

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN5232AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2011
NAME OF PROVIDER OR SUPPLIER CASCADES OF THE SIERRA		STREET ADDRESS, CITY, STATE, ZIP CODE 275 NEIGHBORHOOD WAY RENO, NV 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) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division 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.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 6/23/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for 96 Residential Facility for Group beds for elderly and disabled persons, Category II residents and 24 beds for persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 77. Twenty resident files were reviewed and 12 employee files were reviewed. One discharged resident file was reviewed.</p> <p>The facility received a grade of B.</p> <p>The following deficiencies were identified:</p>	Y 000	<p><i>7-14-11 approved POC CJ</i></p> <p>RECEIVED</p> <p>JUL 12 2011</p> <p>BUREAU OF HEALTH CARE QUALITY & COMPLIANCE CARSON CITY NV</p> <p><i>OK VV 7/13/11</i></p>	
Y 255 SS=F	<p>449.217(6)(a)(b) Permits - Comply with NAC 446 on Food Service</p> <p>NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division.</p>	Y 255	<p>Y255 449.217 (6)(a)(b) Food Service</p> <ol style="list-style-type: none"> <u>Correcting Deficiencies</u> Attachment A was created within the food and dining department listing all of the corrections made. <u>Monitoring Success</u> Attachment A also lists the new monitoring systems put into place as well as the responsible party. <u>Date of Correction</u> Attachment A lists the action completion dates. 	

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 *Molly Rafferty* TITLE *Administrator* (X6) DATE *7/8/11*

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Y 255	Continued From page 1 This Regulation is not met as evidenced by: Based on observation, interview and record review on 6/23/11, the facility failed to ensure the kitchen complied with the standards of NAC 446. Findings include: 1. Critical Violations: a. Raw chicken juice was split onto multiple soda syrup "bag in the boxes" including corresponding syrup bag ports and dispensing tubes. b. Eggs were stored over ready-to-eat (RTE) vegetables (lettuce and broccoli) in the walk-in refrigerator. 2. Cleaning and Sanitation Issues: a. A spray bottle of water was not labeled and/or identified in the dishwashing area. b. Multiple uncovered and unprotected food, mash potatoes, ice cream, and vegetable patties, was stored in the walk-in refrigerator and freezer. c. A server was observed slicing and handling RTE bread with bare hands. d. The bulk ice scoop was stored with the handle contacting the ice.	Y 255		

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Y 255	Continued From page 2 e. Kitchen refuse/garbage from 6/22/11 was found stored in an area designated for the soda syrup "bag in the boxes" which were contaminated by seepage from the garbage. f. The hood vents over the cook's line were soiled with grease and debris. g. The floor beneath the under-counter reach-in refrigerator was excessively soiled with debris in the back room of the Bistro. 3. Equipment and Maintenance Issues: a. The automatic handwashing sink faucet, located near the food preparation area, was in dis-repair. Severity: 2 Scope: 3	Y 255		
Y 393 SS=E	449.226(4)(a)-(c) Safety Requirements NAC 449.226 4. In a residential facility with more than 10 residents: (a) Each resident must be provided with, or the bedroom and bathroom of each resident must be equipped with, an auditory system that is monitored by a member of the staff of the facility. (b) An auditory system must be available for use in the bathroom of each resident of the facility if the facility was issued its initial license on or after January 14, 1997, so that a resident needing assistance can alert a member of the staff of the facility of that fact from the toilet and the shower. (c) A bathroom that is located in a common area of the facility must be equipped with an auditory system that is monitored by a member of the staff of the facility.	Y 393	Y393 449.226 (4)(a)-(c) Call System 1. <u>Correcting Deficiencies</u> An audit was completed of current response times. Staff were re-educated on the importance of response times as well as proper use of the call system. 2. <u>Monitoring Success</u> Monthly audits and/or drills will continue by wellness management staff and re-education will occur as necessary. 3. <u>Date of Correction</u> July 1, 2011.	

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Y 393	Continued From page 3	Y 393		
Y 881 SS=D	<p>449.2742(6)(b) Medication / change order</p> <p>NAC 449.2742 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: (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.</p> <p>This Regulation is not met as evidenced by: Based on observation, interview and record review on 6/23/11, the facility would be unable to administer as needed (PRN) medications as prescribed for 2 of 20 residents because their PRN medications were not available in the facility</p>	Y 881	<p>Y881 449.2742 PRN Medication</p> <ol style="list-style-type: none"> 1. <u>Correcting Deficiencies</u> PRN medication missing from the community was picked up and on site 6/23/11. 2. <u>Monitoring Success</u> Monthly medication cart audits will continue by wellness management staff and re-education will occur as necessary. 3. <u>Date of Correction</u> June 23, 2011 	

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Y 881	Continued From page 4 (Resident #4 and #5). This was a repeat deficiency from the 6/15/10 State Licensure survey. Severity: 2 Scope: 1	Y 881		
Y 885 SS=D	449.2742(9) Medication / Destruction NAC 449.2742 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. This Regulation is not met as evidenced by: Based on observation and interview on 6/23/11, the facility did not destroy medications for 2 of 20 residents after the medications were discontinued, had expired or after a resident had been transferred (Residents #11). This was a repeat deficiency from the 6/15/10 State Licensure survey. Severity: 2 Scope: 1	Y 885 <i>OK</i> <i>CD</i>	Y885 449.2742 (9) Medication Destruction 1. <u>Correcting Deficiencies</u> The medication that was found still at the community was destroyed/ returned to the pharmacy 6/24/11. 2. <u>Monitoring Success</u> Monthly medication cart audits will continue by wellness management staff and re-education will occur as necessary. 3. <u>Date of Correction</u> June 24, 2011	

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Y 955	Continued From page 5	Y 955		
Y 955 SS=A	<p>NAC 449.2751 Provisions for Assisted Living</p> <p>NAC 449.2751 Provision of assisted living services: Prerequisites and requirements.</p> <p>1. Each residential facility that wishes to provide assisted living services must apply to the Health Division to obtain an endorsement on its license authorizing the residential facility to provide assisted living services.</p> <p>2. The Health Division may deny an application for an endorsement that is made pursuant to subsection 1 or suspend or revoke an existing endorsement granted pursuant to subsection 1:</p> <p>(a) Based upon the grounds set forth in section 2 or 3 of this regulation; or</p> <p>(b) If the residential facility for which the applicant is applying or the residential facility which has an endorsement does not satisfy the requirements set forth in this section or subsections 7 and 8 of NRS 449.037.</p> <p>3. If a residential facility provides assisted living services, the written policies that the residential facility is required to develop pursuant to NAC 449.258 must include, without limitation, procedures to be followed:</p> <p>(a) To ensure that the residential facility complies with the requirements set forth in subsections 7 and 8 of NRS 449.037;</p> <p>(b) By the administrator to ensure that residents of the residential facility whose physical or mental condition is significantly changing over time are identified;</p> <p>(c) To obtain a medical professional to assess and monitor, as necessary, but not less than once every quarter in each calendar year, each resident of the residential facility whose physical or mental condition is declining over time; and</p> <p>(d) To provide services to residents of the residential facility pursuant to the assessment and monitoring performed pursuant to paragraph</p>	<p>Y 955</p> <p>Y 955</p> <p><i>OK</i> <i>cg</i></p>	<p>Y955 NAC 449.2751 Assisted Living Endorsement</p> <ol style="list-style-type: none"> <u>Correcting Deficiencies</u> Cascades of the Sierra applied for an Assisted Living Endorsement on March 4, 2008. This application was forwarded again to BHCQC on 6/28/11. After further discussion with Patti Chambers about the changes within the BHCQC and the "Form for Attestation" on 7/5/11 an updated application for Assisted Living Endorsement was completed with the agreement to the \$250 charge being waived based on the earlier application. Application submitted 7/8/11. <u>Monitoring Success</u> Success will be measured by the arrival of the new license with the Assisted Living Endorsement listed. <u>Date of Correction</u> Application completed 7/8/11. 	

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Y 955	Continued From page 6 (c). 4. The administrator of a residential facility that provides assisted living services shall ensure that: (a) A medical professional is notified whenever there has been a significant change in the physical or mental condition of a resident of the residential facility whose physical or mental condition is declining over time; and (b) The residential facility maintains a list of resources for financial assistance and other social services that may decrease the need for a resident of the residential facility whose physical or mental condition is declining over time to move out of the residential facility. 5. The services provided by a residential facility that provides assisted living services must include, without limitation, services that will enable the residential facility to retain residents who have the medical needs or conditions described in NAC 449.2712 to 449.2734, inclusive, and 449.275. NRS 449.037 Adoption of standards, qualifications and other regulations. 7. The Board shall adopt separate regulations governing the licensing and operation of residential facilities for groups which provide assisted living services. The Board shall not allow the licensing of a facility as a residential facility for groups which provides assisted living services and a residential facility for groups shall not claim that it provides " assisted living services " unless: (a) Before authorizing a person to move into the facility, the facility makes a full written disclosure to the person regarding what services of personalized care will be available to the person and the amount that will be charged for those services throughout the resident ' s stay at the	Y 955		

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Y 955	Continued From page 7 facility. (b) The residents of the facility reside in their own living units which: (1) Except as otherwise provided in subsection 8, contain toilet facilities; (2) Contain a sleeping area or bedroom; and (3) Are shared with another occupant only upon consent of both occupants. (c) The facility provides personalized care to the residents of the facility and the general approach to operating the facility incorporates these core principles: (1) The facility is designed to create a residential environment that actively supports and promotes each resident ' s quality of life and right to privacy; (2) The facility is committed to offering high-quality supportive services that are developed by the facility in collaboration with the resident to meet the resident ' s individual needs; (3) The facility provides a variety of creative and innovative services that emphasize the particular needs of each individual resident and the resident ' s personal choice of lifestyle; (4) The operation of the facility and its interaction with its residents supports, to the maximum extent possible, each resident ' s need for autonomy and the right to make decisions regarding his or her own life; (5) The operation of the facility is designed to foster a social climate that allows the resident to develop and maintain personal relationships with fellow residents and with persons in the general community; (6) The facility is designed to minimize and is operated in a manner which minimizes the need for its residents to move out of the facility as their respective physical and mental conditions change over time; and (7) The facility is operated in such a manner as to foster a culture that provides a high-quality	Y 955		

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