

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 11/06/2024
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 mandatory regrading survey and complaint investigation initiated at your facility on 11/06/2024. This State Licensure survey was conducted by the Division of Public and Behavioral Health in accordance with NAC 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 eight. Six resident files were reviewed and three employee files were reviewed. Three 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 #NV00072719 with an allegation a resident was not given a medication for several days was substantiated (see Tag Y0878). Complaint #NV00072113 with the following allegations could not be substantiated for neglect due to lack of evidence: Allegation #1: A resident was physically attacked by another resident. Allegation #2: The facility was not transporting resident to a pharmacy. Allegation #3: The facility was not assisting a resident with Activities of Daily Living. Complaint #NV00071813 with the following allegations could not be substantiated for neglect due to lack of evidence: Allegation			

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

Date: 05/13/2025

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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	#1: A resident verbally abused another resident. Allegation #2: A resident physically abused another resident. The investigation in to the allegations included: Observations of staff interacting with residents, and residents interacting with residents. Interviews with residents, caregivers and the Owner. Clinical record review of admission agreements. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiency/ies was/were identified:						
1700 SS= F	Annual Assessment of History of Each Resident - NRS 449.1845 Administrator of residential facility for groups to conduct annual assessment of history of each resident and cause provider of health care to conduct certain examinations and assessments; placement based on assessment. 1. The administrator of a residential facility for groups shall: (a) Annually cause a qualified provider of health care to conduct a physical examination of each resident of the facility; (b) Annually conduct an assessment of the history of each resident of the facility, which must include, without limitation, an assessment of the condition and daily activities of the resident during the immediately preceding year; and (c) Cause a qualified provider of health care to conduct an assessment of the condition and needs of a resident of the facility to determine whether the resident meets the criteria prescribed in paragraph (a) of subsection 2: (1) Upon admission of the resident to the facility; and (2) If a physical examination, assessment of the history of the resident or the observations of the administrator or staff of the facility, the family of the resident or another person who has a relationship with the resident indicate that: (l) The resident may meet those	1700	1700 Annual Assessment of History of each resident NRS 449.1845 To prevent the discharge of resident/s to the facility without the physician standard placement forms filled out, the administrator will require these documents to be faxed separately several days prior to discharge to ensure the documents required are completed prior to admission. Administrator will personally go to the hospital to obtain the missing signatures for the physician determination and physician standard assessment form for one of the client. The hiring of an organizational development manager will prevent these deficiencies from occurring again.		05/13/2025		

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	criteria; or (II) The condition of the resident has significantly changed. 2. If, as a result of an assessment conducted pursuant to paragraph (c) of subsection 1, the provider of health care determines that the resident: (a) Suffers from dementia to an extent that the resident may be a danger to himself or herself or others if the resident is not placed in a secure unit or a facility that assigns not less than one staff member for every six residents, any residential facility for groups in which the resident is placed must meet the requirements prescribed by the Board pursuant to subsection 2 of NRS 449.0302 for the licensing and operation of residential facilities for groups which provide care to persons with Alzheimer's disease or other severe dementia. (b) Does not suffer from dementia as described in paragraph (a), the resident may be placed in any residential facility for groups. 3. As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031. (Added to NRS by 2019, 2594) Inspector Comments: Based on record review and interview, the facility failed to ensure a physician placement determination was completed upon admission to the facility for 1 of 6 sampled residents (Resident #3) and was completed annually for a resident with a diagnosis of dementia for 3 of 6 sampled residents (Resident #2, #4, and #6). Findings include: Resident #2 Resident #2 was admitted to the facility on 03/25/2020, with a diagnosis of dementia disorder. Resident #2's clinical record lacked documented evidence of a Standard Physician Assessment. On 11/06/2024 at 9:55 AM, the Administrator confirmed Resident #2 did not have a Standard Physician Assessment. Resident #3 Resident #3 was admitted to the facility on 07/31/2024, with diagnoses including type II diabetes mellitus, hypersensitivity lung disease, and osteoarthritis. Resident #3's clinical record lacked documented evidence of a Standard Physician						

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	Assessment upon admission. On 11/06/2024 at 10:11 AM, the Administrator confirmed Resident #3 did not have a Standard Physician Assessment prior to admission to the facility. 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 documented evidence of a Standard Physician Assessment. On 11/06/2024 at 10:24 AM, the Administrator confirmed Resident #4 did not have a Standard Physician Assessment. Resident #6 Resident #6 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 #6's clinical record lacked documented evidence of a Standard Physician Assessment. On 11/06/2024 at 11:41 AM, the Administrator confirmed Resident #6 did not have a Standard Physician Assessment. This was a repeat deficiency from the 04/16/2024 annual State Licensure survey. Severity: 2 Scope: 3			
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.	1825	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 93GU11.	06/27/2024
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	1830	1830 Infection Control Required Training LCB File No. R048-22 Sec 5 4 Administrator along with the caregiver have completed the 15 plus hours of training concerning the control and prevention of infections provided by the Center for Disease Control. Administrator has hired	08/25/2024

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	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, document review, and interview, the facility failed to ensure the secondary infection control staff completed the required 15 hours of initial infection control training (Employee #2). This deficient practice had the potential to affect 8 of 8 residents. Findings include: Employee #2 Employee #2 was hired at the facility on 01/18/2015, as a caregiver and secondary infection control staff. Employee #2's personnel record lacked documented evidence of the 15 hours of completed infection control and prevention training. On 11/06/2024 at 12:04 PM, the Administrator verbalized Employee #2 was the designated secondary infection control person but did not complete the required 15 hours of infection control and prevention training. This was a repeat deficiency from the 04/16/2024 annual State Licensure survey. Severity: 2 Scope: 3		an organizational development manager to ensure these annual requirements are met on a timely basis.				

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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.	0050	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 93GU11.		07/05/202 4		
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.	0053	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 93GU11.		07/05/202 4		
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	0072	0072. Qualifications of Caregiver Medication Training Caregiver #2 completed the 16 hours of medication administration training. Administrator has hired an organizational development manager to ensure medication administration training are done on a yearly basis before the due date. Furthermore; administrator is in the process of obtaining the necessary requirements to teach the medication administration class to the caregivers to ensure that this deficiency will be avoided in the near future. The additional help will ensure that the deficiencies in medication administration will be renewed on a timely basis.		03/26/202 5		

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	medication approved by the Bureau. Inspector Comments: Based on record review, document review and interview, the facility failed to ensure 1 of 3 employees completed the required eight hours of annual medication management training on a timely basis (Employee #2). Findings include: Employee # 2 Employee #2 was hired as a Caregiver on 01/18/2015. Employee #2's file documented an eight-hour annual Medication Management training with an expiration date of 02/22/2024. On 11/06/2024 at 11:50 AM, the Administrator confirmed the medication management training for Employee #2 had expired on 02/22/2024 and was unable to provide the documented evidence of a current medication management training available for review during the onsite survey. Severity: 2 Scope: 1						
0074 SS= E	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	0074	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 93GU11.		08/31/2024		

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	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 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						

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	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 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.						
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;	0102	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 93GU11.		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.	0174	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 93GU11.		06/25/202 4		
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.	0178	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 93GU11.		05/23/202 4		

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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 personnel file review and interview, the facility failed to ensure 1 of 3 sampled employees received Cardiopulmonary Resuscitation (CPR) and first aid training equivalent to the American Red Cross CPR and first aid training within 30 days of hire. (Employee #3). Findings include: Employee # 3 Employee #3 was hired as a Caregiver on 05/24/2024. Employee #3's personnel file documented evidence of CPR and first aid training on 07/23/2023. The Administrator did not provide documented evidence the CPR and first aid training was equivalent to the American Red Cross CPR and first aid training. Employee #3's CPR and first aid training only provided online education and lacked a skills competency component. On 11/06/2024 at 12:11 PM, the Administrator verbalized Employee #3's CPR and first aid training course was not the equivalent of the American Red Cross CPR and first aid training. Severity: 2 Scope: 1	0450	0450. First Aid & CPR NAC 449.231 First Aid and Cardiopulmonary Resuscitation (NRS 449.0302) Administrator has notified the employees to avoid online classes providing training on CPR/First Aid. One caregiver has completed the Red Cross training and the other one has resigned from the job on December 29, 2024. Administrator has hired an organizational development manager to ensure that all CPR online training thru the Red Cross program and in person testing will occur on a timely basis without going past the expiration date.		02/07/2025		
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)	0520	0520. Supervision and Training of Residents NAC 449.259, R043-22, and NRS 449.0302 Administrator has completed the written program of activities for the residents including scheduled and unscheduled activities that are suited for his/hers interests and capacities. Administrator along with the staff and the new hire of an activities coordinator will ensure that this		11/30/2024		

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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			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE		
	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 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 6 of 6 residents reviewed for service plans (Resident #1, #2, #3, #4, #5, and #6). 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 05/02/2024, with diagnosis including dementia, hypertension, anxiety disorder, pneumonia acute dehydration, and type II diabetes mellitus, muscle weakness. - Resident #2 was admitted to the facility on 03/25/2020, with diagnosis including		annual document will be assessed on a timely basis.				

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	dementia disorder, osteoarthritis of multiple joints disorder, anemia, mood disorder, and hypertension. - Resident #3 was admitted to the facility on 07/31/2024, with diagnoses including type II diabetes mellitus, hypersensitivity lung disease, and osteoarthritis. - 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 07/02/2024, with diagnoses including neuropathy, hypertension, hyperlipidemia, hypothyroidism, and type II diabetes mellitus. - Resident #6 was admitted to the facility on 11/25/2022, with diagnosis including Parkinson's disease, dementia, and heart failure with normal ejection fraction disorder. On 11/06/2024 at 9:55 AM, the Administrator confirmed the facility had not created person-centered service plans for the residents currently residing in the facility affecting 6 of 6 residents. This was a repeat deficiency from the 04/16/2024 annual State Licensure survey. 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	0870	0870 Medication Administration Accuracy and Report NAC 449.2742 Pharmacy review for one of the resident isn't applicable as no medication was ever prescribed to the resident since discharge from a skilled nursing facility to the residential facility for groups. The pharmacy review for the other resident has been updated. Administrator has hired an event coordinator to ensure that all documentation for pharmacy reviews are done on a timely basis twice a year.	01/08/2025

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	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 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 6 residents residing in the facility for longer than six months (Resident #1 and #4). Findings include: Resident #1 Resident #1 was admitted to the facility on 05/02/2024, with diagnosis including dementia, hypertension, anxiety disorder, pneumonia acute dehydration, and type II diabetes mellitus, muscle weakness. Resident #1's record lacked documented evidence of a six-month pharmacy review. On 11/06/2024 at 9:59 AM, the Administrator 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 11/06/2024 at 10:36 AM, the Administrator acknowledged the missing medication profile reviews. Severity: 2 Scope: 1						
0871 SS= F	Medication Administration - Plan - NAC 449.2742 and R043-22 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,	0871	0871 Medication Administration Plan NAC 449.2742 R043-22 Administration of medication Administrator found the 2020 facility medication policy and revised it for 2024. Administrator has updated the written policy for management of medications to ensure caregivers who administer medications are properly oriented and trained to notify primary physician when medication issues arise especially for meds that are out or cannot be filled due to medication already filled but not available in the facility. The binder will be kept at an		01/23/2025		

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	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 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, physician assistant or advanced practice registered nurse or other physician, physician assistant or advanced practice registered nurse 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 observation and interview, the facility's Administrator failed to implement and maintain a plan for the management of medications and ensure		accessible location along with the binder for the previous MAR to prevent this document from being misplaced and forgotten. The responsibility of the medication policy upkeep for Summerdale Homes is being passed on to the organizational development manager who will ensure the policies in place stay current with the state NAC and NRS regulations and prevent repeat deficiencies.				

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	caregivers who administered medications in the facility were oriented and trained on the facility's plan for managing medications. Findings include: On 11/06/2024, the facility lacked a Medication Plan for the facility. On 11/06/2024 at 10:30 AM, the Administrator could not produce a written facility policy and verbalized the facility did not have a Medication Plan with the potential to affect 6 of 6 residents currently residing in the facility. Severity: 2 Scope: 3						
0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician , physician assistant or advanced practice registered nurse has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician, physician assistant or advanced practice registered nurse. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician, physician assistant or advanced practice registered nurse. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician, physician assistant or advanced practice registered nurse must be administered as prescribed by the physician, physician assistant or advanced practice registered nurse. If a physician, physician assistant or advanced practice registered nurse orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change	0878	0878 Medication/OTCS, Supplements, Change Order NAC 449.2742 & R043-22 Administrator will ensure that only family members or guardian with high level of accountability will be allowed to manage medication pick up for their loved ones. In the event that medications are picked up from the pharmacy and intentionally withheld from the facility for whatever reasons, the administrator will not rely solely on the pharmacy to resolve the issue but inform the primary physician for the resident to come up with a solution to obtain a few days supply of medications until the rest of the medications are delivered to the facility. Furthermore, the administrator will get the elder protective services involved in the matter a week before medication supply runs out and report it as neglect of care.		11/06/2024		

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	has occurred; and (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician, physician assistant or advanced practice registered nurse must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, physician assistant or advanced practice registered nurse, a physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. Inspector Comments: Based on record review, document review, and interview, the facility failed to ensure 1) a resident's medication was administered as ordered by the physician for 1 of 8 residents reviewed for medication administration (Resident #7), and 2) medications were available for 1 of 8 residents reviewed for medication administration (Resident #7). Findings include: An Inter-Agency Complaint Referral dated 09/11/2024, documented the facility reported an allegation of a medication not being administered due to a family member picking up the medication from the pharmacy in September 2024. Resident #7 Resident #7 was admitted to the facility on 01/09/2024, with a diagnosis of seizure disorder. Resident #7 was transferred to a hospital on 09/07/2024 and did not return to the facility. On 11/06/2024, review of Resident #7's September 2024 Medication Administration Record (MAR), documented Resident #7 did not receive the following medication on 09/05/2024 and 09/06/2024 as indicated with the circled initials of the Medication Technician. - Levetiracetam tablet 500 milligrams (mg), take one tablet						

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	by mouth twice a day. On 11/06/2024 at 11:06 AM, the Administrator verbalized a circled Medication Technician's initials on the MAR indicated the resident had not received the medication. The Administrator confirmed Resident #7 did not receive the AM nor bedtime dose of the resident's Levetiracetam medication for seizures. On 11/06/2024 at 11:06 AM, the Administrator confirmed the facility lacked documented evidence the facility had informed Resident #7's physician of the missed Levetiracetam doses on 09/05/2024 and 09/06/2024. On 11/06/2024 at 11:36 AM, the Administrator verbalized when the Administrator went to the pharmacy on 08/26/2024 to pick up Resident #7's medication, the pharmacy informed the Administrator the resident's family member had already picked up the medication. The Administrator verbalized the facility made several contacts with the resident's family member to deliver the medication to the facility. The family member never delivered the medication prior to the resident's admission to the hospital on 09/07/2024. The Administrator verbalized the facility did not contact Resident #7's physician to let the physician know the medication had not been delivered to the facility and the resident was not given the prescribed doses on 09/05/2024 and 09/06/2024. Complaint #NV00072179 Severity: 2 Scope:1						
0883 SS= D	Medication - Resident Refusal - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 7. If a resident refuses, or otherwise misses, an administration of medication, a physician, physician assistant or advanced practice registered nurse must be notified within 12 hours after the dose is refused or missed. Inspector Comments: Based on observation, interview, and record review, the facility failed to ensure the physician was notified of missed medications for 1 or	0883	0883 Medication/OTCS, Supplements, Change Order NAC 449.2742 & R043-22 Administrator will ensure that only family members or guardian with high level of accountability will be allowed to manage medication pick up for their loved ones. In the event that medications are picked up from the pharmacy and intentionally withheld from the facility for whatever reasons, the administrator will not rely solely on		11/06/2024		

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	8 residents reviewed for medications (Resident #7). Findings include: An Inter-Agency Complaint Referral dated 09/11/2024, documented the facility reported an allegation of a medication not being administered due to a family member picking up the medication from the pharmacy in September 2024. Resident #7 Resident #7 was admitted to the facility on 01/09/2024, with a diagnosis of seizure disorder. Resident #7 was transferred to a hospital on 09/07/2024 and did not return to the facility. On 11/06/2024, review of Resident #7's September 2024 Medication Administration Record (MAR), documented Resident #7 did not receive the following medication on 09/05/2024 and 09/06/2024 as indicated with the circled initials of the Medication Technician. - Levetiracetam tablet 500 milligrams (mg), take one tablet by mouth twice a day. On 11/06/2024 at 11:06 AM, the Administrator verbalized a circled Medication Technician's initials on the MAR indicated the resident had not received the medication. The Administrator confirmed Resident #7 did not receive the AM nor bedtime dose of the resident's Levetiracetam medication for seizures. On 11/06/2024 at 11:06 AM, the Administrator confirmed the facility lacked documented evidence the facility had informed Resident #7's physician of the missed Levetiracetam doses on 09/05/2024 and 09/06/2024. Complaint #NV00072179 Severity: 2 Scope: 3		the pharmacy to resolve the issue including the insurance issues but inform the primary physician for the resident to come up with a solution to obtain a few days supply of medications until the rest of the medications are delivered to the facility with the possibility of obtaining medication supplies from another pharmacy not associated with the other one.				

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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.	0936	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 93GU11.	07/31/2024
0938 SS= E	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (g) An evaluation of the resident 's ability to perform the activities of daily living and a brief description of any assistance he or she needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his or her ability to perform the activities of daily living; and (3) In any event, not less than once each year. Inspector Comments: Based on observation, record review, and interview, the facility failed to ensure an initial	0938	0938 Maintenance and Contents of Separate File NAC 449.2749 NRS 449.0302 Administrator has updated the resident files. Administrator has hired an organizational development manager to ensure all proper documentation of resident files are completed and done in a timely manner every year using an application tool for small businesses.	01/21/2025

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	assessment of activities of daily living (ADL) had been completed upon admission of 2 of 6 residents (Resident #1 and #3). Findings include: Resident #1 Resident #1 was admitted to the facility on 05/02/2024, with diagnoses including dementia, hypertension, anxiety disorder, pneumonia acute dehydration, and type II diabetes mellitus, muscle weakness. Resident #1's medical record documented an initial ADL assessment, dated 08/02/2024, three days after the resident moved into the facility. On 11/06/2024 at 10:52 AM, the Administrator acknowledged the findings and confirmed the initial ADL assessment for Resident #1 was completed late. Resident #3 Resident #3 was admitted to the facility on 07/31/2024, with diagnoses including type II diabetes mellitus, hypersensitivity lung disease, and osteoarthritis. Resident #3's medical record documented an initial ADL assessment, dated 01/02/2024, five months prior the resident moved into the facility. On 11/06/2024 at 10:28 AM, the Administrator acknowledged the findings and verbalized had not conducted the initial ADL assessment prior to or on Resident #3's move-in date. Severity: 2 Scope: 2						
0960 SS= F	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 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	0960	0960 Alzheimer's Care Application for Endorsement NAC 449.2754 and R043-22 Training for the administrator was completed. The administrator has started the application for Alzheimer's Disease and Mental Illness endorsements. The hiring of an organizational development manager helping the administrator will help prevent repeat deficiencies.		05/13/2025		

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	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 6 residents with an ALZ/dementia diagnosis (Resident #2, #4, and #6). Findings include: Resident #2 Resident #2 was admitted to the facility on 03/25/2020, with diagnosis of dementia disorder. Resident #2's clinical file contained a history and physical dated 07/21/2024 which documented Resident #2 had a diagnosis of dementia disorder. Resident #2's record lacked documented evidence of a Physician Placement Determination form. On 11/06/2024 at 9:55 AM, the Administrator confirmed the						

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 11/06/2024
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	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	missing placement determination form. Resident #4 Resident #4 was admitted to the facility on 03/11/2022, with diagnosis including vascular dementia disorder. Resident #4's clinical file contained a history and physical dated 07/21/2024 which documented Resident #4 had a diagnosis of dementia. Resident #4's record lacked documented evidence of a Physician Placement Determination form. On 11/06/2024 at 10:24 AM, the Administrator confirmed the missing placement determination form. Resident #6 Resident #6 was admitted to the facility on 11/25/2022, with diagnoses including Parkinson's disease and dementia. Resident #6's clinical file contained a history and physical dated 07/21/2024 which documented Resident #6 had diagnoses of dementia and Parkinson's disease. On 11/06/2024 at 11:14 AM, the Administrator confirmed the missing placement determination form. This was a repeat deficiency from the 04/16/2024 annual State Licensure survey. Severity: 2 Scope: 3			
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.	1045	Please refer to original Statement of Deficiency/Plan of Correction - Event ID 93GU11.	07/01/202 4
1540 SS= E	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	1540	1540 Cultural Competency Training R016- 20 Sec. 14 1 NRS 449.103 Administrator and caregiver #2 have completed their cultural competency training thru a state approved online class. Administrator has hired an organizational development manager who will ensure that these annual classes are completed on a timely basis before the expiration of the document.	01/31/202 5

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	patients or care for residents, as applicable; and (b) Better understand patients or residents who have different cultural backgrounds, including, without limitation, patients or residents who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103. 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						

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	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 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						

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	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 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						

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	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 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			

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	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 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 3 employees (Employee #2 and #3). Findings include: Employee #2 Employee #2 was hired as a caregiver on 01/18/2015. Employee #2's personnel file lacked documented evidence of cultural competency training. On 11/06/2024 at 12:00 PM, the Administrator confirmed Employees #2 had not received the required cultural competency training. Employee # 3 Employee #3 was hired as a Caregiver on 05/24/2024. Employee #3's personnel file lacked documented evidence of cultural competency training. On 11/06/2024 at 12:11 PM, the Administrator confirmed Employees #3 had not received the required cultural competency training. Severity: 2 Scope: 2						