

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION               | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____                           | (X3) DATE SURVEY COMPLETED<br><br><b>01/30/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>KINGS ROW RESIDENCE</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>1254 SAINT ALBERTS DR, RENO, NEVADA ,89503</b> |   |

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| 0000               | <p>Initial Comments</p> <p>Inspector Comments: This Statement of Deficiencies was generated as a result of State Licensure annual grading and complaint investigation survey conducted at your facility on 09/12/2024 and finalized on 01/30/2025. This State Licensure Survey was conducted in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for 10 Residential Facility for Group beds for elderly and disabled persons, and/or persons with mental illness, and/or individuals with intellectual disabilities; three Category I and seven Category II residents. The census at the time of the survey was four. Six resident files and three employee files were reviewed. The facility received a grade of B. There were five complaints investigated. Complaint #NV00071555 with the following allegations was substantiated: Allegation #1: The facility failed to ensure all staff had complete employee records, including all trainings and documents required (See Tag Y0072). Allegation #2: The facility failed to ensure a Caregiver in charge of Medication Management had the current annual training in order to qualify for passing medication to residents (See Tag Y0072). The following allegation could not be substantiated due to a lack of evidence: Allegation #3: The facility failed to maintain proper working equipment in all bathrooms within the facility. Complaint #NV00073201 with the following allegations could not be substantiated due to lack of sufficient evidence. Allegation #1: The facility failed to follow policy by requiring a deceased residents family member for payment of services. Allegation #2: The facility failed to properly manage the property of a deceased resident. Complaint #NV00073231 with the allegation the facility failed to ensure a staff member was working at all times with the proper medication management training was substantiated</p> | 0000          |   |                      |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER Name: LAILA BUENVIAJE Title: Administrator Date: 05/07/2025  
REPRESENTATIVE'S SIGNATURE

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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|  | <p>(See Tag Y0072). The following allegations could not be substantiated due to lack of sufficient evidence. Allegation #1: The facility failed to protect a resident from neglect, resulting in the resident developing a pressure sore Allegation #3: The facility failed to ensure a resident was adequately groomed, resulting in neglect. Allegation #4: The facility failed to adequately groom a resident, leaving the resident soiled for an extended period of time. Allegation #5: A resident was admitted into the facility with an inappropriate level of care. Allegation #6: The facility failed to provide proper incontinent care for a resident. Allegation #7: The facility failed to ensure all staff members were qualified to provide adequate care to residents. Complaint #NV00073258 with the following allegations could not be substantiated due to a lack of sufficient evidence. Allegation #1: The facility failed to give access to resident records requested by a residents power of attorney in a timely manner. Allegation #2: The facility failed to properly bill for services rendered to a resident. Allegation #3: The facility failed to maintain a clean environment, resulting in old food and dishes sitting for extended periods of time. Allegation #4: The facility failed to maintain adequate resident records, resulting in missing required documentation. Allegation #5: The facility failed to maintain and provide adequate resident to Caregiver ratios, resulting in a lack of eligible Caregivers on staff at any given time. Complaint #NV00073284 with the following allegations could not be substantiated due to lack of sufficient evidence. Allegation #1: The facility denied a resident the right to visitation from their designated hospice agency. Allegation #2: The facility forced a resident to transfer to the facility's preferred hospice agency without consent. Allegation #3: The facility discharged a resident from their preferred hospice agency without consent. Allegation #4: The facility did not provide a resident with their own choice of</p> |  |   |                      |

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|  | care resulting in resident abuse. The investigation into the complaints included: Observation of staff and resident interactions and residents' daily routines, staff cleaning kitchen and bathrooms areas, cleanliness of all areas within the facility, as well as staff passing medication to residents. Interviews were conducted with the Owner, one Caregiver, and one resident. Review of four employee files Document review included Medication Management training, elder abuse prevention training, annual Caregiver trainings, policies on medication administration, staffing schedules, resident waivers, and hospice documentation. 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 regulatory deficiencies were identified: |  |  |                      |
| 0065<br>SS= D  | Qualifications of Caregivers-Age-Eng-Training - NAC 449.196 and LCB File No. R043-22 Qualifications and training of caregivers. (NRS 449.0302) 1. A caregiver of a residential facility must: (a) Be at least 18 years of age; (b) Be responsible and mature and have the personal qualities which will enable him or her to understand the problems of elderly persons and persons with disabilities; (c) Understand the provisions of NAC 449.156 to 449.27706, inclusive, and sections 2 to 16 inclusive of this regulation and sign a statement that he or she has read those provisions; (d) Demonstrate the ability to read, write, speak and understand the English language; (e) Possess the appropriate knowledge, skills and abilities to meet the needs of the residents of the facility; and (f) Not later than 60 days after commencing employment with the residential facility, receive not less than 4 hours of a combination of tier 1 and tier 2 training                                   | 0065   | 1. Our fax machine suddenly had problem with faxing and was not able to fax to the facility some documents including Employee # 3 training. I have the master copy of the training certificate. I sent the certificate through text message on the day of survey to the caregiver but the Surveyor just left. I sent the training to surveyor's email on 9/12/24, survey date at 12:20pm. Please see attached email. Employee #3 had her training on 2/9/24 (3hrs) and 5/11/24 (6hrs). Trainings are done to all caregivers at the same time. We had our annual survey in 4/2024 and Administrator already provided the 3 hours of training at that time.<br>2. Caregiver had training completed for 9 hrs but caregiver was not able to return it back to her binder. We will make sure that training certificates are in the employee's binder at all times. | 05/11/2024           |

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|  | <p>related to care for the residents of the facility; and (g) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. Such training must include, without limitation, at least 2 hours of tier 2 training.</p> <p>Inspector Comments: Based on personnel record review and interview, the facility failed to ensure 1 of 3 employees working at the facility received the required eight hours of annual caregiver training (Employee #3). Findings include: Employee #3 Employee #3 was hired by the facility as Caregiver with a start date of 09/06/2023. Employee #3's personnel file documented caregiver training completed 08/31/2023, but lacked documented evidence of eight hours of annual caregiver training completed in 2024. On 09/12/2024 at 11:27 AM, Employee #3 verbalized caregiver training was to be completed annually and confirmed Employee #3 did not have annual caregiver training completed for 2024. Severity: 2 Scope: 1</p> |  | <p>3. We will check employees file for completeness on a regular basis.<br/>4. Manager and Administrator.<br/>5. Training completed on 2/9/24 (3hrs) and 5/11/24 (6hrs).</p>  |                      |
| 0072<br>SS= F  | <p>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</p>   | 0072   | <p>1. Employee #4 has medication training with expiration 8/23/25 that's why she was allowed to give medication to residents. Please see attached medication certificate. Employee #3 completed medication training on 09/13/24. Employee #4 completed another medication training on 3/7/25.<br/>2. We made a record of all the employees medication training with expiration date.<br/>3. We will check this training record regularly to avoid missing the expiration date and caregivers will attend medication training in a timely manner.<br/>4. Manager, Administrator<br/>5. Employee #3 completed medication training on 09/13/24. Employee #4 completed another medication training on 3/7/25.</p> | 03/07/2025           |

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|  | <p>attendance at the training; (c) Complete the training program developed by the 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.</p> <p>Inspector Comments: Based on record review, document review and interview, the facility failed to ensure 2 of 4 employees completed the required 8 hours of annual medication management training in a timely manner (Employee #3, and #4) and the facility failed to ensure all required staff on site were trained in medication management administration for 2 of 4 employees (Employee #3, and #4). Findings include: Employee #3 Employee #3 was hired at the facility as a Caregiver on 09/06/2023. Employee #3's file documented an eight-hour annual Medication Management training with an expiration date of 07/01/2023. Employee #3's file lacked evidence of annual Medication Management training for 2024. Employee #4 Employee #4 was hired at the facility as a Caregiver on 12/16/2024. Employee #4's file documented an eight-hour annual Medication Management training with an expiration date of 08/23/2024. Employee #4's file lacked evidence of annual Medication Management training for 2025. On 09/12/2024 at 11:55 AM, the Owner confirmed the late Medication Management training, stating the Administrator keeps track of all trainings for employees, and employee #3's Medication Management training was never completed annually for 2024. The Owner confirmed that employee #3 continued to pass out medications despite having an expired annual Medication Management training. On 01/30/2025 at 10:15 AM, a Caregiver confirmed when a resident is in need of any as needed medications, the requirement of the facility was to call the Owner to come to facility to administer medications. The</p> |  |   |                      |

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|  | Caregiver acknowledged medication management training has not been completed by some staff, and there is not a qualified staff member on site at all times to administer medications. Severity: 2 Scope: 3 Complaint # NV00071555 Complaint # NV00073231   |  |  |   |
| 0074<br>SS= D  | Elder Abuse Training - NRS 449.093 Training to recognize and prevent abuse of older persons: Persons required to receive; frequency; topics; costs; actions for failure to complete. 1. An applicant for a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before a license to operate such a facility, agency or home is issued to the applicant. If an applicant has completed such training within the year preceding the date of the application for a license and the application includes evidence of the training, the applicant shall be deemed to have complied with the requirements of this subsection. 2. A licensee who holds a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must annually receive training to recognize and prevent the abuse of older persons before the license to operate such a facility, agency or home may be renewed. 3. If an applicant or licensee who is required by this section to obtain training is not a natural person, the person in charge of the facility, agency or home must receive the training required by this section. 4. An administrator or other person in charge of a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups | 0074   | 1. Our fax machine had problem with sending fax and I was not able to fax to the facility some documents including Employee # 3 elder abuse certificate. I have the copy and I was scheduled to go to the facility that weekend. I sent the certificate through text message on the day of survey to the caregiver but the Surveyor just left. I sent the elder abuse training to surveyor's email on 9/12/24, survey date at 12:20pm. Please see attached email. Elder abuse training was completed on 9/1/24 but was not able to put in the employee's binder. I will make sure that elder abuse training will be placed in the employees binder right away.<br>2. I will make sure that the elder abuse training certificate will be placed in the employee's binder after completion.<br>3. We will check employee's binder to ensure training is placed properly in the employee's file.<br>4. Manager, Administrator<br>5. Elder abuse training completed on 9/1/24. | 09/01/2024  |

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|  | <p>or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the facility, agency or home provides care to a person and annually thereafter. 5. An employee who will provide care to a person in a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the employee provides care to a person in the facility, agency or home and annually thereafter. 6. The topics of instruction that must be included in the training required by this section must include, without limitation: (a) Recognizing the abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; (b) Responding to reports of the alleged abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; and (c) Instruction concerning the federal, state and local laws, and any changes to those laws, relating to: (1) The abuse of older persons; and (2) Facilities for intermediate care, facilities for skilled nursing, agencies to provide personal care services in the home, facilities for the care of adults during the day, residential facilities for groups or homes for individual residential care, as applicable for the person receiving the training. 7. The facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care is responsible for the costs related to the training required by this section. 8. The administrator of a facility for intermediate care, facility for skilled nursing or residential facility for groups who is licensed pursuant to chapter 654 of NRS shall ensure that each employee of the facility who provides</p> |  |   |                      |

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|  | <p>care to residents has obtained the training required by this section. If an administrator or employee of a facility or home does not obtain the training required by this section, the Division shall notify the Board of Examiners for Long-Term Care Administrators that the administrator is in violation of this section. 9. The holder of a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care shall ensure that each person who is required to comply with the requirements for training pursuant to this section complies with such requirements. The Division may, for any violation of this section, take disciplinary action against a facility, agency or home pursuant to NRS 449.160 and 449.163.</p> <p>Inspector Comments: Based on record review and interview, the facility failed to ensure annual elder abuse prevention training was completed for 1 of 3 employees (Employee #3). Findings include: Employee #3 Employee #3 was hired by the facility as Caregiver with a start date of 09/06/2023. Employee #3's personnel file documented initial elder abuse prevention training dated 09/06/2023, but lacked elder abuse prevention training for 2024. On 09/12/2024 at 11:03 AM, Employee #3 explained elder abuse prevention training was to be completed annually. Employee #3 confirmed Employee #3's elder abuse prevention training expired, and the employee did not have an annual training completed for 2024. Severity: 2 Scope: 1</p> |  |   |                      |

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| 0102<br>SS= D  | <p>Personnel File - TB Screening - NAC 449.200 Personnel files. 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: (d) The health certificates required pursuant to chapter 441A of NAC for the employee;</p> <p>Inspector Comments: Based on interview and personnel record review, the facility failed to ensure employees completed an annual tuberculosis (TB) signs and symptoms screening for 1 of 3 employees (Employee #3). Findings include: Employee #3 Employee #3 was hired by the facility as Caregiver with a start date of 09/06/2023. Employee #3's personnel record documented a positive TB test dated 09/26/2019 and a negative chest x-ray dated 09/26/2019. An annual signs and symptoms screening was documented and dated 09/03/2023; however, the employee's record lacked documented evidence a signs and symptoms screening had been completed annually for 2024. On 09/12/2024 at 11:07 AM, Employee #3 verbalized signs and symptoms screenings were required annually and confirmed Employee #3 did not have a screening completed for 2024. Severity: 2 Scope: 1</p> | 0102   | <ol style="list-style-type: none"> <li>1. Our fax machine had problem with sending fax and I was not able to fax to the facility some documents including Employee #3 TB S&amp;S. I have the copy and I was scheduled to go to the facility that weekend. I sent the TB s&amp;s through text message on the day of survey to the caregiver but the Surveyor just left. I sent the TB s&amp;s to surveyor's email on 9/12/24, survey date at 12:20pm. Please see attached email. Employees TB S&amp;S was completed on 9/1/24 but was not placed in the employee's binder right away.</li> <li>2. We will make sure that completed TB S&amp;S will be placed in the employees file after completion.</li> <li>3. We will be checking employee's file to ensure that completed documents/forms are placed in the binder in a timely manner.</li> <li>4. Manager, Administrator</li> <li>5. TB S&amp;S completed on 9/1/24.</li> </ol> | 09/01/2024           |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>KINGS ROW RESIDENCE</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>1254 SAINT ALBERTS DR, RENO, NEVADA ,89503</b> |   |                      |
| (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 |
| 0920<br>SS= F  | <p>Medication: Storage - NAC 449.2748<br/>           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 4 of 4 residents. Findings include: On 09/12/2024 at 8:46 AM, two upper cabinets, in the kitchen, next to the dining area containing 4 of 4 residents' medications were unlocked. A padlock was hanging from the handles of both cabinets and were not in the locked position. On 09/12/2024 at 8:46 AM, the Caregiver/Medication Technician verbalized having just been in the cabinets and had not locked them upon stepping away. The Caregiver/Medication Technician confirmed the cabinets contained medications for 4 of 4 residents and verbalized medications should be locked while the Caregiver/Medication Technician was not in the room. Severity: 2 Scope: 3</p> | 0920   | <ol style="list-style-type: none"> <li>1. Reeducation was conducted to current caregivers about proper storage of medications. Caregiver on 9/12/24 is not working at the facility anymore.</li> <li>2. We will make sure that medication storage cabinets are locked after passing medications to the resident.</li> <li>3. The second caregiver will double check if the cabinet is locked by the first caregiver.</li> <li>4. Caregiver, Manager</li> <li>5. 3/7/25</li> </ol> | 09/12/2025           |