Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5232	A. BUILDING _____ B. WING _____	05/01/2023

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 an annual State Re-licensure survey conducted in your facility on 05/01/23, 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 54. Nine resident records and nine employee records were reviewed. 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. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The following regulatory deficiencies were identified:	0000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: MOLLY RATFIELD Title: Administrator Date: 06/03/2023

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0106 SS= F	Personnel File - 1st Aid & CPR - NAC 449.200 Personnel files 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1: (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation;	0106	1. No additional citations were found on this visit. 2. Maintain routine audits of employee files to ensure compliance. Employees will be removed from the schedule if they are out of compliance with CPR/First Aid. 3. Ongoing routine audits with the business office manager and the Executive Director. 4. Business Office Manager under the direction of the Executive Director. 5. Not out of compliance on the day of the survey.	05/01/2023
0160 SS= C	Advertising - NAC 449.205 Advertising and promotional materials. (NRS 449.0302) Advertising and promotional materials for a residential facility must be accurate and not misrepresent accommodations, services or programs offered by the facility.	0160	1. Not found to be out of compliance on the day of the survey. 2. Previous statements found to be out of compliance had been removed from the website and written material. 3. Ongoing review of website. 4. Sales Director under the direction of the Executive Director. 5. Was not found to be out of compliance on the day of the survey.	05/01/2023

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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 5/1/23, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Critical Violations: a. The high temperature dishwashing machine was not sanitizing at the time of inspection. The final sanitizing rinse cycle was observed at 150 degrees F. 2. Major Violations: a. Cook's line equipment, grill and stove were heavily soiled with grease and food debris. Grease was accumulated on heating surfaces. b. Cook's line equipment was in disrepair or missing parts. The stove ovens were not working at time of inspection. Interview with kitchen staff revealed the equipment has been serviced however they were not allowed to use the ovens due to grease build-up on internal heating elements. The cook's line grill was missing a drain pan. c. The floors under the high temperature dishwashing machine were not maintained. Food debris and build up was observed. Daily maintenance to prevent water damage was not observed. Severity: 2 Scope: 2	0255	1. The High Temperature Dish Machine was repaired within 24 hours. During the downtime, the dishwashers utilized the 3-compartment sink to properly sanitize the dishes. The cooks line equipment has been ordered and will be replaced upon delivery-expected delivery is in June. A replacement pan was ordered for the grill however it did not fit, and one is being specially made to bring it into compliance. The floors under the dish machine have been cleaned daily. 2. Routine kitchen walk throughs with the executive director and kitchen management team. 3. Routine kitchen walk throughs with the executive director and kitchen management team 4. Kitchen Manager under the direction of the Executive Director. 5. Anticipate full repair/ replacement by July 1st.	07/01/2023
0620 SS= F	Written Policy on Admissions - NAC 449.2702 Written policy on admissions; eligibility for residency. (NRS 449.0302) 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast; (b) Requires restraint; (c) Requires confinement in locked quarters; or (d) Requires skilled nursing or other medical supervision on a 24-hour basis.	0620	1. Was not found to be out of compliance on the day of the survey. 2. A hospice waiver request has been submitted for all residents receiving hospice services. 3. A routine review of all residents to discuss changes in level of care to occur between Wellness Director and the Administrator. 4. The Wellness Director under the direction of the Administrator. 5. This was not found to be out of compliance on the day of the survey.	05/01/2023

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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.	0644	1. This was not found to be out of compliance on the day of the survey. 2. Posted rates were relocated from the sales meeting space off of the lobby into the lobby under the direction of the surveyors. 3. Posting requirements were added to our weekly manager on duty check list to ensure compliance. 4. The administrator and the Executive Director. 5. This was not found to be out of compliance on the day of the survey.	05/01/2023

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0690 SS= D	Residents Requiring Use of Oxygen - NAC 449.2712 Residents requiring use of oxygen. (NRS 449.0302) 1. A person who requires the use of oxygen must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless he or she: (a) Is mentally and physically capable of operating the equipment that provides the oxygen; or (b) Is capable of: (1) Determining his or her need for oxygen; and (2) Administering the oxygen to himself or herself with assistance. 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician; and (b) Ensure that: (1) The resident ' s physician evaluates periodically the condition of the resident which necessitates his or her use of oxygen; (2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored; (3) Persons do not smoke in those areas where smoking is prohibited; (4) All electrical equipment is inspected for defects which may cause sparks; (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; (6) The equipment used to administer oxygen is in good working condition; (7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and (8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident.	0690	1. This was not found out of compliance on the day of the survey. 2. Routine walking rounds of all residents requiring oxygen to ensure tanks are secured. 3. Routine walking rounds to be completed by wellness team members under the direction of the Wellness Director. 4. Wellness Team members under the direction of the Wellness Director. 5. This was not found to be out of compliance on the day of the survey.	05/01/2023
0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 - 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 has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered	0878	1. Specific resident's medication to MAR audit occurred. Medications in question were clarified. Metoprolol was discontinued. Phytoplex Botanical Nutrition for Sensitive Skin is known for another name of Z-gard which was on the MAR. Container was clarified to ensure both names. 2. Monthly MAR review in conjunction with cart audit. 3. Monthly MAR review and cart audit to be reviewed by Wellness Director.	06/09/2023

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	in accordance with the written instructions of the physician. 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 must be administered as prescribed by the physician. If a physician 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 has occurred; and (Previously Y 0879) (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 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, the 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 observation, interview, and clinical record review, the facility failed to ensure on-site medications contained a current physician's order for 1 of 9 sampled residents (Resident #3) . Findings include: Resident #3 Resident #3 was admitted to the facility on 03/30/23, with diagnoses including cognitive communication deficit, chronic kidney disease-stage 3 and muscle weakness (generalized). On 5/01/23, during medication review, two medications were discovered on-site, however did not have a physician order to administer the medications. -Phytoplex Botanical Nutrition for Sensitive Skin, 4 ounces (oz). -Metoprolol ER 50 mg. Take one tablet by mouth daily. On 05/01/23 at 11:32 AM, the Medication Technician confirmed the		4. The Wellness Director 5. First monthly MAR review and cart audit to be completed by 6/9/23.	

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	medications for Resident #3 were on-site, not on the resident's MAR and needed to clarify the physician order. On 05/01/23 at 12:48 PM, the Wellness Director explained Resident #3 did not have physician orders nor discontinued medication orders for Phytoplex Botanical Nutrition for Sensitive Skin nor the Metoprolol ER 50 mg tablets found on-site. The Wellness Director verbalized all medications needed to have a physician order to administer medications to residents and if medications were discontinued, an order needed to be onsite and the medication destroyed upon discontinuation of the medication. The Wellness Director could not explain why the medications were on-site. The facility policy titled "Physician's Orders," last revised September 2011, documented physician's orders were to be obtained prior to staff assisting or administering medications. Severity: 2 Scope: 1			

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0885 SS= D	Medication - Destruction - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Inspector Comments: Based on observation, clinical record review, interview and document review, the facility failed to ensure a discontinued medication was destroyed for 1 of 9 sampled residents (Resident #7). Findings include: Resident #7 Resident #7 was admitted to the facility on 09/30/22, with diagnoses including hypertension, rhabdomyolysis and hypokalemia. A physician's order dated 01/11/23, documented ondansetron 4 milligram (mg) tablet. Take one tablet by mouth every 8 hours as needed for nausea or vomiting. Resident #7's medication onsite documented ondansetron 4 milligram (mg) tablet. Take one tablet by mouth every 8 hours as needed for nausea or vomiting. On 05/01/23 at 11:32 AM, a Medication Technician explained the medication had been discontinued and should have been removed from the medication cart for Resident #7 and destroyed upon the discontinued physician order. The facility policy titled "Medication Assistance" last revised November 2012, documented any discontinued medication should be disposed of according to state regulations and per pharmacy recommendations. Severity: 2 Scope: 1	0885	1. Medication identified was destroyed. 2. Monthly cart audit completed to ensure no other medication identified. 3. Monthly cart audits are reviewed by Wellness Director 4. Wellness Director 5. 6/9/23	06/09/2023
0895 SS= E	Administration of Medication Maintenance - NAC 449.2744 Administration of medication: Maintenance and contents of logs and records. (NRS 449.0302) 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall	0895	1. Each of the orders identified was clarified with medical providers. 2. Pharmacy review with pharmacist was completed on 5/3/23 to identify all potential orders out of compliance. Monthly MAR review to be implemented in conjunction with cart audit.	06/09/2023

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	maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident ' s physician. Inspector Comments: Based on observation, interview, clinical document review, and document review, the facility failed to ensure an as needed (PRN) medication had symptoms being treated documented on the Medication Administration Record (MAR) for 4 of 9 sampled residents (Resident #2, #3, #4 and #8) and failed to ensure a medication was transcribed on the MAR for 1 of 9 sampled residents (Resident #3). Findings include: Resident #2 Resident #2 was admitted to the facility on 08/03/14, with diagnoses including hypertension, anxiety and heart failure. Resident #2's May 2023 MAR documented the following medications and lacked the symptom to be treated. -Artificial dro tears. Instill one drop in both eyes twice daily as needed. -Deep Sea spr 0.65 %. Administer one spray into affected nostril(s) every 8 hours as needed. -Diclofenac gel 1%. Apply 2 gram (gm) topically every 6 hours as needed. -Hydrocort Cream 1%. Apply one application topically once daily as needed. -Lido/Prilocn cream 2.5-2.5%. Apply topically to both legs one hour prior to procedure as needed. -Ocusoft Lid Pad original. Use one pad twice daily as needed. Resident #3 Resident #3 was admitted to the facility on 03/30/23, with diagnoses including cognitive communication deficit, chronic kidney disease-stage 3 and muscle weakness (generalized). Resident #3's May 2023 MAR documented senna 8.6 milligram (mg). Take one tablet by mouth once daily as needed for constipation, with no specific symptom to be treated. On 5/01/23, during medication review, two medications were discovered on-site, however not on the resident's MAR. The medications were the following: -		3. Monthly MAR review to be reviewed by Wellness Director. 4. Wellness Director 5. 6/9/23.	

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	Phytoplex Botanical Nutrition for Sensitive Skin, 4 ounces (oz). -Metoprolol ER 50 mg. Take one tablet by mouth daily. Upon further review, it was discovered the facility lacked physician orders for the medications. On 05/01/23 at 11:32 AM, the Medication Technician confirmed the medications for Resident #3 were not on the MAR and should have been. The Medication Technician could not explain the last time the resident was administered the medications. Resident #4 Resident #4 was admitted to the facility on 12/09/22, with diagnoses including mild cognitive impairment, hyperlipidemia and arthritis. Resident #4's May 2023 MAR documented nystatin powder 100000. Apply topically to rash every 8 hours as needed, with no specific symptom to be treated. Resident #8 Resident #8 was admitted to the facility on 09/19/22, with diagnoses including memory deficit following cerebral infarction, hypertension and unspecified asthma. Resident #8's May 2023 MAR documented hydrocortisone cream 1%. Apply one application topically to affected area of itching as needed, with no specific symptom to be treated. On 05/01/23 at 11:32 AM, the Medication Technician confirmed the listed medications for Resident #2, #3, #4 and #8 lacked the specific symptom to be treated and explained all 'as needed' medications needed to document the specific reason for administration. The facility policy titled "Medication Assistance" revised 04/2016, documented all PRN medications must have clear directions for use. When a PRN medication is given, the medication associate will document the reason for the medication and the resident's response to the medication. Severity: 2 Scope: 2			
0920 SS= E	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other	0920	1. The medications in the 4 identified apartments were secured. The one resident that identified that the locked cabinet did not work, the lock was checked to ensure it worked. The memory care kitchen was locked. 2. Daily walking rounds checking to ensure items are locked has started. 3. Daily walking rounds checking to ensure items are locked. 4. Wellness team members are assigned	06/05/2023

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	unauthorized person is protected. Medications for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself or herself without supervision may keep the resident ' s medication in his or her room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room. Inspector Comments: Based on observation and interview, the facility failed to ensure resident medications were kept secured in the facility for 4 of 13 Assisted Living resident rooms with a resident self-administering medication (Rooms 155, 248, 280, and 385) and Thick and Easy thickening powder was secured in Room 174 from 22 residents in The Lodge memory care unit. Findings include: On 05/01/23 at 10:30 AM, in Room 155, the resident verbalized medication was not kept in the locked cabinet and the corridor door was not locked every time the room was unoccupied. On 05/01/23 at 10:43 AM, in Room 248, the resident verbalized medication was kept in the locked cabinet; however, a bottle of Tylenol was on the kitchen counter. The resident verbalized the corridor door was not locked every time the room was unoccupied. On 05/01/23 at 10:40 AM, in Room 280, the resident verbalized medication was not kept in the locked cabinet and the corridor door was not locked every time the room was unoccupied. On 05/01/23 at 10:51 AM, in Room 385, the resident verbalized the lock on the cabinet where medication was stored did not work and the corridor door was not locked every time the room was unoccupied. On 05/01/23 at 9:51 AM, Room 174 was being used for storage in the memory care unit. The corridor door had a keypad lock; however, the door was not locked. The room contained three boxes of Thick and Easy. On 05/01/23 at 10:30 AM through 10:51 AM, the Caregiver confirmed medications were unsecured in Rooms 155,		daily with oversight from the Wellness Director and the Executive Director. 5. Process Identified and implemented by 6/5/23.	

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	248, 280, and 385. The Caregiver also verbalized the Thick and Easy required a physician order and was not secured from all residents in The Lodge memory care unit. The facility policy titled, "Medication Self-Administration" revised November 2012 documented medications were to be kept in a secure location in the resident's room. Severity: 2 Scope: 2			

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	5232	A. BUILDING _____ B. WING _____	05/01/2023

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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0938 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: (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 clinical record review and interview, the facility failed to ensure Activities of Daily Living (ADL) Assessments were completed annually for 1 of 9 sampled residents (Resident #5). Resident #5 Resident #5 was admitted to the facility on 03/28/22, with diagnoses including depression, unspecified, cardiomegaly and muscle weakness. Resident #5's clinical record documented an initial ADL Assessment dated 03/28/22, however, lacked documented evidence an annual ADL assessment was completed for March 2023. On 05/01/23 at 11:05 AM, the Wellness Director confirmed the annual ADL assessment for Resident #5 was not completed and was due to be completed a month ago. The facility policy titled "Assessments," last revised June 2016, documented assessments were completed on all residents to identify health histories, functional needs and services preferences for each resident. Severity: 2 Scope: 1	0938	1. Annual ADL assessment was completed for resident identified. 2. Weekly audits of resident assessment needs will be conducted. 3. Weekly audits of resident assessment needs in addition to monthly corporate reporting. 4. Administrator to review resident assessment needs with Wellness Director. 5. Assessment completed 5/8/23.	05/08/2023

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0950 SS= D	Hospice Care Responsibilities of Staff - NAC 449.275 Residential facility which provides residents with hospice care: Responsibilities of staff; retention of resident with special medical needs. (NRS 449.0302) 1. A residential facility that provides services to a resident who elects to receive hospice care shall obtain a copy of the plan of care required pursuant to NAC 449.0186 for that resident.	0950	1. This was not found to be out of compliance on the day of the survey. 2. Review of all hospice residents files to ensure compliance. 3. Ongoing review of all hospice residents to ensure that documentation is onsite as their certification period changes with hospice. 4. The Wellness Director under the direction of the Administrator. 5. This was not found to be out of compliance on the day of the survey.	05/01/2023
0994 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: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. Inspector Comments: Based on observation and interview the Administrator failed to ensure resident safety by removing dangerous items from resident rooms in the memory care unit. Findings include: On 05/01/23 at 10:15 AM, Room 170A had unsecured, dangerous items: - an ornament hanging from an ornament hook on a small tree - three pins in the nightstand - a jar of toothpicks in the nightstand On 05/01/23 at 10:15 AM, the Caregiver confirmed the items could cause harm to the resident. Severity: 2 Scope: 1 This was a repeat deficiency from the 01/05/23 annual licensure survey.	0994	1. Items were removed from identified apartment. 2. Daily rounds completed to checked locked areas and identify potentially dangerous items. 3. Daily rounds completed to check for potentially dangerous items. 4. Wellness team members under the direction of the Wellness Director and the Administrator. 5. 5/3/23.	05/03/2023
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	0999	1. Items were secured within identified apartments. 2. Daily rounds completed to checked locked areas and identify potentially dangerous/toxic items. 3. Daily rounds completed to check for potentially dangerous/toxic items. 4. Wellness team members under the direction of the Wellness Director and the Administrator. 5. 5/3/23.	05/03/2023

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	and interview, the facility failed to ensure toxic substances were inaccessible to residents housed in the memory care unit. Findings include: On 05/01/23 at 9:12 AM, in Room 182A, the bathroom cabinet was unlocked and contained the following unsecured toxic items: - a tube of Terra Therapy conditioner - a container of Olay Reginerist - Villa hand lotion - a tube of Crest toothpaste On 05/01/23 at 9:21 AM, Room 180 contained the following unsecured toxic items: - a container of Degree deodorant - a tube of Aquafresh toothpaste - a container of Equate sensitive skin body wash - a bar of dial soap On 05/01/23 at 9:28 AM, Room 178B contained the following unsecured toxic items: - Dawn Mist perineal wash On 05/01/23 at 9:43 AM, Room 177A contained the following unsecured toxic items: - two containers of Dove deodorant were in the unlocked bathroom cabinet On 05/01/23 at 9:47 AM, Room 175 contained the following unsecured toxic items: - Biotin and Collagen conditioner On 05/01/23 at 9:51 AM, Room 174 was being used for storage. The corridor door had a keypad lock; however, the door was not locked. The room contained the following unsecured toxic items: - a bottle of urine digester spray - a bottle of Lime Away - an aerosol spray bottle of stainless-steel cleaner - a box with foaming hand sanitizer On 05/01/23 at 9:57 AM, Room 173 contained the following unsecured toxic items: - a tube of McKesson moisturizing body lotion On 05/01/23 at 10:08 AM, in Room 172B, the bathroom cabinet contained child-proof locks; however, the cabinet doors opened without pressing the locks. The unlocked bathroom cabinet contained the following unsecured toxic items: - a jar of CeraVe moisturizing cream - a tube of Sensodyne toothpaste - a bottle of hand and body lotion - a container of Crepe Erase restorative facial treatment - a tube of barrier cream - various cosmetics On 05/01/23 at 10:08 AM, Room 171B contained the following unsecured toxic items: - a container of Gold Bond foot powder - four bottles of room spray - a container of coconut lime hand soap On 05/01/23 at 10:15 AM, Room 170A contained the following unsecured toxic			

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	items: - a bar of soap was on the bathroom sink On 05/01/23 at 9:12 AM through 10:15 AM, the Caregiver confirmed the presence of unsecured substances in rooms 182A, 180, 178 B, 177A, 175, 174, 173, 172B, and 171B. Severity: 2 Scope: 3 This was a repeat deficiency from the 01/05/23 annual licensure survey.			
1540 SS= E	Cultural Competency Training - R016-20 Section 14.1 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 449.103. Inspector Comments: Based on personnel record review and interview, the facility failed to ensure cultural competency training was completed timely for 3 of 9 sampled employees required to obtain cultural competency training (Employees #3, #6, and #10). Findings include: Employee #3 Employee #3 was hired as Caregiver with a start date of 01/26/23. The personnel record for Employee #3 had a cultural competency training certificate dated 03/02/23. On 05/01/23 at 11:46 AM, the Business Office Manager verbalized the employee had trouble accessing the internet and confirmed the training was not complete within 30 days of hire. The Business Office Manager (BOM) confirmed the training was not completed on or before the facility's Plan of Correction (POC) correction date of 03/01/23. Employee #6 Employee #6 was hired as Medication	1540	1. All identified staff members have completed Cultural Competency training. 2. We have changed the onboarding practice no longer allowing team members to start without completion of Cultural Competency training. 3. Employees will not start employment without completion of Cultural Competency training. 4. The Business Office Manager under the direction of the Administrator and the Executive Director. 5. 5/15/23	05/15/2023

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	Technician with a start date of 01/13/22. The personnel record for Employee #6 had a cultural competency training certificate dated 03/10/23. On 05/01/03 at 12:10 PM, the BOM confirmed the training was not completed by 07/01/22, the date all cultural competency training was required to be completed, or the facility's POC correction date of 03/01/23. Employee #10 Employee #10 was hired as Caregiver with a start date of 10/17/22. The personnel record for Employee #10 lacked a cultural competency training certificate. On 05/01/03 at 11:51 AM, the BOM confirmed the training had not been completed. Severity: 2 Scope: 2 This was a repeat deficiency from the 01/05/23 annual licensure survey.			
1700 SS= D	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: (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	1700	1. Chart audit for specific identified resident was completed. As identified in the SOD, resident was moved in 9/19/23. His move in physical included the "Placement Determination." It is not due for renewal until 9/19/2023. 2. On going chart audits are maintained to ensure that annual assessments are completed with the placement determination identified. 3. On going chart audits to completed. 4. Wellness Director 5. 5/1/23	05/01/2023

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	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 document review, the facility failed to ensure an initial Physician Determination form was obtained to confirm the resident was in proper placement for 1 of 9 sampled residents (Resident #8). Findings include: Resident #8 Resident #8 was admitted to the facility on 09/19/22, with diagnoses including memory deficit following cerebral infarction, hypertension and unspecified asthma. Resident #8's clinical record lacked documented evidence a Physician Determination was completed. On 05/01/23 at 12:48 PM, the Wellness Director confirmed Resident #8 did not have a Physician Determination completed and explained all residents were to receive the Physician Determination prior to admission and annually to verify proper placement of the resident. Severity: 2 Scope: 1			