 2						
0960 SS= E	Alzheimer's Care Application for Endorsement - NAC 449.2754 and R043-22 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 another form of dementia who	0960	Y 0960 NAC 449.2754 (NRS 449.0302) R043-22 Alzheimer's Care Application for Endorsement The administrator will be including the Alzheimer's endorsement at the same time the HCQC license is being renewed no later		07/26/2024		

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	meets the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 must obtain an endorsement on its license as a residential facility which provides care to persons with Alzheimer ' s disease or other forms of dementia. A residential facility which offers or provides care for a resident with Alzheimer ' s disease or another form of dementia who does not meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 may obtain such an endorsement. 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. Reference - 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. 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. Inspector Comments: Based on clinical record review and interview, the facility failed to obtain an endorsement for Alzheimer's (ALZ)/dementia and admitted and retained 3 of 7 residents with an ALZ/dementia diagnosis (Resident #1, #4,		than November 14, 2024. Standard placement determination for resident #4 and resident #7 are in their files. To ensure proper documentation, the administrator has included the standard placement determination in with the admission agreement packet. Resident #1 is alert, oriented, no cognitive issues, goes out monthly to do banking transaction, appear on court, and is nearly independent from caregiver assistance.	

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	and #7). Findings include: Resident #1 Resident #1 was admitted to the facility on 11/25/2022, with diagnosis including Parkinson's disease and dementia. Resident #1's clinical file contained a history and physical dated 01/09/2023 which documented Resident #1 had a diagnosis of dementia. Resident #4 Resident #4 was admitted to the facility on 03/11/2022, with diagnosis including vascular dementia. Resident #4's clinical file contained a history and physical dated 01/09/2023 which documented Resident #4 had a diagnosis of dementia. Resident #7 Resident #7 was admitted to the facility on 03/25/2020, with diagnosis including dementia disorder. Resident #7's clinical file contained a history and physical dated 01/09/2023 which documented Resident #7 had a diagnosis of dementia. On 04/16/2024 at 12:13 PM, the Caregiver acknowledged the findings and verbalized facility did not obtain an Alzheimer's endorsement to care for Resident #1, #4, and #7 with Alzheimer's/dementia. Severity: 2 Scope: 2						

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1045 SS= C	Placard - Display - NAC 449.27704 Placard: Issuance and display; failure to comply. (NRS 449.0302) 2. The administrator shall, within 24 hours after receipt of the placard, display or cause the placard to be displayed conspicuously in a public area of the residential facility. Inspector Comments: Based on observation and interview, the facility failed to display the D letter grade from the annual State Licensure survey. Findings include: On 04/16/2024 at 9:49 AM, the A letter grade from the 07/09/2020 State Licensure survey was posted. The facility received a D letter grade from the 07/15/2022 State Licensure survey, however, this grade was not posted conspicuously in a public area of the residential facility. The D letter grade was uploaded to the online licensing system on 09/06/2022 from the 07/15/2022 State Licensure survey. On 04/16/2024 at 9:49 AM, the caregiver confirmed the most recent letter grade was not posted. Severity: 1 Scope: 3	1045	Y 1045 NAC 449.27704 Placard - Display Letter grade of a "D" has posted on the wall. Administrator has filed for a resurvey on July 10, 2024.	07/01/2024
1540 SS= D	Cultural Competency Training - Cultural Competency Training R016-20 Sec. 14 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	1540	1540 R 016-20 Sec. 14.1 (NRS 449.103) Cultural Competency Training Administrator has completed an approved National Association of Long Term Care Administrator Boards course on cultural competency (2.25 CEU's) and passed the exam. Staff along with the administrator will put this annual requirement in their smart phones to ensure that the entire staff stays current with annual course requirement for cultural competency.	06/27/2024

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	449.103. R016-20 Sec. 14 2. The facility shall provide the training required by subsection 1 through a course or program that is approved by the Director of the Department or his or her designee pursuant to section 17 of this regulation and is assigned a course number by the Division pursuant to section 18 of this regulation. R016-20 Sec. 14 3. The facility shall keep documentation in the personnel file of any agent or employee of the facility of the completion of the cultural competency training required pursuant to subsection 1. R016-20 Sec. 15 1. Within 90 days after a facility is licensed to operate, the facility must submit to the Department on a form prescribed by the Department the course or program which the facility will use to provide cultural competency training. The facility may: (a) Develop or operate the course or program; or (b) Contract with a third party to develop and operate the course or program. R016-20 Sec. 15 2. The course or program submitted by the facility pursuant to subsection 1 must address patients or residents who have different cultural backgrounds from that of the agent or employee of the facility, 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. R016-20 Sec. 15 3. When a facility submits a course or program pursuant to subsection 1, the facility must also provide to the Department the following information for the instructor of the course or program: (a) The application of the instructor who will teach the course or program; (b) Three letters of recommendation for the instructor, including, without limitation, at least one letter of recommendation in which the recommender has knowledge of the methods the instructor uses in teaching a cultural competency course or program; and (c) The resume of the instructor of the course or program that includes, without limitation, the education, training and						

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	experience the instructor has in providing cultural competency training. R016-20 Sec. 15 4. Except as otherwise provided in subsection 5, when a facility submits a course or program pursuant to subsection 1, the facility must also provide to the Department: (a) The syllabus of the course or program; (b) The following information: (1) The name of the facility; (2) The address of the facility; (3) The electronic mail address of the facility; (4) The license number of the facility; and (5) The name and contact information of a person who represents the facility and who can discuss the course or program submitted by the facility pursuant to subsection 1; (c) If the facility contracts with a third party who develops and operates the course or program, the following information: (1) The name of the third party; (2) The address of the third party; (3) The electronic mail address of the third party; and (4) The name and contact information of a person who represents the third party and who can discuss the course or program submitted by the facility pursuant to subsection 1; (d) Evidence that the subjects covered by the course or program include, without limitation, the course materials required by section 16 of this regulation; (e) A sample sign-in sheet for the course or program that contains: (1) The dates of the course or program; and (2) A place for a participant of the course or program to print and sign his or her name; (f) A sample evaluation form that a participant of the course or program may complete at the end of the course or program which evaluates: (1) The content of the course or program; (2) The instructor of the course or program; and (3) The manner in which the course or program is presented to the participant; and (g) A sample document that a participant of the course or program may complete at the end of the course or program in which the participant can perform a self-evaluation. R016-20 Sec. 15 5. A facility may submit a course or program pursuant to subsection 1 without						

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	submitting the information required in subsection 4 if the course or program: (a) Is provided by: (1) A nationally recognized organization, as determined by the Director of the Department; (2) A federal, state or local government agency; or (3) A university or college that is accredited in the District of Columbia or any state or territory of the United States; and (b) Provides proof of completion upon the participant of the course or program completing the course or program that the Director or his or her designee determines to be satisfactory. R016-20 Sec. 15 6. When a facility submits pursuant to subsection 1 a course or program that is described in subsection 5, the facility must also provide to the Department: (a) The name of the course or program; (b) The name of the organization, agency, university or college providing the course or program; (c) If the course or program is provided online, the URL of the course or program; (d) If the course or program is provided through a training system, access to the training system; (e) If the course or program is not provided online or through a training system, the syllabus of the course or program; (f) The following information: (1) The name of the facility; (2) The address of the facility; (3) The electronic mail address of the facility; (4) The license number of the facility; and (5) The name and contact information of a person who represents the facility and who can discuss the course or program submitted by the facility pursuant to subsection 1; and (g) Any other information the Department requests to assist the Director or his or her designee in determining whether or not to approve the course or program pursuant to section 17 of this regulation. 7. As used in this section, "URL" means the Uniform Resource Locator associated with an Internet website. R016-20 Sec. 16 1. A course or program subject to the requirements of subsection 4 of section 15 of this regulation must include, without limitation, the following course						

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NAME OF PROVIDER OR SUPPLIER A SUMMERDALE HOMES AT RIATA, LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 14315 RIATA CIRCLE, RENO, NEVADA ,89521			
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	materials: (a) An overview of cultural competency; (b) An overview of implicit bias and indirect discrimination; (c) The common assumptions and myths concerning stereotypes and examples of such assumptions and myths; (d) An overview of social determinants of health; (e) An overview of best practices when interacting with persons who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103; (f) An overview of gender, race and ethnicity; (g) An overview of religion; (h) An overview of sexual orientation and gender identities or expressions; (i) An overview of mental and physical disabilities; (j) Examples of barriers to providing care; (k) Examples of language and behaviors that are discriminatory; and (l) Examples of a welcoming and safe environment. R016-20 Sec. 16 2. The course materials included in a course or program, including, without limitation, the course materials required by subsection 1, must include, without limitation: (a) Evidence-based, peer-reviewed sources; (b) Source materials that are used in universities or colleges that are accredited in the District of Columbia or any state or territory of the United States; (c) Source materials that are from nationally recognized organizations, as determined by the Director of the Department; (d) Source materials that are published or used by federal, state or local government agencies; or (e) Other source materials that are deemed appropriate by the Department. R016-20 Sec. 17 4. The facility shall submit the additional information that the facility needs to submit pursuant to paragraph (b) of subsection 3 within 45 days after being notified that the course or program is not approved pursuant to paragraph (a) of subsection 3. Upon receiving the additional information, the Director or his or her designee may approve the course or program. If the additional information is not received or fails to include all of the information that the Director or his or her						

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	designee informed the facility that it needed to submit, the Director or his or her designee shall not approve the course or program. Inspector Comments: Based on record review and interview, the facility failed to ensure an employee completed a cultural competency course approved by the Division of Public and Behavioral Health for 2 of 2 employees (Employee #1 and #2). Findings include: Employee #1 Employee #1 was hired as a caregiver on 01/18/2015. Employee #1's personnel file lacked documented evidence of cultural competency training. Employee #2 Employee #2 was hired as the Administrator on 01/01/2005. Employee #2's personnel file lacked documented evidence of cultural competency training. On 04/16/2024 at 10:35 AM, the Caregiver acknowledged the findings and confirmed Employees #1 and #2 had not received the required cultural competency training. Severity: 2 Scope: 1						
1700 SS= E	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 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	1700	Y 1700 NRS 449.1845 Annual Assessment History of each resident Administrator has included standard physician assessment form and the standard physician placement form along with the admission agreement so that they are completed prior to admission. To ensure complete registration procedure are met, Administrator will require hospitals and rehab centers to have required forms faxed to the facility before an admission is permitted along with the hard copy that the administrator will pick up from the discharging facility to ensure that proper documents are in place prior to admission of new residents. Resident #4 and resident #7 have on file have their standard placement determination on file. Resident #1 has no cognitive issues. Resident #1 handles his own finances, outings, banking,		08/09/2024		

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	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 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 3 of 7 residents (Resident #1, #4, and #7). Findings include: Resident #1 Resident #1 was admitted to the facility on 11/25/2022, with diagnosis including Parkinson's disease and dementia. Resident #1's clinical record lacked documented evidence of a Standard Physician Assessment. On 04/16/2024 at 10:55 AM, the Caregiver confirmed		court appearances, and is nearly independent.				

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	Resident #1 did not have a Standard Physician Assessment. Resident #4 Resident #4 was admitted to the facility on 03/11/2022, with diagnosis including vascular dementia. Resident #4's clinical record lacked documented evidence of a Standard Physician Assessment. On 04/16/2024 at 11:38 AM, the Caregiver confirmed Resident #4 did not have a Standard Physician Assessment. Resident #7 Resident #7 was admitted to the facility on 03/25/2020, with diagnosis including dementia disorder. Resident #7's clinical record lacked documented evidence of a Standard Physician Assessment. On 04/16/2024 at 12:18 PM, the Caregiver confirmed Resident #7 did not have a Standard Physician Assessment. Severity: 2 Scope: 2						

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1825 SS= F	I C Program Responsible Person and Designee - IC Program Responsible Person and Designee LCB File No. R048-22 Sec. 5 3. The program to prevent and control infections within the facility for the dependent developed pursuant to paragraph (a) of subsection 1 must provide for the designation of: (a) A primary person who is responsible for infection control; and (b) A secondary person who is responsible for infection control when the primary person is absent to ensure that someone is responsible for infection control at all times. Inspector Comments: Based on interview and record review, the facility failed to ensure a primary and secondary person responsible for the facility's infection control program were identified with the potential to affect 7 of 7 residents. Findings include: On 04/16/2024 at 10:44 AM, the facility lacked documented evidence to identify a secondary person responsible for the facility's infection control program. On 04/16/2024 at 10:50 AM, the Caregiver verbalized the facility had not designated a primary and secondary person responsible for the facility's infection control program. Severity: 2 Scope: 3	1825	Y 1825 LCB File No. R048-22 Sec. 5 3 Facility has an existing 50 pages of infection control program revised on October 1, 2020. Current and past staff members have printed names on the policy but lacked documentation for the yearly training. Administrator and staff will work together in getting review with proper documentation for the designated persons using their smart phones to aid in getting the annual attestation on a timely basis.			06/27/2024	

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1830 SS= F	Infection Control Required Training - Infection Control Required Training LCB File No. R048-22 Sec. 5 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training. Inspector Comments: Based on personnel file review and interview, a primary infection control staff lacked the required infection control training. Findings include: Employee personnel files lacked the required infection control and prevention training required for an infection control staff. On 04/16/2024 at 10:50 AM, the Caregiver confirmed the facility had not designated a primary and secondary person responsible for the facility's infection control program and the required infection control training was not completed. Severity: 2 Scope: 3	1830	Y 1830 Infection Control Required Training LCB File No. R048-22 Sec. 5 4 Administrator will resume and complete the 15 hours of training concerning the control and prevention of infections by this coming weekend. Primary and secondary person responsible for the facility's infection control program are in place. Yearly attestation for having reviewed and completed the annual infection control program is now established. Administrator and staff will use their smart phone device to remind them of the yearly renewal a month in advance.		06/30/2024		