

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 04/26/2022	
NAME OF PROVIDER OR SUPPLIER SOPIA'S HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 2612 WABASH CIRCLE, SPARKS, NEVADA ,89434		
(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 a complaint investigation conducted in your facility on 04/26/22. This complaint investigation 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 was licensed for five Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness and/or persons with chronic illness and/or persons with intellectual disabilities, Category II residents. The census at the time of the survey was Five. The sample size was five. The facility received a grade of A. There was one complaint investigated. Complaint #NV00066179 with the following allegations could not be substantiated due to lack of evidence. Allegation #1, a resident was bed-bound, and the facility was not assisting the resident with the Hoyer lift to transfer the resident out of the bed. The investigation into the allegations included: Observations of residents and a brief tour of the facility. Interviews were conducted with one resident, via phone with the Administrator, and Caregiver. Review of five resident files including the resident of concern. Document review included Ultimate User Agreement, Activities of Daily Living (ADLs), Admission Records, Physician Plan of Care, History and Physicals, Standard Physician Assessments, Placement Determination forms, the facility's Grievance policy and a policy for 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 Name: LAILA BUENVIAJE Title: Administrator Date: 05/25/2022
 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.

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 04/26/2022	
NAME OF PROVIDER OR SUPPLIER SOFIA'S HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 2612 WABASH CIRCLE, SPARKS, NEVADA ,89434		
(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
0620 SS= F	<p>Written Policy on Admissions - NAC 449.2702 Written policy on admissions; eligibility for residency. (NRS 449.0302) 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast; (b) Requires restraint; (c) Requires confinement in locked quarters; or (d) Requires skilled nursing or other medical supervision on a 24-hour basis.</p> <p>Inspector Comments: Based on observation, interview and document review, the facility failed to ensure a resident did not remain in the facility after becoming bedfast for 3 of 5 residents (Resident #1, #3, and #4). Findings include: Resident #1 Resident #1 was admitted to the facility on 04/05/22 with a diagnosis of cerebellar stroke syndrome. On 04/26/22 at 9:45 AM, Resident #1 was sitting on the couch watching television. On 04/26/22 at 9:49 AM, the Caregiver verbalized Resident #1 was bedfast and needed assistance with repositioning and all activities of daily living. On 04/26/22 at 10:13 AM, the Caregiver verbalized did not know if any of the current residents had a bedfast waiver submitted and approved from the Bureau. The resident's medical record lacked documented evidence a bedfast exemption was submitted to and approved by the Bureau. A Physician's Physical Examination Notes Report, dated 04/01/22, documented Resident #1 was bed-bound, and required assistances with transfers and all Activities of Daily Living (ADL)'s. On 04/26/22, the Bureau's database lacked documented evidence the facility applied for a bedfast waiver for Resident #1 nor was a waiver approved for the facility to retain Resident #1 at the facility. Resident #3 Resident #3 was admitted to the facility on 11/12/20 with a diagnosis of failure to thrive, heart failure, and chronic atrial fibrillation. On 04/26/22 at 9:49 AM, the Caregiver verbalized Resident #3 was bedfast and needed assistance with</p>	0620		05/24/2022

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 04/26/2022	
NAME OF PROVIDER OR SUPPLIER SOFIA'S HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 2612 WABASH CIRCLE, SPARKS, NEVADA ,89434		
(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>repositioning and all ADLs. On 04/26/22 at 10:13 AM, the Caregiver verbalized did not know if any of the current residents had a bedfast waiver submitted and approved from the Bureau. On 04/26/22 at 10:37 AM, Resident #3 was laying in the supine position asleep. Resident #3 verbalized that she could not get out of bed without assistance. The resident's medical record lacked documented evidence a bedfast exemption was submitted to and approved by the Bureau. A Physician's Physical Examination Notes Report, dated 10/28/21, documented Resident #3 was bed-bound, and required assistances with transfers and all ADL's. On 04/26/22, the Bureau's database lacked documented evidence the facility applied for a bedfast waiver for Resident #3 nor was a waiver approved for the facility to retain Resident #3 at the facility. Resident #4 Resident #4 was admitted to the facility on 07/21/21 with a diagnosis of dementia, and hypotension. On 04/26/22 at 9:45 AM, Resident #4 was sitting on the couch watching television. On 04/26/22 at 10:13 AM, the Caregiver verbalized did know if any of the current residents had a bedfast waiver submitted and approved from the Bureau. The resident's medical record lacked documented evidence a bedfast exemption was submitted to and approved by the Bureau. A Physician's Physical Examination Notes Report, dated 07/19/21, documented Resident #4 was bed-bound, and required assistances with transfers and all ADL's. On 04/26/22, the Bureau's database lacked documented evidence the facility applied for a bedfast waiver for Resident #4 nor was a waiver approved for the facility to retain Resident #4 at the facility. Severity: 2 Scope: 3</p>			