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 _____	**10/21/2021**

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

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey and complaint investigation conducted in your facility on 10/21/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 150 beds; 120 Residential Facility for Group beds, assisted living services for elderly and disabled persons, and 30 Residential Facility for Group beds for persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 60. 15 resident records and 10 employee records were reviewed. The facility received a grade of B. The sample size was five. There was one complaint investigated. Complaint #NV00062852 with the following allegations could not be substantiated: Allegation #1: A resident rooms were dirty, and the trash cans were not emptied could not be substantiated because of interviews with staff and review of incident reports and policy. Allegation #2: A resident was not groomed adequately, and the laundry was not done could not be substantiated because of interviews with staff and review of incident reports. Allegation #3: The resident was left in soiled or wet clothing for extended periods could not be substantiated because of interviews with staff and review of incident reports. Allegation #4: Resident medications were not administered could not be substantiated because the resident medication was administered according to the physician orders and the medications were documented on the Medication Administration Record (MAR). The investigation into the allegations included: Observations of residents, and a brief tour of the facility. Interviews were conducted with Administrator and the Maintenance Director. Review of five resident files, including the residents of concern.	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | Name: MOLLY RATFIELD | Title: Associate Executive Director/Administrator | Date: 12/08/2021

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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	Document review included Ultimate User Agreement, Activities of Daily Living (ADL's), Incident Reports, Discharge paperwork, Admission Records, Hospice Records, Physician Plan of Care, History and Physicals, Standard Physician Assessments, Placement Determination forms, the facilities policy for cleaning resident suites and the policy apartment cleaning check list. 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 deficiencies were identified:			

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0178 SS= F	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 observations, document review, and interview, the facility failed to ensure the resident laundry room was free of dust and lint and the carpet in a resident's room in memory care was kept clean. Findings include: On 10/21/21 at 9:28 AM, during the facility tour, the resident 3rd floor laundry room had an accumulation of dust and lint behind the washers and dryers. On 10/21/21 at 9:32 AM, during a tour of the facility, the resident 2nd floor laundry room had an accumulation of dust and lint behind the washers and dryers. On 10/21/21 at 9:35 AM, the Nurse confirmed the findings in both resident laundry rooms. The Nurse verbalized the resident laundry rooms were cleaned daily. The facility policy titled, "General Housekeeping," revised May 2018, documented Clean Common Areas, follow daily schedule for cleaning common areas. On 10/21/21, during a tour of the memory care unit between 8:34 AM and 9:00 AM, the following was observed in the facility: -A large stain on the carpet in a residents room. On 10/21/21 at 8:54 AM, the Medical Technician confirmed stain and verbalized they had staff who could come in and clean the resident's carpet. The facility's policy titled, "General Housekeeping," documented report any of the following immediately to supervisor: Carpet stains that do not come out with light spot cleaning. Severity: 2 Scope: 3	0178	1. The carpet in the resident room was cleaned on day of survey. The lint in the laundry room was cleaned day of survey. 2. Plant ops director/ EVS supervisor will be responsible for ensure that work orders and general housekeeping items are addressed daily. 3. Community rounds are made by the Plant Ops Director/EVS supervisor with spot checks by the Executive Director/Associate Executive Director to ensure compliance. 4. Plant Ops director with oversight from the Executive Director and the Associate Executive Director. 5. Day of survey, October 21, 2021. 6. Pictures attached.	10/21/2021

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0255 SS= E	Permits-Comply with NAC 446 on Food Service - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 6. A residential facility with more than 10 residents shall: (a) Comply with the standards prescribed in chapter 446 of NAC; and (b) Obtain the necessary permits from the Division. Inspector Comments: Based on observation on 10/21/21, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Major Violations: a. The kitchen ice machine had biofilm and mold-like growth throughout the interior food contact surfaces of the equipment. b. The dishroom area had excessive food debris buildup under the dishmachine. c. The walk-in refrigerator food storage shelves were dirty with dust and food debris. d. Ceiling intake covers for the kitchen HVAC system were dirty. 2. Equipment and Maintenance Violations: a. The area under the dishmachine at the cove tile and wall juncture was damaged. The cove tiles and wall were not flushed, and a large gap was observed between the wall and flooring material. Severity: 2 Scope: 2	0255	1. The ice machine was cleaned 10/22/21 and again 12/1/21. The dish room was cleaned on 10/21/21 has been maintained with routine cleaning. The walk-in refrigerator had a deep clean on 12/1/21. The ceiling intake covers were removed, deep cleaned and painted 12/1/21. The area under the dish machine is scheduled for a contractor review. 2. A new Food and Dining Services Director was hired and started 11/15/21. 3. The new Food and Dining Services Director will be routinely monitoring the kitchen for cleanliness. 4. Food and Dining Services Director with oversight from the Executive Director and the Associate Executive Director. 5. Hopefully a bid will be received from a contractor by 2/1/21 with a plan forwarded to the Health Facilities Inspector for approval.	02/15/2022

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0644 SS= C	Posting Requirements - 1. A person who operates a residential facility for groups shall: (a)?Post his or her license to operate the residential facility for groups; (b)?Post the rates for services provided by the residential facility for groups; and (c)?Post contact information for the administrator and the designated representative of the owner or operator of the facility, in a conspicuous place in the residential facility for groups. Inspector Comments: Based on observation and interview, the facility failed to ensure the Administrator's license, Facility license, grade placard and service rates were posted in a conspicuous place. Findings include: On 10/2/21 at 9:35 AM, during the initial tour of the facility, the facility license, Administrator's license, facility rates and grade placard were observed at the entrance to the Assisted Living section of the facility behind the reception desk on a counter. On 10/21/21 at 9:35 AM, the Nurse confirmed the aforementioned items were on the counter behind the reception desk and verbalized the items were not visible to residents or the public. On 10/01/21 at 11:31 AM, the Administrator confirmed the aforementioned items were at the assisted Living section of the facility on the counter behind the reception desk, and verbalized the Assisted Living entrance was currently locked due to COVID-19 and the facility was using only the Independent Living entrance of the facility to enter the facility. The Administrator verbalized the postings were not visible to the residents and the public visiting the facility and should be moved. Severity: 1 Scope: 3	0644	1. The signage was removed from its 10 year home to its new location in the unlicensed portion of the building so that it is more conspicuous during our single point of entry change since COVID. 2. The signage was moved to a more conspicuous location. 3. The signage will be checked to ensure that it does not move. 4. Executive Director and Associate Executive Director. 5. 12/6/21. 6. Photo attached.	12/06/2021

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0936 SS= D	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on record review, interview and document review, the facility failed to ensure 1 of 15 sampled residents met the requirements concerning tuberculosis (TB) testing (Resident #11). Findings include: Resident #11 Resident #11 was admitted on 09/20/21 with diagnoses to include congestive heart failure, depression and hypertension. The resident's file contained a one-step TB test administered on 06/15/20 with a negative read date of 06/17/20. The resident's file contained a one-step TB test administered on 09/20/21 with a negative read date 09/22/21. On 10/21/21 at 11:13 AM, the Registered Nurse was not able to locate Resident #11's second step TB test and verbalized a second step should have been administered. The facility's policy revised 09/2011 titled, "Tuberculosis Screening," documented all residents and associates will have a tuberculosis (TB) screening in accordance with state regulation. Severity: 2 Scope: 1	0936	1. The resident was given a second TB test. 2. No resident will be allowed admission without the completion of 2 steps of a PPD or 1 Quantiferon. 3. A chart audit was completed to ensure that all files were current and up to date. Going forward no admissions will occur without complete documentation regardless of the state's allowance of 5 days to complete. 4. The Community Relations Associate will obtain move in documentation under the direction of the Associate Executive Director and the Wellness Director. 5. 10/29/21. 6. Completed TB test attached.	10/29/2021

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0999 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation, interview, and document review, the failed to ensure residents were safe from toxic substances for 14 of 14 residents residing in the memory care unit. Findings include: On 10/21/21, during a tour of the memory care unit between 8:34 AM and 9:00 AM, the following toxic substances were observed in the facility: -A container of aveeno daily moisturizing lotion located in an unlocked cabinet in a resident's bathroom. On 10/21/21 at 8:52 AM, the Medication Technician confirmed the lotion and verbalized the lotion should not have been in an unlocked cabinet. The Medication Technician verbalized the residents rooms in the memory care unit are not locked, and any of the residents could wander into another residents room. Severity: 2 Scope: 3	0999	1. The lotion was locked in the bathroom cabinet. 2. Routine rounds will be made by the care staff and the medication technician to ensure that the locked cabinets are re-locked after use and that all dangerous items are returned to the locked cabinets. 3. Rounds at random times to be completed by the Memory Care Director to ensure that the care staff and medication technicians are getting all dangerous items returned to locked cabinets and that the locked cabinets are being re-locked after use. 4. Care staff and medication technician with oversight from the Memory Care Director 5. 10/21/21	10/21/2021