Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9975	A. BUILDING _____ B. WING _____	01/09/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH MEADOWS MEMORY AND RESIDENTIAL CARE FACILITY	13495 STONEY BROOK DR., RENO, NEVADA ,89511

(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	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an initial State licensure survey conducted in your facility on 01/09/20, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is requesting to be licensed for ten Residential Facility for Group beds for elderly and disabled persons, and/or Alzheimer's disease, Category II residents. The census at the time of the survey was zero. One sample resident file was reviewed and one employee file was reviewed. 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:	0000		

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0302	Bedrooms - Windows Size - NAC 449.218 Bedrooms: Floor space; windows and doors; privacy; storage space; bedding; personal furnishings; lighting. (NRS 449.0302) 3. The combined size of the panes of glass of the windows in a bedroom in a facility that was issued a license on or after January 14, 1997, must equal not less than 10 percent of the floor space in the room. Inspector Comments: Based on observation, measurement and interview, the facility failed to ensure window space in a resident room used for sleeping measured at least ten percent of the floor space in the room (Resident Room #5). Findings include: Resident Room #5 was designated as a resident bedroom for three residents. No residents were living in the room at the time of survey. On 01/09/20 at 10:00 AM, Resident Room #5's measurement was 209 inches by 130 inches plus 133 inches by 28 inches, equaling 30,894 inches. The bedroom floor space was measured at 214.5 square feet. The window measurement was 47 inches by 47 inches, equaling 2,209 square inches. The window was measured at 15.34 square feet, 7.15% of the room floor size. On 01/09/20 at 11:45 AM, the Owner confirmed the measurements of the window and floor space.	0302	**Plan of Correction** **Corrected on Jan 15, 2020** **The correction of the specific finding:** an additional window the size of 36 inches x 36 inches were installed (see attachment). Therefor, the total window's size for both windows are 24.43 square feet. That will give 11.34% of the bedroom floor space (214.5 square feet). The corrective action is completed on Jan 15, 2020	01/15/2020

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0305	Bedrooms - Storage Space - NAC 449.218 Bedrooms: Floor space; windows and doors; privacy; storage space; bedding; personal furnishings; lighting. (NRS 449.0302) 5. Each resident must be provided: (a) At least 10 square feet of space for storage in a bedroom for each bed in the bedroom; and (b) At least 24 inches of space in a permanent or portable closet for hanging garments. Inspector Comments: Based on observation, measurement and interview, the facility failed to provide at least 10 square feet of space for storage in a bedroom for each bed. Findings include: The facility failed to provide evidence of at least 10 square feet of storage space in the following resident rooms: 1) Resident Room #5, for two resident beds, contained closet shelving and two small nightstands measuring a combined total of 25.7 square feet of storage. The room lacked an additional 4.3 square feet of storage space. 2) Resident Room #6, for one resident bed, contained closet shelving and a small nightstand measuring a combined total of 8.2 square feet of storage. The room lacked an additional 1.8 square feet of storage space. On 01/09/20 at 11:50 Am, the Owner confirmed the storage on Bedrooms #5 and #6 lacked the minimum 10 square feet of storage.	0305	**Plan of Correction** **Corrected on** Jan 14, 2020 Finding: 1. Resident Room #5, for three resident beds, contained closet shelving and two small nightstands measuring a combined total of 25.7 square feet of storage. The room lacked an additional 4.3 square feet of storage space. 2) Resident Room #6, for one resident bed, contained closet shelving and a small nightstand measuring a combined total of 8.2 square feet of storage. The room lacked an additional 1.8 square feet of storage space. **The correction of the specific finding:** 1. Resident Room #5, The storage space of 5 square feet was add in the room. Therefore, it has a combined total of over 30 square feet of storage for three beds. 2) Resident Room #6, The storage space of 2 square feet was add in the room. Therefore, it has a combined total of over 10 square feet of storage for one bed. The corrective action was completed on Jan 14, 2020	01/14/2020

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0994	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. Inspector Comments: Based on observation and interview, the facility failed to ensure sharp objects in the kitchen were secured from the residents. Findings include: During a tour of the facility, the following items were observed: - knife in an unlocked drawer in the kitchen. - scissors in an unlocked drawer in office area of the kitchen. - lack of a locked gate at the entrance of the kitchen from the dining area to secure the kitchen appliances for resident safety. On 01/09/20 at 9:00 AM, the Owner acknowledged the findings and verbalized all of the sharp objects should be secured from the residents.	0994	**Plan of Correction** **Corrected on** Jan 14, 2020 According to NRS 449.0302 (1) (e) the facility shall ensure that the knives, matches, firearms, tools and other items were inaccessible to the resident. **The correction of the specific finding:** The employee of the facility will ensure that all knives, scissors will be in our locked drawer at all time. The corrective action was implemented/corrected and reviewed the policy right away after the inspector left on Jan 9, 2020. The administer/Manager will always ensure and implement the plan for all of the employees to lock all of the knives, tools and chemical in the locked cabinet/drawers. A locked gate has been placed at the entrance of the kitchen from the dining area to secure the kitchen appliances for the resident's safety as directed by the inspector. To ensure the deficient practice will not recur, the employees will be trained to comply with the regulation NAC 449.2756 (1) (e) for the standards safety of residents with Alzheimer's disease. The key to unlock the drawers/cabinets will be easily accessible to all employees at all time.	01/14/2020

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0999	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure toxic substances were inaccessible to residents. Findings include: On 01/09/20 in the morning during a tour of the facility, the following toxic substances were identified as unsecured: - Laundry soap in the laundry area in an unlocked cabinet. - Cleaning supplies were in an unlocked undersink cabinet in the kitchen. - Hand soap, shampoo, conditioner were on the counter in the bathroom, adjacent to laundry area. - Bottle of comet cleanser was in unlocked cabinet in master bathroom. On 01/09/20 at 11:40 AM, the Owner confirmed the above items were unsecured and verbalized the items should have been secured.	0999	**Plan of Correction** **Corrected on** Jan 9, 2020 Based on the observation and interview, the facility failed to ensure toxic substances were inaccessible to residents. **The correction of the specific finding:** The administrator and manager will ensure that cleaning chemical, laundry soap, shampoo, conditioner, and hand soap are kept in a locked cabinet at all times. All of the bathroom under sink cabinets, kitchen sink cabinets, laundry cabinets, are locked with a locked key on each storage cabinet. The corrective action was completed and corrected right away after the inspector left on Jan 9,2020. To ensure the deficient practice will not recur, the employees will be trained to comply with the regulation NAC 449.2756 (1) (g) for the standards safety of residents with Alzheimer's disease. The key to unlock the drawers/cabinets will be easily accessible to all employees at all time.	01/09/2020