

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 A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/16/2025
NAME OF PROVIDER OR SUPPLIER BROOKDALE VISTA			STREET ADDRESS, CITY, STATE, ZIP CODE 2000 E PRATER WAY, SPARKS, NEVADA ,89434	
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0000	<p>Initial Comments</p> <p>Inspector Comments: This Statement of Deficiencies was generated as a result of a State Licensure annual grading survey and complaint investigation conducted at your facility on 01/16/2025. This survey was conducted by the Division of Public and Behavioral Health in accordance with NAC 449, Residential Facility for Groups. The facility is licensed for 74 Residential Facility for Group beds for elderly or disabled persons and provides assisted living services, Category II residents. The census at the time of survey was 51. Fifteen resident files were reviewed and ten employee files were reviewed. The facility received a grade of B. CPT #NV00070826 with the allegation a resident had money stolen from the resident's room and the facility's housekeeping services were insufficient could not be substantiated due to a lack of evidence. The investigation into the allegations included: Observations of odors throughout the facility, common areas, resident rooms, and cleanliness of the facility. Interviews were conducted with a Housekeeper, the facility's Driver, a Medication Technician, and the Administrator. Document review included physician notes, progress notes, care plans, physician orders, face sheets, admission contracts, and resident rights. 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:</p>	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: MOLLY RATFIELD Title: Executive Director

Date: 02/27/2025

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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0859 SS= D	<p>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.</p> <p>Inspector Comments: Based on medical record review and interview, the facility failed to ensure an annual general physical exam with a review of systems was completed annually for 1 of 15 sampled residents (Resident #11). Findings include: Resident #11 Resident #11 was admitted to the facility on 10/03/2023, with diagnoses including memory impairment, diabetes, and hypertension. Resident #11's medical record documented a physical examination dated 09/20/2023. The resident's medical record lacked documented evidence of an annual physical examination for 2024. On 01/16/2025 at 1:53 PM, the Health and Wellness Director confirmed Resident #11's medical record lacked documented evidence of a physical examination completed annually. The Health and Wellness Director verbalized the resident's hospice provider was responsible to complete the annual physical examination, and the facility had not received documentation of the completed examination for 2024. Severity : 2 Scope : 1</p>	0859	<ol style="list-style-type: none"> 1. The physical for resident #11 was completed on 10/1/2024. The report from the provider was obtained on day of survey. 2. Weekly chart audit of 5 charts will be completed for the next 90 days. 3. Chart Audits to be completed by Wellness team members and monitored by the Health and Wellness Director. 4. Chart Audits to be completed by Wellness team members and monitored by the Health and Wellness Director. 5. Missing documents received at community 1/16/25 and put in the resident's health record. 6. Copy of document attached. 	01/16/2025
0870 SS= D	Medication Administration-Accuracy & Report - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 1. The administrator of a residential	0870	<ol style="list-style-type: none"> 1. Resident was reviewed in 2/2024. He was reviewed on 10/28/24. 2. Upon completion of future pharmacy reviews, a roster review will be completed to ensure that all residents are reviewed. 	04/30/2025

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	<p>facility that provides assistance to residents in the administration of medications shall:</p> <p>(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 caregivers employed by the facility in response to a report submitted pursuant to paragraph (a).</p> <p>Inspector Comments: Based on medical record review and interview, the facility failed to ensure a review of residents' medications was conducted at least once every six months by a physician, pharmacist, or registered nurse for 1 of 15 sampled residents (Resident #11). Findings include: Resident #11 Resident #11 was admitted to the facility on 10/03/2023, with diagnoses including memory impairment, diabetes, and hypertension. Resident #11 had a pharmacy review of the resident's medications conducted on 02/01/2024 and 10/28/2024, resulting in greater than six months between the required reviews. On 01/16/2025 at 1:54 PM, the Executive Director/Administrator verbalized a review of residents medications was required to be conducted every six months. On 01/16/2025 at 1:57 PM, the Health and Wellness Director confirmed the pharmacy reviews for Resident #11's medications did not meet the requirement of no more than six months between reviews. Severity : 2 Scope : 1</p>		<p>3. Roster review will be completed by Administrator.</p> <p>4. The Administrator will review the list of completed residents to ensure thoroughness.</p> <p>5. The next pharmacy review is scheduled to be completed in April 2025.</p> <p>6. No supporting documents needed at this time.</p>	
0885	Medication - Destruction - NAC 449.2742 -	0885	1. The discharged doses of Vitamin D2	05/15/202

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SS= D	<p>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, interview, and medical record review, the facility failed to ensure a discontinued medication was destroyed for 1 of 15 sampled residents (Resident #12). Findings include: Resident #12 Resident #12 was admitted to the facility on 07/22/2024, with diagnoses including vertigo, diabetes, and hyperlipidemia. On 01/16/2025 at 11:39 AM, during a review of Resident #12's medications and in the presence of a Medication Technician (Med Tech), a bubble pack containing Vitamin D2 50,000 unit capsules was stored with the resident's active medications. The Med Tech reviewed Resident #12's Medication Administration Record (MAR) and confirmed the MAR did not include Vitamin D2 50,000 units. Resident #12's MAR documented Vitamin D3 2,000 unit tablet, take one tablet by mouth every day. The start date was 11/20/2024. Resident #12's medical record lacked an order to discontinue Vitamin D2 50,000 units. On 01/16/2025 at 2:09 PM, the Health and Wellness Director recalled Resident #12 was previously prescribed Vitamin D2 50,000 units. The Health and Wellness Director contacted the physician's office and obtained a current medication list. The medication list documented Cholecalciferol (Vitamin D3) 2000 unit tablets, take one tablet by mouth every day. Discontinue</p>		<p>were destroyed on the day of the survey.</p> <ol style="list-style-type: none"> 2. Routine cart audits will be completed by the Wellness Director/designee weekly for the next 12 weeks. 3. Cart audits will be reviewed by the Wellness Director. 4. Wellness Director will be responsible for cart audit reviews. 5. Medications destroyed on the day of the survey (1/16/25) Cart audits completed through May 15th, 2025. 6. Destruction Log attached. 	5

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	previous order for Vitamin D2. The Start date was 11/19/2024. On 01/16/2025 at 2:13 PM, the Health and Wellness Director verbalized discontinued medications should have been removed from the medication cart and destroyed within 24 hours of the medication being discontinued. The Health and Wellness Director confirmed the Vitamin D2 50,000 unit capsules should have been destroyed prior to 01/16/2025. Severity : 2 Scope : 1			
0895 SS= A	Administration of Medication Maintenance - NAC 449.2744 and R043-22 Administration of medication: Maintenance and contents of logs and records. (NRS 449.0302) 1. The administrator of a residential facility that 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; (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician, physician assistant or advanced practice registered nurse, including, without limitation, whether the medication is to be administered according to a routine schedule or as needed; (5) Any change in an order or prescription of a resident 's physician, physician assistant or advanced practice registered nurse,including, without limitation, the discontinuation of the medication; (6) Any time when the resident is out of the facility; and (7) Any mistakes made in the administration of medication. Inspector Comments: Based on medical record review and interview, the facility failed to ensure the Medication Administration Record (MAR) was accurate for 1 of 15 sampled residents (Resident #12). Findings include: Resident #12	0895	1. The medication order was changed during the pharmacy review. A request for clarification has been sent to the provider. 2. Routine cart audits will be completed by the Health and Wellness Director designee weekly for the next 12 weeks. 3. The Health and Wellness Director will review cart audit for thoroughness and completeness. 4. Health and Wellness Director. 5. Provider was asked for clarification 2/18/25. 6. Fax request	02/18/2025

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	<p>Resident #12 was admitted to the facility on 07/22/2024, with diagnoses including vertigo, diabetes, and hyperlipidemia. A Physician's Order dated 07/18/2024, documented Diclofenac 1% gel, 2 grams (gm) topically, two times per day as needed for knee pain. A Pharmacist's Recommendation to Prescriber dated 10/28/2024, documented Resident #12 had an order for Diclofenac 1 percent (%) gel: apply to knees topically twice daily as needed for knee pain. The dosage in grams should be specified in the directions. Resident #12's MAR documented Diclofenac Sodium external gel 1%, apply to knees topically as needed for knee pain twice daily. The start date was 07/22/2024. On 01/16/2025 at 1:55 PM, The Health and Wellness Director confirmed Resident #12's MAR did not include the dose/amount of Diclofenac gel to administer to the resident, did not match the physician's order and was not updated following the pharmacist recommendation. The Health and Wellness Director verbalized the MAR was inaccurate and should have been updated to include the following instructions: apply 2 gm to knees topically, two times daily as needed for knee pain. Severity : 1 Scope : 1</p>			

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0920 SS= D	<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, interview, and document review the facility failed to ensure medications were secured for 1 of 9 residents authorized for self-administration of medications (Room #A107). Findings include: On 01/16/2025, during the environmental inspection, the resident in Room #A107 reported an unlocked bathroom drawer containing medications. The resident verbalized not locking the drawer or locking the room door when leaving the room. On 01/16/2025 at 10:25 AM, the Administrator verbalized the unsecured medications storage was unsafe. Severity: 2 Scope: 1</p>	0920	<ol style="list-style-type: none"> 1. Resident in A107 does have an order to maintain medications and self-medicate. The resident does have a locked cabinet in the apartment, however, upon further review, the resident has difficulty standing long enough to reach medications. A new lock will be installed in a lower cabinet to ensure ability to lock medications. 2. Health and Wellness Director designee will complete audits for all residents who self-medicate to verify compliance with standards. 3. Maintenance Director will install new lock to lower cabinet. 4. Health and Wellness Director will oversee compliance. 5. The lock will be installed by 2/28/25. 6. No attachment at this time. 	02/28/2025

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0938 SS= D	<p>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: (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) Assessment was completed upon admission for 1 of 15 residents (Resident #15). Findings include: Resident #15 Resident #15 was admitted on 08/12/2024 with diagnoses including unspecified hypertensive chronic kidney disease with stage one through stage four chronic kidney disease and cerebral infarction affecting right dominant. Resident #15's medical record documented an initial ADL assessment, undated, had been completed; therefore, it could not be determined if the ADL assessment was completed on or prior to admission. On 01/16/2025 at 11:24 AM, the Wellness Director confirmed the initial ADL assessment for Resident #15 was missing the date on the ADL assessment. Severity: 2 Scope: 1</p>	0938	<ol style="list-style-type: none"> 1. Date was obtained of pre-move in assessment and added to the assessment form. 2. Signature and Date have been added to pre-move in assessment forms. 3. Health and Wellness Director/designee will audit 5 charts weekly for the next 90 days to ensure compliance. 4. Health and Wellness Director 5. Documents were in compliance by the end of the day on the day of the survey. 1/16/25. 6. Document attached. 	01/16/2025

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0950 SS= D	<p>Hospice Care Responsibilities of Staff - NAC 449.275 Residential facility which provides residents with hospice care: Responsibilities of staff; retention of resident with special medical needs. (NRS 449.0302) 1. A residential facility that provides services to a resident who elects to receive hospice care shall obtain a copy of the plan of care required pursuant to NAC 449.0186 for that resident.</p> <p>Inspector Comments: Based on medical record review and interview, the facility failed to ensure a current hospice Plan of Care (POC) was onsite and available from 07/24/2024 through 01/16/2025, for 1 of 2 sampled hospice residents (Resident #11). Findings include: Resident #11 Resident #11 was admitted to the facility on 10/03/2023, with diagnoses including memory impairment, diabetes, and hypertension. Resident #11's hospice coordination binder included a hospice POC effective from 04/25/2024 through 07/23/2024. The resident's hospice coordination binder and medical record lacked a current hospice POC. On 01/16/2025 at 1:53 PM, the Health and Wellness Director confirmed Resident #11 was receiving hospice care from an outside agency and the facility did not have the resident's current hospice POC onsite, upon request from the State Survey Agency. On 01/16/2025 at 5:11 PM, the Administrator wrote in an email, the hospice agency hand delivered Resident #11's current hospice POC to the facility 01/16/2025. Severity : 2 Scope : 1</p>	0950	<ol style="list-style-type: none"> 1. Resident #11, hospice plan of care was delivered to the community on 1/16/25. 2. Hospice plans of care have been added to chart audit. 3. Health and Wellness Director/designee will audit 5 charts weekly for the next 90 days to ensure compliance. 4. Health and Wellness Director 5. Documents were in compliance by the end of the day on the day of the survey. 1/16/25, chart audits to be completed for 90 days to be completed by May 30, 2025. 6. Document attached. 	05/30/2025
1300 SS= C	<p>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</p>	1300	<ol style="list-style-type: none"> 1. Document for non-discrimination was prominently posted at the appropriate font. It was updated to include the contact information for the state. The document was updated on the date of the survey. 2. Postings reviewed for thoroughness monthly. 3. Postings reviewed monthly by Administrator 	01/16/2025

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	<p>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 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)</p>		<p>4. Administrator. 5. Posting was updated and hung on the day of the survey, 1/16/2025. 6. Updated posting attached.</p>	

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NAME OF PROVIDER OR SUPPLIER BROOKDALE VISTA		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 E PRATER WAY, SPARKS, NEVADA ,89434		
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	<p>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.</p> <p>Inspector Comments: Based on observation and interview, the facility failed to post prominently in the facility the State contact information to file a complaint for a resident who may have experienced prohibited discrimination. Findings include: On 01/16/2025, the facility lacked posted documentation of the State contact information to file a complaint for any resident who may experience discrimination. On 01/16/2025, the Administrator acknowledged the State's contact information had not been posted in any common public area of the facility to inform residents where to file a complaint of discrimination. Severity: 1 Scope: 3</p>			