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	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**04/21/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASCADES OF THE SIERRA	**275 NEIGHBORHOOD WAY, SPARKS, NEVADA ,89441**

(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
0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a complaint investigation conducted at your facility on 04/21/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The census at the time of the survey was 61. The sample size was five. The facility received a grade of A. There was one complaint investigated. Complaint# NV00063297 with the following allegations could not be substantiated: Allegation #1: the facility did not protect a resident from contracting COVID-19, was not substantiated based on documented evidence the facility was monitoring residents for signs and symptoms of COVID-19 daily, had staff training to include donning/doffing, use of PPE, infection prevention, hand hygiene, standard universal precautions, and face mask use, screening of visitors into the facility, and required social distancing and face covering use for residents. Allegation #2: the facility neglected to treat a resident's complaint of pain was not substantiated based on documented evidence the facility had monitored the resident's pain, had an order for and administered pain medication. Allegation #3: the facility neglected to treat a resident's low oxygen level resulting in a transfer to the hospital was not substantiated based on documented evidence the facility had monitored the resident's vitals to include blood oxygen levels every day on 02/01/21, 02/02/21, 02/03/21, and 02/04/21. On 02/04/21 the resident's blood oxygen level was measured and deemed to be low. The resident was transferred to the hospital that day. Allegation #4: a resident's family was not allowed a window visit with the resident was not substantiated based on the Associate Executive Director verbalizing the family had been allowed window visits with the resident of concern without making an	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: Title: Date:

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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	appointment to do so, and it was the facility's policy to not allow unannounced visitations during meal times. The investigation into the allegations included: Observations of residents in common areas; in library, at the front desk, in front of the fireplace, playing cards in the lounge, in mail room, and in hallways, wearing face coverings, and of staff in hallways and in front desk area wearing face coverings. Interviews were conducted with Executive Director and the Associate Executive Director. Reviewed five resident records, including the resident of concern, to include physician orders, physician communication forms, charting notes, Medication Administration Records, Pharmacy Medication Reviews, wellness notes, facility notification to residents, families, and staff, Staff Screening Logs, PPE staff training to include donning/doffing, use of PPE, infection prevention, hand hygiene, standard universal precautions, and face mask use, and the facility policies, "Illness Screening to Limit COVID-19 Community Outbreak," revised 10/12/20, "Procedures for Suspected COVID-19 in the Community," revised 03/09/20, "Transmission-Based Precautions: Strategies for Optimizing PPE During COVID-19 Pandemic," revised 08/26/20, "Employee Acknowledgement of COVID-19 Protective Measures in the Workplace," dated 09/08/20, "Pandemic Contingency Staffing Related to COVID-19," revised 07/29/20, "Community Based Testing for COVID-19," dated 09/08/20, and "Move-In Protocol", revised 07/02/20. 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. No regulatory deficiencies were identified. No further action is necessary. Please retain a copy of this Statement of Deficiencies for your records.			