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 _____	**10/17/2024**

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 Re-licensure survey conducted in your facility on 10/17/2024, 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 or 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 96. Twelve resident records and twelve employee records were reviewed. The facility recieved a grade of A. 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		
0026 SS= D	Contents of License - Multiple Types - NAC 449.190 License: Contents; issuance of more than one type. 3. A residential facility may be licensed as more than one type of residential facility if the facility provides evidence satisfactory to the Bureau that it complies with the requirements for each type of facility and can demonstrate that the residents will be protected and receive necessary care and services. Inspector Comments: Based on clinical record review and interview, the facility failed to obtain an endorsement for Mental Illness (MI) and admitted and retained a resident with a MI diagnosis (Resident #9). Findings include: Resident #9 Resident #9 was admitted to the facility on 07/26/2024, with a diagnosis of bipolar disorder. A History and Physical dated 05/12/2024, documented Resident #9 had a diagnosis of	0026	1. By12/31/24, Executive Director will submit an application to Division for endorsement on its license authorizing it to operate as a residential facility for persons with mental illness. 2. By11/30/24, Wellness Director and/or designee will conduct an audit of all current residents to determine if there are any other residents with a mental illness diagnosis. Findings, upon review of the	12/31/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: CHRIS GARDNER Title: Executive Director Date: 10/30/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	other bipolar disorder. The facility lacked an MI endorsement to admit and retain residents with MI. On 10/17/2024 at 11:50 AM, the Executive Director confirmed the facility was not endorsed for MI. Severity: 2 Scope: 1		audit, will be addressed as necessary. 3. Executive Director and/or designee to implement mental illness training program for care associates, training for current employees to be completed by 12/31/2024. All new care associates to have 8 hours of mental illness training completed within60 days after becoming employed at the facility. 4. Business Office Manager and/or designee shall monitor team member training monthly to ensure all current team members and newly hired team members have received the necessary training within the prescribed timeframe. 5. Ongoing compliance with mental illness endorsement and training requirements to be monitored by ED and or designee via quality assurance meetings weekly x 2 weeks and monthly thereafter. The QA Committee will determine if continued auditing is	

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			necessary based on three consecutive months of compliance.	
0590 SS= G	Rights of Residents; Procedure for Filing - NAC 449.268 Rights of residents; procedure for filing grievance, complaint or report of incident; investigation and response. (NRS 449.0302) 1. The administrator of a residential facility shall ensure that: (a) The residents are not abused, neglected or exploited by a member of the staff of the facility, another resident of the facility or any person who is visiting the facility;	0590	This previous deficiency was cleared during the regrading survey held on 10/17/2024	10/17/2024
0859 SS= D	Medical Care of Resident After Illness - NAC 449.274 and R043-22 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. (NRS 449.0302) 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by a qualified provider of health care in accordance with NRS 449.1845. The resident must be cared for pursuant to any instructions provided by the qualified provider of health care.	0859	This previous deficiency was cleared during the regrading survey held on 10/17/2024	10/17/2024
0920 SS= D	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 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	0920	1. On10/31/24, Resident in Room #248 will be evaluated for self-administration competency and compliance by the Wellness Director. Resident in room #248 will be placed on the facility program for assistance with medication administration.	10/31/2024

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	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, document review, and interview, the facility failed to ensure resident medications were kept secured in the facility for 1 of 12 resident rooms with a resident self-administering medications (Room #248). Findings include: On 10/17/2024, the following resident room contained unsecured medications: Room #248 - three boxes of Lidocaine and Prilocaine cream 2.5% 30 milliliters located in the resident fridge, with entry door to resident room unlocked and unsupervised. On 10/17/2024 at 10:22 AM, the Associate Executive Director verbalized the front door was not locked when the resident exited the room, leaving the medication unsecured in the fridge. Scope: 1 Severity: 2		2. By11/30/24, the Wellness Director and/or designee will re-assess residents who self-administer their medications to determine competency and compliance with task. Findings upon the completion of the assessments will be reviewed and addressed as necessary. 3. Executive Director and or designee to monitor compliance of self-administration program via quality assurance meetings weekly x 2 weeks and monthly thereafter or until QA committee determines compliance is met. The QA Committee will determine if continued auditing is necessary based on three consecutive months of compliance.	

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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	This previous deficiency was cleared during the regrading survey held on 10/17/2024	10/17/2024
1300 SS= C	Discrimination prohibited - NRS 449.101 Discrimination prohibited; development of antidiscrimination policy; posting of nondiscrimination statement and certain other information; construction of section. [Effective January 1, 2020.] 1. A medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed and any employee or independent contractor of such a facility shall not discriminate in the admission of, or the provision of services to, a patient or resident based wholly or partially on the actual or perceived race, color, religion, national origin, ancestry, age, gender, physical or mental disability, sexual orientation, gender identity or expression or human immunodeficiency virus status of the patient or resident or any person with whom the patient or resident associates. 2. A medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed shall: (a) Develop and carry out policies to prevent the specific types of prohibited discrimination described in the regulations adopted by the Board pursuant to NRS 449.0302 and meet any other requirements	1300	This previous deficiency was cleared during the regrading survey held on 10/17/2024	10/17/2024

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	prescribed by regulations of the Board; and (b) Post prominently in the facility and include on any Internet website used to market the facility the following statement: [Name of facility] does not discriminate and does not permit discrimination, including, without limitation, bullying, abuse or harassment, on the basis of actual or perceived race, color, religion, national origin, ancestry, age, gender, physical or mental disability, sexual orientation, gender identity or expression or HIV status, or based on association with another person on account of that person's actual or perceived race, color, religion, national origin, ancestry, age, gender, physical or mental disability, sexual orientation, gender identity or expression or HIV status. 3. In addition to the statement prescribed by subsection 2, a facility for skilled nursing, facility for intermediate care or residential facility for groups shall post prominently in the facility and include on any Internet website used to market the facility: (a) Notice that a patient or resident who has experienced prohibited discrimination may file a complaint with the Division; and (b) The contact information for the Division. 4. The provisions of this section shall not be construed to: (a) Require a medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed or an employee or independent contractor thereof to take or refrain from taking any action in violation of reasonable medical standards; or (b) Prohibit a medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed from adopting a policy that is applied uniformly and in a nondiscriminatory manner, including, without limitation, such a policy that bans or restricts sexual relations.			

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1400 SS= C	Duties of licensed facility to protect - NRS 449.102 Duties of licensed facility to protect privacy of patient or resident. [Effective January 1, 2020.] A medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed shall: 1. Maintain the confidentiality of personally identifiable information concerning the sexual orientation of a patient or resident, whether the patient or resident is transgender or has undergone a gender transition and the human immunodeficiency virus status of the patient or resident and take reasonable actions to prevent the unauthorized disclosure of such information; 2. Prohibit employees or independent contractors of the facility who are not performing a physical examination or directly providing care to a patient or resident from being present during any portion of the physical examination or care, as applicable, during which the patient or resident is fully or partially unclothed without the express permission of the patient or resident or the authorized representative of the patient or resident; 3. Use visual barriers, including, without limitation, doors, curtains and screens, to provide privacy for patients or residents who are fully or partially unclothed; and 4. Allow a patient or resident to refuse to be examined, observed or treated by an employee or independent contractor of the facility for a purpose that is primarily educational rather than therapeutic	1400	This previous deficiency was cleared during the regrading survey held on 10/17/2024	10/17/2024