

Division of Public and Behavioral Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10232 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 01/18/2022 | |
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| NAME OF PROVIDER OR SUPPLIER THE SIENNA ARBOUR LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 945 SIENNA PARK DRIVE, RENO, NEVADA ,89512 | | |
| (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 | <p>Initial Comments</p> <p>Inspector Comments: This Statement of Deficiencies was generated as a result of an annual, State Licensure survey conducted at your facility on 01/18/22, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for eight Residential Facility for Group beds for elderly and disabled persons, three Category I and five Category II residents. The census at the time of the survey was seven. Seven resident files were reviewed and three employee files 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:</p> | 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: DIANA ROBERTS Title: ADMINISTRATOR Date: 04/28/2022

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| 0053 SS= F | <p>Administrator's Responsibilities-Complete Rec - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 4. Ensure that the records of the facility are complete and accurate.</p> <p>Inspector Comments: Based on observation, document review, record review, and interview, the Administrator failed to ensure personnel records and resident medical records were complete and accurate in accordance with State regulations. Findings include: See TAGS Y0053, Y0104, Y0859, Y0870, Y0885, and Y0895, Y0936, Y0938, Y0920. Severity: 2 Scope: 3</p> | 0053 | | 04/04/2022 |

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| 0104 SS= F | <p>Personnel Files - Background Checks - NAC 449.200 Personnel files. (NRS 449.0302) 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive.</p> <p>Inspector Comments: Based on record review, document review and interview, the facility failed to ensure 3 of 3 employees met the background check requirements of Nevada Revised Statute (NRS) 449.124 (Employee #1, #2 and #3). Findings include: Employee #1 Employee #1 was hired at the facility as Administrator on 01/01/21. Employee #1's file lacked evidence of fingerprints submitted to the Central Repository for Nevada Records of Criminal History and lacked a Nevada Automated Background Check System (NABS) clearance letter. On 01/18/22 at 7:00 AM, the facility's NABS account lacked documented evidence of Employee #1 being entered and cleared. Employee #2 Employee #2 was hired at the facility as a Caregiver 01/01/21. Employee #2's file lacked evidence of fingerprints submitted to the Central Repository for Nevada Records of Criminal History and lacked a Nevada Automated Background Check System (NABS) clearance letter. On 01/18/22 at 7:00 AM, the facility's NABS account lacked documented evidence of Employee #2 being entered and cleared. Employee #3 Employee #3 was hired at the facility as Owner 01/01/21. Employee #3's file lacked evidence of fingerprints submitted to the Central Repository for Nevada Records of Criminal History and lacked a Nevada Automated Background Check System (NABS) clearance letter. On 01/18/22 at 7:00 AM, the facility's NABS account lacked documented evidence of Employee #3 being entered and cleared. On 01/18/22 at 11:57 AM, the Owner acknowledged the files for Employees #1, #2, and #3 lacked documented evidence of fingerprint submission and lacked evidence of a NABS clearance letter. Severity: 2 Scope: 3</p> | 0104 | | 04/07/2022 |
| 0859 | Medical Care of Resident After Illness - | 0859 | | 04/07/202 |

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| SS= F | <p>NAC 449.274 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 his or her physician. The resident must be cared for pursuant to any instructions provided by the resident ' s physician.</p> <p>Inspector Comments: Based on record review and interview, the facility failed to ensure a physical examination was completed prior to admission or annually for 5 of 7 residents (Resident #1, #3, #5, #6, and #7). Findings include: Resident #1 Resident #1 was admitted to the facility on 04/29/19 with diagnoses including cerebrovascular disease, cerebral infarction, and hypertension. Resident #1's clinical record lacked documented evidence of an annual physical examination with a review of systems for 2021. On 01/18/22 at 10:30 AM, the Owner confirmed the Resident #1's record lacked documented evidence of a physical examination completed annually. Resident #3 Resident #3 was admitted to the facility on 01/03/21 with diagnoses including Parkinson disease and hypothyroidism. Resident #3's clinical record lacked documented evidence of a physical examination with a review of systems completed prior to admission to the facility. On 01/18/22 at 10:35 AM, the Owner confirmed the Resident #3's record lacked documented evidence of a physical examination completed prior to admission to the facility. Resident #5 Resident #5 was admitted to the facility on 08/15/21 with diagnoses including heart disease with heart failure, hypertension and chronic systolic. Resident #5's clinical record lacked documented evidence of a physical examination with a review of systems completed prior to admission. On 01/18/22 at 10:40 AM, the Owner confirmed the Resident #5's record lacked documented evidence of a physical examination completed prior to admission. Resident #6</p> | | | 2 |

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| | <p>Resident #6 was admitted to the facility on 09/30/21 with diagnoses including Alzheimer's disease, dysphagia, and hypertension. Resident #6's clinical record lacked documented evidence of a physical examination with a review of systems completed prior to admission to the facility. On 01/18/22 at 11:15 AM, the Owner confirmed Resident #6's record lacked documented evidence of a physical examination completed prior to admission to the facility. Resident #7 Resident #7 was admitted to the facility on 05/10/19 with diagnoses including dementia and behavior disturbance, hypothyroidism, and acute cholecystitis. Resident #7's clinical record lacked documented evidence of an annual physical examination with a review of systems for 2021. On 01/18/22 at 11:20 AM, the Owner confirmed the Resident #7's record lacked documented evidence of an annual physical examination. On 01/18/22 at 11:45 AM, the Owner confirmed the missing physical examinations and was unable to provide documented evidence of a physical examination completed for Resident #1, #3, #5, #6, and #7. Severity: 2 Scope: 3</p> | | | |
| 0870 SS= F | <p>Medication Administration-Accuracy & Report - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility. (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions that are taken by the</p> | 0870 | | 04/07/2022 |

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| | <p>caregivers employed by the facility in response to a report submitted pursuant to paragraph (a).</p> <p>Inspector Comments: Based on document review, record review and interview, the Administrator failed to ensure a medication profile review was performed by a physician, a pharmacist, or a registered nurse at least once every six months for 4 of 7 sampled residents residing in the facility for longer than six months (Resident #1, #3, #4, and #7). Findings include: Resident #1 Resident #1 was admitted to the facility on 04/29/19 with diagnoses including cerebrovascular disease, cerebral infarction, and hypertension. Resident #1's medical record lacked documented evidence a pharmacy review had been conducted every six months. Resident #3 Resident #3 was admitted to the facility on 01/03/21 with diagnoses including Parkinson disease and hypothyroidism. Resident #3's medical record lacked documented evidence a pharmacy review had been conducted every six months. Resident #4 Resident #4 was admitted to the facility on 05/30/21 with diagnoses including cerebral vascular accident, hemiparesis effecting left side and anemia. Resident #4's medical record lacked documented evidence a pharmacy review had been conducted every six months. Resident #7 Resident #7 was admitted to the facility on 05/10/19 with diagnoses including dementia and behavior disturbance, hypothyroidism, and acute cholecystitis. Resident #7's medical record lacked documented evidence a pharmacy review had been conducted every six months. On 01/18/22 at 10:45 AM, the Owner confirmed the medication review for Resident #1, #3, #4 and #7 had not been completed as required. Severity: 2 Scope: 3</p> | | | |

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| 0885 SS= D | <p>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.</p> <p>Inspector Comments: Based on observation, record review and interview, the facility failed to ensure expired medication was destroyed for 2 of 7 sampled residents (Resident #3 and #4). Findings include: Resident #3 Resident #3 was admitted to the facility on 01/03/21 with diagnoses including Parkinson disease and hypothyroidism. On 01/18/22 at 12:40 PM, Resident #3's medications contained an opened bottle of Tramadol 50 milligrams (mg), take one tablet by mouth every six hours as needed for general pain. The Tramadol expired 04/01/20. On 01/18/22 at 12:40 PM, the Owner confirmed the Tramadol 50 mg should have been removed from Resident #3's medication bin and destroyed. Resident #4 Resident #4 was admitted to the facility on 05/30/21 with diagnoses including cerebral vascular accident, hemiparesis effecting left side and anemia. On 01/18/22 at 12:41 PM, Resident #4's medications contained a bubble package of Tramadol 50 mg, take one tablet by mouth every six hours as needed for general pain. The Tramadol expired 04/13/20. On 01/18/22 at 12:41 PM, the Owner confirmed the Tramadol 50 mg should have been removed from Resident #4's medication bin and destroyed. Severity: 2 Scope: 1</p> | 0885 | | 04/07/2022 |
| 0895 SS= C | 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 | 0895 | | 04/07/2022 |

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| | <p>provides assistance to residents in the administration of medications shall 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.</p> <p>Inspector Comments: Based on document review, record review and interview, the facility failed to ensure the Medication Administration Record (MAR) was accurate for 4 of 7 residents (Resident #2, #3, #4 and #5). Findings include: Resident #2 Resident #2 was admitted to the facility on 12/04/21 with diagnoses including congestive heart failure, hypertension, and thyroiditis. On 01/18/22 at 12:28 PM, Resident #2's medications contained an opened bottle of polyethylene glycol, mix one cap 17 grams (gm), in liquid as directed on package and drink once daily as needed. The medication was not documented on the January 2022 (MAR) and lacked documentation of a physician order. On 01/18/22 at 12:28 PM, the Owner confirmed the resident's MAR was missing the polyethylene glycol documentation at the time of the medication review. Resident #3 Resident #3 was admitted to the facility on 01/03/21 with diagnoses including Parkinson disease and hypothyroidism. On 01/18/22 at 12:40 PM, Resident #3's medications contained an opened bottle of polyethylene glycol, mix one cap 17 gm, in liquid as directed on package and drink once daily as needed. The medication was not documented on the January 2022 (MAR). On 01/18/22 at 12:40 PM, the Owner confirmed the resident's MAR was missing the polyethylene glycol documentation at the time of the medication review. Resident #4 Resident #4 was admitted to the facility on 05/30/21 with diagnoses including cerebral vascular accident, hemiparesis effecting left side and anemia. On 01/18/22 at 12:41 PM, Resident #4's medications contained an opened</p> | | | |

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| | <p>bottle of polyethylene glycol, mix one cap 17 gm, in liquid as directed on package and drink every day as needed. The medication was not documented on the January 2022 (MAR). On 01/18/22 at 12:41 PM, the Owner confirmed the resident's MAR was missing the polyethylene glycol documentation at the time of the medication review. Resident #5 Resident #5 was admitted to the facility on 08/15/21 with diagnoses including heart disease with heart failure, hypertension and chronic systolic. Resident #5's physician order dated 01/10/22, documented prochlorperazine 10 milligrams (mg), take one tablet by mouth every eight hours as needed for nausea. The medication available for the resident was not documented on the January 2022 MAR. The Owner provided evidence the medication was administered with the resident's daily medication bubble package. On 01/18/22 at 1:03 PM, the Owner confirmed the resident's MAR was missing the prochlorperazine documentation at the time of the medication review. Severity: 1 Scope: 3</p> | | | |

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| 0920 SS= F | <p>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 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.</p> <p>Inspector Comments: Based on observation and interview, the facility failed to ensure the medications were secured for 7 of 7 residents. Findings include: On 01/18/21 at noon, during a tour of the facility, the following medications were found in the facility refrigerator unlocked in the kitchen: - Morphine sulf 100/5 milliliter (ml), take 0.25 ml, by mouth every hour as needed for pain or shortness of breath. - Lorazepam soln 2 milligram (mg). take 0.25 mg, by mouth every two hours as needed for agitation, anxiety, and sleep. - Haloperidol 2mg concentrate, take 0.25 ml, by mouth every four hours as needed for agitation. On 1/18/22 at 12:53 PM, the Owner confirmed the medications were kept in the facility refrigerator unsecured. The Owner expressed the facility did not have a locked container to store the resident medication. The residents had easy access to the refrigerator and medications. Severity: 2 Scope: 3</p> | 0920 | | 04/07/2022 |
| 0936 SS= F | Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; | 0936 | | 04/07/2022 |

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| | <p>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.</p> <p>Inspector Comments: Based on record review and interview, the facility failed to ensure 7 of 7 residents met the requirements concerning tuberculosis (TB) testing in accordance with Nevada Administrative Code (NAC) 441A (Resident #1, #2, #3, #4, #5, #6, and #7). Resident #1 Resident #1 was admitted to the facility on 04/29/19 with diagnoses including cerebrovascular disease, cerebral infarction, and hypertension. Resident #1's clinical record documented evidence of a 1 step TB test given on 04/16/21 and read negative on 04/19/21. The resident's record lacked documented evidence of a 2nd step TB test upon admission. On 01/18/22 at 10:35 AM, the Owner acknowledged the findings and confirmed the requirements for TB testing. Resident #2 Resident #2 was admitted to the facility on 12/04/21 with diagnoses including congestive heart failure, hypertension, and thyroiditis. Resident #2's clinical record lacked documented evidence of an initial two-step TB test upon admission to the facility. On 01/18/22 at 10:31 AM, the Owner confirmed TB testing for Resident #2 had not been completed. Resident #3 Resident #3 was admitted to the facility on 01/03/21 with diagnoses including Parkinson disease and hypothyroidism. Resident #3's clinical record lacked documented evidence of an initial two-step TB test upon admission to the facility. Resident #3's file lacked documented evidence of an annual one-step TB test the following year. On 01/18/22 at 10:38 AM, the Owner confirmed TB testing for Resident #3 had not been</p> | | | |

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| (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 |
|--------------------|--|---------------|---|----------------------|
| | <p>completed. Resident #4 Resident #4 was admitted to the facility on 05/30/21 with diagnoses including cerebral vascular accident, hemiparesis effecting left side and anemia. Resident #4's clinical record lacked documented evidence of an initial two-step TB test upon admission to the facility. On 01/18/22 at 10:38 AM, the Owner confirmed TB testing for Resident #4 had not been completed. Resident #5 Resident #5 was admitted to the facility on 08/15/21 with diagnoses including heart disease with heart failure, hypertension and chronic systolic. Resident #5's clinical record documented evidence of a 1 step TB test given on 08/10/21 and read negative on 08/12/21. The resident's record lacked documented evidence of a 2nd step TB test upon admission. On 01/18/22 at 10:40 AM, the Owner confirmed TB testing for Resident #5 had not been completed. Resident #6 Resident #6 was admitted to the facility on 09/30/21 with diagnoses including Alzheimer's disease, dysphagia, and hypertension. Resident #6's clinical record documented evidence of a 1 step TB test given on 09/27/21 and read negative on 09/29/21. The resident's record lacked documented evidence of a 2nd step TB test upon admission. On 01/18/22 at 11:15 AM, the Owner confirmed TB testing for Resident #6 had not been completed. Resident #7 Resident #7 was admitted to the facility on 05/10/19 with diagnoses including dementia and behavior disturbance, hypothyroidism, and acute cholecystitis. Resident #7's clinical record documented evidence of a 1 step TB test given on 04/16/21 and read negative on 04/19/21. The Resident #7's clinical record lacked documentation of a TB test administered in 2020. On 01/18/22 at 11:20 AM, the Owner acknowledged the findings and confirmed TB testing for Resident #7 had not been completed. Severity: 2 Scope: 3</p> | | | |
| 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 | 0938 | | 04/07/2022 |

Division of Public and Behavioral Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10232 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 01/18/2022 | |
|--|--|--|---|----------------------|
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| | <p>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.</p> <p>Inspector Comments: Based on interview and record review, the facility failed to ensure an Activities of Daily Living (ADL's) Assessment was completed upon admission and/or annually thereafter for 2 of 7 sampled residents (Resident #1 and #7). Findings include: Resident #1 Resident #1 was admitted to the facility on 04/29/19 with diagnoses including cerebrovascular disease, cerebral infarction, and hypertension. Resident #1's file lacked documented evidence of an annual ADL assessment for 2021. The last documented ADL assessment was dated 04/29/19. On 01/18/22 at 10:30 AM, the Owner was unable to locate an annual ADL assessment for Resident #1. Resident #7 Resident #7 was admitted to the facility on 05/10/19 with diagnoses including dementia and behavior disturbance, hypothyroidism, and acute cholecystitis. Resident #7's file lacked documented evidence of an annual ADL assessment for 2021. The last documented ADL assessment was dated 05/10/19. On 01/18/22 at 11:20 AM, the Owner was unable to locate an annual ADL assessment for Resident #7. Severity: 2 Scope: 1</p> | | | |