

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5589	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/11/2020
NAME OF PROVIDER OR SUPPLIER APRIL'S VILLA		STREET ADDRESS, CITY, STATE, ZIP CODE 10450 ARBOR WAY, 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 annual grading survey conducted at your facility on 08/11/20. This survey was conducted by the Division of Public and Behavioral Health in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons and/or persons with chronic illnesses, mental illness, or individuals with intellectual disabilities, Category II residents. The census at the time of the survey was six. Six resident files were reviewed, and four employee files were reviewed. The facility received 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 investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following deficiencies were identified:			
0072 SS= F	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	0072	1. Measures have been i place for years. As stated in deficiency trainer license had expired and he kept training. I will from now on check HCQC website to check training licenses on med management. 2. Administrator will be checking HCQC website for licensed trainers. 3. The administrator will always check HCQC licensed trainers on med management. 4. Administrator will be responsible. 5. Caregiver 2 took 16 hour med management training on August 12 & 13, 2020 with Majen. Caregiver 3 will be taking the 16 med management training on August 25 & 26, 2020 with Majen.	

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 Name: APRIL ABSHERE
REPRESENTATIVE'S SIGNATURE

Title: Administrator

Date: 08/23/2020

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	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 medication approved by the Bureau. Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 4 employees who administered medications had current Medication Management training (Employee #2 and #3). Findings include: The following employee record documented the employee's annual eight-hour Medication Management training had expired. - Employee #2 with a start date of 02/18/18, was hired as a Caregiver. Received training on 05/17/19 and the training expired on 05/17/20. The employee record lacked current Medication Management training. On 08/11/20 at 10:53 AM, the Administrator confirmed Employee #2 did not have current Medication Management training. The following employee record documented the employee received eight-hour annual Medication Management training from a source not eligible to administer Medication Management training: -Employee #3 with a start date of 09/09/19, was hired as a Caregiver. Received training on 10/05/19. 05/24/19: The Instructor's Medication Management Training instructor program expired. 06/07/19: Notice of expired curriculum/instructors sent to the instructor. 06/11/19: Instructor was notified by phone the program had expired and the instructor must submit a new application. 08/15/19: HCQC became aware the instructor was providing Medication Management Training as an expired instructor. 03/03/20: HCQC became aware the instructor continued providing Medication Management Training as an expired instructor. 03/12/20: Notification of expired curriculum/instructor sent to the Instructor via email. 03/13/20: Notification of expired curriculum/instructor sent to the Instructor via certified mail. 04/18/20: The HCQC Medication Management Team received an email from the Instructor requesting to renew the expired Medication Management program. 04/20/20: The HCQC Medication Management Team informed the Instructor			

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	to apply as a new provider. New provider applications were sent to the Instructor via email. 04/22/20: The HCQC Medication Management Team received an incomplete application from the instructor. 04/23/20: The HCQC Medication Management Team notified the Instructor the application was incomplete via email. 04/30/20 and 05/04/20: The HCQC Medication Management Team provided clarification to the Instructor regarding the documents needed to complete the Medication Management application. On 08/11/20 at 10:53 AM, the Administrator verbalized the Administrator was recently made aware the person who administered the training was not eligible to administer Medication Management training. The Administrator confirmed the Medication Management training for Employee #3 was administered by a source not eligible to administer Medication Management training. Severity: 2 Scope: 3			