STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295105	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Nevada State Veterans Home	36 Battleborn Way Sparks, NV 89431

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43311 Based on interview, clinical record review, observation, and document review, the facility failed to ensure a resident's dignity was maintained when maintenance staff opened a resident's closed bedroom door and entered without knocking or asking permission to enter for 1 of 19 sampled residents (Resident #60). Findings include: Resident #60 Resident #60 was admitted to the facility on [DATE], with diagnoses including cerebral infarction, bipolar disorder, unspecified, and post-traumatic stress disorder, chronic. On 04/15/2024 at 9:50 AM, Resident #60 explained facility staff did not always wait for a reply when knocking on the resident's bedroom door. The resident explained the resident would not want someone to enter the room without permission because sometimes the resident emptied their own catheter device or was in the bathroom and would not be fully dressed at the time. On 04/15/2024 at 9:56 AM, a maintenance worker opened the resident's bedroom door and walked into the resident's room without knocking or asking permission. The maintenance worker continued to the resident's bathroom to check a light fixture. Resident #60 asked the maintenance worker if they had forgotten to knock before entering. The maintenance worker verbalized having forgotten to knock and ask permission to enter the resident's room. On 04/15/2024 at 10:09 AM, the maintenance worker explained the maintenance worker did not know why they had entered the resident's room without knocking and asking the resident's permission to enter. On 04/16/2024 at 1:58 PM, the Administrator verbalized the expectation of all staff was to knock on a resident's door and ask permission to enter prior to entry. On 04/16/2024 at 2:04 PM, a Registered Nurse explained staff would knock on a resident's door and ask permission to enter because it was the resident's personal space and home. (continued on next page)

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295105	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Nevada State Veterans Home	36 Battleborn Way Sparks, NV 89431

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility policy titled Resident Rights-Respect and Dignity, last reviewed 12/18/2023, documented the policy purpose was to reinforce the resident's right to be treated with respect and dignity. The facility policy titled Resident Rights-Exercise of Rights, last reviewed 12/18/2023, documented the resident had a right to a dignified existence, self-determination, and communication.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295105	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Nevada State Veterans Home	36 Battleborn Way Sparks, NV 89431

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41848 Based on interview, clinical record review, and document review, the facility failed to ensure the facility's abuse policy was implemented to investigate and report a resident's injury of unknown origin for potential abuse (Resident #4) and the policy included the required time frames for investigation and reporting of potential abuse. The deficient practice could result in resident's injuries of unknown origin to continue without investigation resulting in the potential for resident harm. Findings include: Resident #4 Resident #4 was admitted to the facility on [DATE], and readmitted on [DATE], with diagnoses including Alzheimer's disease, unspecified and dementia in other diseases classified elsewhere, severe, with agitation. On 04/16/2024 at 11:56 AM, a Representative for Resident #4 verbalized the resident was found with a large wound to the resident's lower leg on 02/26/2024. The Representative verbalized the facility had informed the Representative the facility was unsure of the cause of the wound. The resident had been sent to the emergency department for profuse bleeding for the wound and required stitches to close the wound and stop the bleeding. A Nursing Note, dated 02/26/2024 at 5:07 AM, documented the resident was found with a skin tear on the resident's leg. The wound was cleansed, and a dressing was applied. A Nursing Note, dated 02/26/2024 at 5:57 AM, documented steri-strips (surgical tape strips used to close wounds) were applied to the wound and the wound was then covered with a dressing. A Nursing Note, dated 02/26/2024 at 7:50 AM, documented the Unit Manger was notified the resident was actively bleeding. The Unit Manager removed the blood-soaked bandage and applied a fresh bandage. The Physician advised to send the resident out for further treatment and evaluation. A Nursing Note, dated 02/26/2024 at 10:18 AM, documented the night nurse had reported the resident had a skin tear to the resident's leg. Upon assessment, the dressing and bed linens were soaked. A deep skin tear, measuring approximately four to five inches with profuse bleeding was observed. The Manager and Physician were notified. A Nursing Note, dated 02/28/2024, documented the root cause of the injury was investigated. An Emergency Department Provider Note, dated 02/26/2024, documented the resident had a left lower leg laceration measuring 14 centimeters and required 12 sutures to close. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295105	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Nevada State Veterans Home	36 Battleborn Way Sparks, NV 89431

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 04/17/2024 at 1:05 PM, the Director of Nursing (DON) verbalized an injury of unknown origin of the severity Resident #4 was observed to have suffered on 02/26/2024, would require a thorough investigation to determine the root cause. The DON verbalized the resident's cognitive impairment prevented the resident from being able to tell staff what had happened. Staff working with the resident would have been interviewed and written statements would have been collected. On 04/17/2024 at 1:38 PM, the Administrator confirmed the injury to Resident #4 was reported by the resident's nurse as an injury of unknown origin on 02/26/2024. The Administrator confirmed the facility did not report the incident to the State agency and the incident should have been reported since the investigation was not concluded until 02/28/2024. The Administrator confirmed the facility policy did not include the time frames for investigation of abuse and reporting to the State Agency. The facility policy titled Freedom from Abuse, Neglect, and Exploitation: Preventing and Prohibiting Abuse, revised 12/18/2023, documented administration and staff would monitor for signs of abuse, including a suspicious injury. Staff would immediately report alleged violations to the Administrator, State Agency, and other required agencies within specified timeframes as required by law. Cross reference with tag F609

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295105	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Nevada State Veterans Home	36 Battleborn Way Sparks, NV 89431

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41848 Based on interview, clinical record review, and document review, the facility failed to ensure a resident's injury of unknown origin was reported to the State Agency (Resident #4). The deficient practice could allow injuries of unknown origin to not be investigated for potential abuse to occur and not be reported to the State Agency (SA) and/or Law Enforcement. Findings include: Resident #4 Resident #4 was admitted to the facility on [DATE], and readmitted on [DATE], with diagnoses including Alzheimer's disease, unspecified and dementia in other diseases classified elsewhere, severe, with agitation. On 04/16/2024 at 11:56 AM, a Representative for Resident #4 verbalized the resident was found with a large wound to the resident's lower leg on 02/26/2024. The Representative verbalized the facility had informed the representative the facility was unsure of the cause of the wound. The resident had been sent to the emergency department for profuse bleeding for the wound and required stitches to close the wound and stop the bleeding. A Nursing Note, dated 02/26/2024 at 5:07 AM, documented the resident was found with a skin tear on the resident's leg. The wound was cleansed, and a dressing was applied. A Nursing Note, dated 02/26/2024 at 5:57 AM, documented steri-strips (surgical tape strips used to close wounds) were applied to the wound and the wound was then covered with a dressing. A Nursing Note, dated 02/26/2024 at 7:50 AM, documented the Unit Manger was notified the resident was actively bleeding. The Unit Manager removed the blood-soaked bandage and applied a fresh bandage. The Physician advised to send the resident out for further treatment and evaluation. A Nursing Note, dated 02/26/2024 at 10:18 AM, documented the night nurse had reported the resident had a skin tear to the resident's leg. Upon assessment the dressing and bed linens were soaked. A deep skin tear, measuring approximately four to five inches with profuse bleeding was observed. The Manager and Physician were notified. A Nursing Note, dated 02/28/2024, documented the root cause of the injury was investigated. An Emergency Department Provider Note, dated 02/26/2024, documented the resident had a left lower leg laceration measuring 14 centimeters and required 12 sutures to close. On 04/17/2024 at 1:38 PM, the Administrator confirmed the injury to Resident #4 was reported by the resident's nurse as an injury of unknown origin on 02/26/2024. The Administrator confirmed the facility did not report the incident to the SA and the incident should have been reported since the investigation was not concluded until 02/28/2024. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295105	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Nevada State Veterans Home	36 Battleborn Way Sparks, NV 89431

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility policy titled Freedom from Abuse, Neglect, and Exploitation: Preventing and Prohibiting Abuse, revised 12/18/2023, documented administration and staff would monitor for signs of abuse, including a suspicious injury. Staff would immediately report alleged violations to the Administrator, State Agency, and other required agencies within specified timeframes as required by law. Cross reference with tag: F607

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295105	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Nevada State Veterans Home	36 Battleborn Way Sparks, NV 89431

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40377 Based on clinical record review, document review, and interview, the facility failed to ensure a baseline care plan was developed to address the care and interventions for oxygen therapy for 1 of 19 sampled residents (Resident #295). The deficient practice could result in a negative outcome for the resident if staff were not aware of the resident's chronic oxygen status. Findings include: Resident #295 Resident #295 was admitted to the facility on [DATE], with diagnoses including chronic obstructive pulmonary disease (COPD), unspecified, presence of other heart-valve replacement, and nonrheumatic aortic (valve) stenosis. Resident #295's baseline care plan dated 04/12/2024, lacked a care plan for the care and intervention for oxygen therapy. A Nursing Note, dated 4/12/2024 at 12:16 PM, documented the Nurse called the hospital to gather report on the resident. The resident had a history of hypertension, COPD, and hyperlipidemia, and was at baseline on 3 liter per minute (lpm) of oxygen via nasal cannula. A Hospital Discharge Plan, dated 04/12/2024, documented the resident had COPD and was on chronic oxygen at 3 lpm via nasal cannula. A physician's order, dated 04/13/2024, documented routine oxygen care as needed for dyspnea and cyanosis, check oxygen saturation as needed and every night shift for signs and symptoms of respiratory distress. On 04/15/2024 at 1:19 PM, Resident #295 was observed wearing a nasal cannula with tubing connected to an oxygen concentrator running at 2.0 lpm. The resident verbalized the resident used oxygen continuously due to many years of smoking and having COPD. On 04/16/2024 at 3:51 PM, the Registered Nurse confirmed the resident was on an oxygen concentrator and verbalized the flow rate was currently set for 2.0 lpm and the resident was wearing a nasal cannula. The RN confirmed the resident's baseline care plan lacked a care plan for oxygen therapy. On 04/16/2024 at 4:02 PM, the Director of Nursing (DON) confirmed the Resident #295 was on oxygen therapy and the resident's baseline care plan lacked oxygen therapy. The DON verbalized the resident's baseline care plan should include oxygen therapy. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295105	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Nevada State Veterans Home	36 Battleborn Way Sparks, NV 89431

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility policy titled Quality of Care: Respiratory Care/Tracheostomy Care and Suctioning, reviewed 12/18/2023, documented there would be a practitioner's order for oxygen therapy. The resident's care plan would identify the interventions for oxygen therapy, based on the resident's assessment and orders, but not limited to type of oxygen delivery system, when to administer, equipment setting for the prescribed flow rates, monitoring of oxygen saturation levels and monitoring of complications. Cross-referenced with Tag F695.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295105	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Nevada State Veterans Home	36 Battleborn Way Sparks, NV 89431

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46301 Based on observation, interview, clinical record review, and document review, the facility failed to ensure the Comprehensive Care Plan was updated to include the care and interventions for oxygen therapy for 1 of 19 sampled residents (Resident #145) and the care plan interventions were appropriate for 3 of 32 residents residing in the specialized care unit (memory care) (Residents #9, #56, and #67). Findings include: Resident #145 Resident #145 was admitted to the facility on [DATE], and readmitted on [DATE], with diagnoses including acute on chronic diastolic (congestive) heart failure, unspecified atrial fibrillation, and morbid obesity due to excess calories. Resident #145's Care Plan dated 03/20/24, documented Resident #145 had altered cardiovascular status related to chronic heart failure, with interventions to include oxygen therapy via nasal cannula at two liters per minute (lpm). A physician's order dated 03/20/24, documented to administer oxygen via nasal cannula at 1-3 lpm, may titrate to maintain saturations greater then 90 percent (%). The Care Plan for Resident #145 lacked an update when the physician's order and the oxygen therapy intervention for congestive heart failure did not match. On 04/17/2024 at 11:52 AM, the Director of Nursing (DON) confirmed the congestive heart failure care plan intervention for oxygen therapy was inaccurate and the oxygen therapy intervention should match the physician's order. The DON verbalized it would be beneficial for the care plan to have been updated to reflect the resident's current oxygen therapy interventions. The facility policy titled Quality of Care: Respiratory Care/Tracheostomy Care and Suctioning, reviewed 12/18/2023, documented there would be a practitioner's order for oxygen therapy. The resident's care plan would identify the interventions for oxygen therapy, based on the resident's assessment and orders, but not limited to type of oxygen delivery system, when to administer, equipment setting for the prescribed flow rates, monitoring of oxygen saturation levels and monitoring of complications. Cross-referenced with Tag F695. 34524 Resident #9 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295105	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Nevada State Veterans Home	36 Battleborn Way Sparks, NV 89431

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #9 was admitted to the facility on [DATE], with a diagnosis of chronic obstructive pulmonary disease with acute exacerbation. Resident #9's Comprehensive Care Plan documented the resident resided in the Reflections (memory care) neighborhood. The resident was able to verbalize their desire to leave the locked unit, knew the security code to exit independently if desired, and understood not to open the locked doors for others. Resident #56 Resident #56 was admitted to the facility on [DATE], with a diagnosis of end stage renal disease. Resident #56's Comprehensive Care Plan documented the resident resided in the Reflections (memory care) neighborhood. The resident was able to verbalize their desire to leave the locked unit, knew the security code to exit independently if desired, and understood not to open the locked doors for others. Resident #67 Resident #67 was admitted to the facility on [DATE] and readmitted on [DATE], with a diagnosis of unilateral primary osteoarthritis, left hip. Resident #67's Comprehensive Care Plan documented the resident resided in the Reflections (memory care) neighborhood. The resident was able to verbalize their desire to leave the locked unit, knew the security code to exit independently if desired, and understood not to open the locked doors for others. Care Plans printed and provided by the facility lacked dates. On 04/17/2024 at 3:16 PM, the DON verbalized some residents residing in the locked memory care unit did not have dementia and were able to leave the unit independently. The DON explained the residents able to leave independently needed to be mindful of other residents when exiting the locked unit and would need to alert the staff and not proceed with opening the door until staff responded. On 04/17/2024 at 3:40 PM, the Administrator verbalized the residents who were able to leave the memory care unit independently were encouraged to communicate to staff when they were leaving the unit. The Administrator confirmed the resident care plans for Residents #9, #56, and #67 documented for residents to not open the door for other residents on the memory care unit. The Administrator explained memory care staff should have oversight of the residents in memory care and it was not the intention for the care plan to place the responsibility of oversight on Resident #9, #56, and #67. The facility policy titled Comprehensive Care Plans, revised 03/2024, documented the care plan would be comprehensive and person centered. It would drive the type of care and services a resident received; as well as how the facility would assist in meeting those needs and preferences. Cross reference with Tag F689

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295105	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Nevada State Veterans Home	36 Battleborn Way Sparks, NV 89431

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34524 Based on observation, interview, clinical record review, and document review, the facility failed to meet professional standards of medication administration for 1 of 19 sampled residents (Resident #71). Findings include: Resident #71 Resident #71 was admitted to the facility on [DATE], with a diagnosis of unspecified dementia, moderate, with anxiety. A Physician's Order for Resident #71, dated 02/14/2024, documented Metoprolol Succinate Extended Release 25 milligrams (mg), give 1.5 tablets by mouth one time a day. On 04/15/2024 at 11:02 AM, a pill was located on Resident #71's side table. On 04/15/2024 at 11:03 AM, the Assistant Director of Nursing (ADON)/ Registered Nurse (RN) verbalized when medication was administered the nurse administering the medication was expected to stay with the resident until the medication was swallowed. On 04/15/2024 at 11:05 AM, the ADON confirmed a pill was located at Resident #71's bedside. The ADON looked up the medication and confirmed the medication was Metoprolol and the resident was administered the Metoprolol the previous night per the Medication Administration Record (MAR). The ADON explained it was important to ensure residents swallowed their medications when they were administered to ensure medications were taken. The ADON explained dangers would include residents hoarding medications or having an adverse reaction to not taking the medication. A Medication Transcription Error Report dated 04/15/2024, documented a medication error for metoprolol. The night nurse did not stay at the bedside to ensure all medications were taken before leaving the room. On 04/17/2024 at 2:08 PM, the Director of Nursing (DON) verbalized medications should not be unsecured at a resident's bedside and nurses were expected to stay with the resident until the medication has been effectively administered. The facility policy titled Pharmacy Services: Medication Administration, reviewed 12/18/2023, documented medications would be administered following the six rights of medication administration including the right practices (correct, accepted standards of practice and manufacturer's specifications). Medications would be prepared and administered in accordance with the prescriber's order, manufacturer's specifications, and accepted professional standards and principles.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295105	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Nevada State Veterans Home	36 Battleborn Way Sparks, NV 89431

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40377 Based on personnel record review, document review, and interview, the facility failed to ensure nursing staff were trained and certified to perform Cardio-Pulmonary Resuscitation (CPR) in the event of a resident cardiac arrest for 1 of 4 sampled licensed nurses (Employee #15). The deficient practice could result in a negative outcome for a resident in cardiac arrest while awaiting the arrival of emergency medical personnel. Findings include: Employee #15 Employee #15 was hired as a Licensed Practical Nurse (LPN) with a start date of [DATE]. The LPN's personnel record lacked documented evidence of CPR training and certification. On [DATE] at 2:30 PM, the Human Resources Director verbalized CPR was required to be taken by all licensed nurses upon hire and confirmed Employee #15 did not have current CPR certification. The facility policy titled Quality of Life: Cardiopulmonary Resuscitation (CPR), last reviewed [DATE], documented all licensed nursing staff would maintain a current CPR certification.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295105	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Nevada State Veterans Home	36 Battleborn Way Sparks, NV 89431

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41848 Based on observation, interview, record review, and document review, the facility failed to ensure a resident's medication orders were coordinated with the contracted hospice agency providing the resident with end-of-life care for 1 of 19 sampled residents (Resident #26). The deficient practice could result in Resident #26 not receiving the correct medications for managing symptoms of the resident's terminal diagnosis. Findings include: Resident #26 Resident #26 was admitted to the facility on [DATE], and readmitted on [DATE], with diagnoses including Alzheimer's disease, unspecified, unspecified cirrhosis of liver, and other chronic pain. An order for Resident #26 dated 02/22/2024, documented admit to hospice services related to Alzheimer's disease and cerebral atherosclerosis. The Order Summary Report (facility orders) and the Client Medication Report (CMR), dated 03/27/2024, from the contracted hospice agency and located in the hospice binder documented the following discrepancies: - The facility orders included an order for Famotidine oral tablet 20 milligrams (mg), give one tablet by mouth daily for acid reflux. The start date for the order was 04/12/2024. The Famotidine was not included on the CMR. - The CMR included an order for Omeprazole 40 mg capsule, one capsule daily. The start date for the order was 02/21/2024. The Omeprazole was not included in the facility orders. - The facility orders included an order for Lorazepam oral tablet 0.5 mg, give 0.5 mg by mouth every four hours as needed for anxiety. The start date for the order was 04/03/2024. - The CMR included an order for Lorazepam 0.5 mg tablet, give one tablet every eight hours as needed for anxiety. The start date for the order was 02/21/2024. - The facility orders included an order for oxygen to be administered as needed at one to two liters per minute via nasal cannula if oxygen saturations were less than 90 percent. The start date for the order was 02/20/2024. - The CMR included an order for oxygen to be administered continuously at two to five liters per minute via nasal cannula. The start date for the order was 02/21/2024. - The facility orders included an order for Venelex external ointment to be applied to urinary meatus topically every shift for tenderness related to catheter. The start date for the order was 02/26/2024. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295105	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Nevada State Veterans Home	36 Battleborn Way Sparks, NV 89431

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- The CMR did not include an order for Venelex ointment. On 04/16/2024 at 1:14 PM, a Registered Nurse (RN) for the resident verbalized hospice documented all care and changes to the plan of care in the hospice binder and would communicate changes to the facility staff. The RN verbalized the facility nurse, and the hospice nurse would compare the medication orders and ensure the facility orders and hospice orders matched. On 04/16/2024 at 1:25 PM, the RN Case Manager (CM) from the contracted hospice agency verbalized the facility nurse and the hospice nurse would reconcile medications each week. The RNCM confirmed the CMR, dated 03/27/2024, contained the most recent hospice orders. A facility document titled Hospice Coordinator, revised 01/2024, documented the Hospice Coordinators were the Director of Social Services and the Licensed Social Worker. On 04/16/2024 at 1:42 PM, the Director of Social Services (Director) verbalized the Director was not familiar with the term hospice coordinator, but the Director did assist families with finding a hospice and sending a referral to the hospice of choice. The Director verbalized the Director did not have much interaction with the hospice agencies once the resident was admitted to hospice services. On 04/16/2024 at 1:48 PM, the Administrator confirmed the Social Workers were the Hospice Coordinators. On 04/16/2024 at 2:28 PM, the Director of Nursing (DON) verbalized changes to medications would be reconciled in real time. The DON verbalized the hospice medication list would match the facility medication list to ensure there were no discrepancies and any changes to medication orders were enacted or medications were discontinued as needed. The facility contract with the hospice agency, signed by the facility on 11/20/2019, documented if physician orders were inconsistent with the plan of care, an RN with the facility would notify hospice. The facility policy titled Administration: Hospice, dated 04/2024, documented the facility would designate a staff member to work with the hospice representative to coordinate care to the resident. Both the hospice and the facility could enter physician orders in the resident's facility record. If there was a conflict between orders from the hospice physician and the attending physician, the facility would communicate with the providers for clarification.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295105	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Nevada State Veterans Home	36 Battleborn Way Sparks, NV 89431

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41848 Based on observation, interview, clinical record review, and document review, the facility failed to ensure the secured memory care unit did not contain potentially harmful and hazardous substances and materials for vulnerable, cognitively impaired residents for 22 of 32 residents residing in the secured unit (Residents #88, #31, #43, #22, #12, #82, #37, #52, #26, #81, #64, #40, #246, #4, #2, #5, #15, #45, #54, #63, #66, and #92). The deficient practice could result in vulnerable residents ingesting harmful and hazardous substances and materials with the potential for adverse health outcomes and hospitalization . Findings include: Resident #88 Resident #88 was admitted to the facility on [DATE], with a diagnosis of unspecified dementia, moderate, without behavioral disturbance, psychotic disturbance, mood disturbance, anxiety, and cognitive communication deficit. A Brief Interview for Mental Status (BIMS) for Resident #88, dated 09/25/2023, documented the resident had a score of four indicating severe cognitive impairment. Resident #88's Evaluation for Admission to Specialized Care Unit, dated 03/23/2024, documented the resident required the safety of a secure unit due to a diagnosis of dementia, short term memory impairment, and impaired decision making. Resident #31 Resident #31 was admitted to the facility on [DATE], with diagnoses of disorder of brain, unspecified, neurocognitive disorder with Lewy bodies, and dementia in other diseases classified elsewhere, moderate, without behavioral disturbance, and anxiety. Resident #31's Evaluation for Admission to Specialized Care Unit, dated 04/01/2024, documented the resident required the safety of a secure unit due to a diagnosis of dementia, impaired judgement and impaired decision making. The resident required a secured unit for safety. Resident #43 Resident #43 was admitted to the facility on [DATE], with a diagnosis of unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety. A BIMS for Resident #43, dated 03/19/2024, documented the resident had a score of seven indicating severe cognitive impairment. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295105	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Nevada State Veterans Home	36 Battleborn Way Sparks, NV 89431

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #43's Evaluation for Admission to a Specialized Care Unit, dated 03/22/2024, documented the resident required the safety of a secure unit due to impaired safety awareness related to a diagnosis of dementia. Resident #22 Resident #22 was admitted to the facility on [DATE], with diagnoses of unspecified dementia, moderate, with psychotic disturbance and metabolic encephalopathy. A BIMS for Resident #22, dated 02/15/2024, documented the resident had a score of five indicating severe cognitive impairment. Resident #22's Evaluation for Admission to a Specialized Care Unit, dated 01/17/2024, documented the resident required the safety of a secure unit due to a diagnosis of dementia and impaired safety awareness. Resident #12 Resident #12 was admitted to the facility on [DATE], and readmitted on [DATE], with a diagnosis of vascular dementia, moderate, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety. A BIMS for Resident #12, dated 07/30/2021, documented the resident had a score of five indicating severe cognitive impairment. Resident #12's Evaluation for Admission to a Specialized Care Unit, dated 01/17/2024, documented the resident required the safety of a secure unit due to poor safety awareness, impaired judgement, unaware of environment, and inability to return to unit without assistance. Resident #82 Resident #82 was admitted to the facility on [DATE], with a diagnosis of unspecified dementia, moderate, with agitation. A BIMS for Resident #82, dated 05/15/2023, documented the resident had a score of nine indicating the resident was moderately cognitively impaired. Resident #82's Evaluation for Admission to a Specialized Care Unit, dated 02/16/2024, documented the resident required the safety of a secure unit due to the resident having cognitive impairment and poor safety awareness with a diagnosis of dementia. Resident #37 Resident #37 was admitted to the facility on [DATE], with diagnoses of unspecified dementia, unspecified severity, with other behavioral disturbance, cognitive communication deficit, and psychotic disorder with delusions due to known physiological condition. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295105	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Nevada State Veterans Home	36 Battleborn Way Sparks, NV 89431

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A BIMS for Resident #37, dated 03/13/2024, documented the resident had a score of six indicating severe cognitive impairment. Resident #37's Evaluation for Admission to a Specialized Care Unit, dated 03/08/2024, documented the resident required the safety of a secure unit due to a diagnosis of dementia, impaired short-term memory, and impaired decision making. Resident #52 Resident #52 was admitted to the facility on [DATE], with diagnoses of dementia in other diseases classified elsewhere, moderate, with psychotic disturbance and Alzheimer's disease, unspecified. A BIMS for Resident #52, dated 03/30/2022, documented the resident had a score of nine indicating moderate cognitive impairment. Resident #52's Evaluation for Admission to a Specialized Care Unit, dated 01/20/2023, documented the resident required the safety of a secure unit due to a diagnosis of vascular dementia. The resident could not safely leave the unit without supervision as evidence by being unable to find the unit on their own, impaired safety awareness, and impaired judgement resulting in unsafe decisions. Resident #26 Resident #26 was admitted to the facility on [DATE], and readmitted on [DATE], with diagnoses of Alzheimer's disease, unspecified and dementia in other diseases classified elsewhere, severe, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety. A BIMS for Resident #26, dated 04/14/2023, documented the resident had a score of four indicating severe cognitive impairment. Resident #26's Evaluation for Admission to a Specialized Care Unit, dated 12/01/2023, documented the resident required the safety of a secure unit due to unintentional wandering, unable to find the way back to the resident's room or unit, being unaware of environment and safety risks, and impaired judgement resulting in unsafe decisions. Resident #81 Resident #81 was admitted to the facility on [DATE], with diagnoses of neurocognitive disorder with Lewy bodies and dementia in other diseases classified elsewhere, severe, with agitation. A BIMS for Resident #81, dated 04/13/2023, documented the resident was unable to complete the BIMS due to the resident being rarely/never understood. Resident #81's Evaluation for Admission to a Specialized Care Unit, dated 01/11/2024, documented the resident required the safety of a secure unit due to a diagnosis of dementia. The resident would not be able to safely leave the unit without supervision as evidenced by impaired safety awareness and impaired judgement resulting in unsafe decisions. Resident #64 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295105	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Nevada State Veterans Home	36 Battleborn Way Sparks, NV 89431

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #64 was admitted to the facility on [DATE], with diagnoses of Alzheimer's disease, unspecified, dementia in other diseases classified elsewhere, severe, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety, and unspecified dementia, unspecified severity, with agitation. A BIMS for Resident #64, dated 02/21/2022, documented the resident had a score of seven indicating severe cognitive impairment. Resident #64's Evaluation for Admission to a Specialized Care Unit, dated 02/06/2024, documented the resident required the safety of a secure unit due to a diagnosis of dementia. The resident would not be able to safely leave the unit without supervision as evidenced by being unable to find unit on their own, being unaware of environment and safety risks, and impaired judgement resulting in potential unsafe decisions. Resident #40 Resident #40 was admitted to the facility on [DATE], with a diagnosis of unspecified dementia, severe, with agitation. A BIMS for Resident #40, dated 04/25/2023, documented the resident was unable to complete the BIMS due to the resident being rarely/never understood. Resident #40's Evaluation for Admission to a Specialized Care Unit, dated 01/22/2024, documented the resident required the safety of a secure unit due to a dementia diagnosis, sun-downing behaviors, episodes of agitation, paranoia, and exit-seeking behaviors. The resident would be unable to return to the unit if the resident strayed from the designated unit. Resident #246 Resident #246 was admitted to the facility on [DATE], with a diagnosis of vascular dementia, moderate, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety. A BIMS for Resident #246, dated 04/15/2024, documented the resident had a score of four indicating severe cognitive impairment. Resident #246's Evaluation for Admission to a Specialized Care Unit, dated 04/12/2024, documented the resident required the safety of a secure unit due to a diagnosis of dementia and impaired decision making. Resident #4 Resident #4 was admitted to the facility on [DATE], and readmitted on [DATE], with diagnoses of Alzheimer's disease, unspecified and dementia in other diseases classified elsewhere, severe, with agitation. A BIMS for Resident #4, dated 11/14/2023, documented the resident had a score of five indicating severe cognitive impairment. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295105	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Nevada State Veterans Home	36 Battleborn Way Sparks, NV 89431

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #4's Evaluation for Admission to a Specialized Care Unit, dated 04/12/2024, documented the resident required the safety of a secure unit due to a diagnosis of dementia and impaired short-term memory resulting in unsafe decision making. During a tour of the memory care unit Pyramid/[NAME] neighborhood, beginning on 04/16/2024 at 10:34 AM, the following substances were found in resident rooms and areas accessible to residents. The presence of the substances and items was verified by a recreation assistant: - A [NAME] Automated External Defibrillator (a portable device capable of delivering an electric shock to the heart to restore a normal rhythm) was in an open medication treatment room in a resident common area between the neighborhood doors and the locked memory care unit doors. - Alcohol based hand rub (ABHR) on a wound cart in the hallway and on the wall beside the community kitchen. - ABHR on the wall inside of 16 of 16 resident rooms. - Antibacterial hand soap mounted to the wall of resident bathrooms for 16 of 16 resident bathrooms. - Room B201 contained Calazime zinc oxide paste. - Room B208 contained a bottle of hair spray with a label documenting to keep out of reach of children. - Room B211 contained a bottle of aftershave with a label documenting to keep out of reach of children. - Room B212 contained a bottle of mouthwash with a label documenting to keep out of reach of children. - Room D205 contained a bottle of stress relief body lotion with a label documenting to keep out of reach of children, a bottle of anti-dandruff shampoo with a label documenting to keep out of reach of children, and a manual razor. - Room D206 contained prescription toothpaste (Prevident 5000) and a box of lens wipes with a label documenting to keep out of reach of children. - Room D208 contained a bottle of mouthwash with a label documenting to keep out of reach of children. - Room D212 contained an additional bottle of 75% alcohol ABHR on the nightstand, a bottle of mouthwash with a label documenting to keep out of reach of children, and a bottle of anti-dandruff shampoo with a label documenting to keep out of reach of children. On 04/16/2024 at 10:46 AM, the Director of Nursing (DON) verbalized residents in the memory care unit should not have had access to the [NAME] Automated External Defibrillator. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295105	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Nevada State Veterans Home	36 Battleborn Way Sparks, NV 89431

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	34524 Resident #2 Resident #2 was admitted to the facility on [DATE] and readmitted on [DATE], with a diagnosis of unspecified dementia, severe with anxiety. A BIMS for Resident #2, dated 05/24/2022, documented the resident was rarely/never understood. The Staff Assessment portion of the form documented the resident was moderately cognitively impaired. Resident #2's Evaluation for Admission to Specialized Care Unit dated 11/23/23, documented Resident #2 had a diagnosis of dementia and required the safety of a secure unit due to a diagnosis of dementia and a history of wandering. Resident #5 Resident #5 was admitted to the facility on [DATE], with a diagnosis of mild cognitive impairment of uncertain or unknown etiology. A BIMS for Resident #5, dated 03/02/2024, documented the resident had a score of four indicating severe cognitive impairment. Resident #5's Evaluation for Admission to Specialized Care Unit dated 02/09/2024, documented Resident #5 had a diagnosis of dementia and was a good candidate for residence on the special care unit. Resident #15 Resident #15 was admitted to the facility on [DATE] and readmitted on [DATE], with a unspecified dementia, moderate with psychotic disturbance and unspecified dementia, moderate, with agitation. A BIMS for Resident #15, dated 03/31/2024, documented the resident had a score of nine indicating moderate cognitive impairment. Resident #15's Evaluation for Admission to Specialized Care Unit dated 03/28/2024, documented Resident #15 had a diagnosis of dementia and the resident currently resided on the special care unit and would benefit from continued residence on the special care unit. Resident #45 Resident #45 was admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses including unspecified dementia, moderate, with agitation and unspecified dementia, moderate, with mood disturbance. A BIMS for Resident #45, dated 11/15/2023, documented the resident had a score of 12 indicating moderate cognitive impairment. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295105	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Nevada State Veterans Home	36 Battleborn Way Sparks, NV 89431

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #45's Evaluation for Admission to Specialized Care Unit dated 11/17/2023, documented Resident #45 had a diagnosis of dementia the resident currently resided on the special care unit and would benefit from continued residence on the special care unit. Resident #54 Resident #54 was admitted to the facility on [DATE], with diagnoses including Alzheimer's disease and unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety. A BIMS for Resident #54, dated 03/14/2023, documented the resident had a score of five indicating severe cognitive impairment. Resident #54's Evaluation for Admission to Specialized Care Unit dated 03/02/2024, documented Resident #54 had a diagnosis of dementia the resident was a good candidate for residence on the special care unit. Resident #63 Resident #63 was admitted to the facility on [DATE], with a diagnosis of unspecified dementia, unspecified severity, with other behavioral disturbance. A BIMS for Resident #63, dated 05/01/2023, documented the resident had a score of three indicating severe cognitive impairment. Resident #63's Evaluation for Admission to Specialized Care Unit dated 01/26/2024, documented Resident #63 had a diagnosis of dementia and the resident currently resided on the special care unit and would benefit from continued residence on the special care unit. Resident #66 Resident #66 was admitted to the facility on [DATE] and readmitted on [DATE], with diagnoses including dementia in other diseases classified elsewhere, moderate, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety. Resident #66's Evaluation for Admission to Specialized Care Unit dated 11/30/2023, documented Resident #66 had a diagnosis of dementia and the resident currently resided on the special care unit and would benefit from continued residence on the special care unit. Resident #92 Resident #92 was admitted to the facility on [DATE], with diagnoses including Alzheimer's disease and dementia in other diseases classified elsewhere, moderate, with other behavioral disturbance. A BIMS for Resident #92, dated 02/15/2024, documented the resident had a score of three indicating severe cognitive impairment. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295105	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Nevada State Veterans Home	36 Battleborn Way Sparks, NV 89431

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #92's Evaluation for Admission to Specialized Care Unit dated 02/15/2024, documented Resident #92 had a diagnosis of dementia and the resident was a good candidate for residence on the special care unit. During a tour of the memory care unit Truckee/Tahoe neighborhood, beginning on 04/16/2024 at 10:55 AM, the following substances were found in resident rooms and areas accessible to residents. The presence of the substances and items was verified by the Activities Director: - ABHR on the wall inside of 16 of 16 resident rooms. - Antibacterial hand soap mounted to the wall of resident bathrooms for 16 of 16 resident bathrooms. - Room A201 contained two bottles of mouthwash, one bottle of body wash, three bottles of body lotion, two bottles of body spray, two bottle of deodorant, three cans of shaving cream, one bottle of gorilla glue, two bottles of disc cleaning solution, two bottles of white out, four sharpies, 46 double AA batteries, one bottle of aftershave, one bottle of window cleaner, one stapler, two pairs of scissors, two pairs of nail clippers, and eleven razors. - Room A202 contained six razors, a professional grade denture realigning kit, seven pairs of nail clippers, three bottles of aftershave, three bottles of mouthwash, five bottles of shaving cream, three bottles of body wash, five tubes of toothpaste, two bottles of shave cream, one tube of cortisone cream, 2 boxes of 210 count lense and screen cleaning wipes, eight triple A batteries, 9 bags of 30 count cough drops, three boxes of dental adhesive. - Room A205 contained two bottles of shave cream, one bottle of mouthwash, two bottles of aftershave, two bottles of shave cream, four bottles of body wash, one container of deodorant, one bottle of cologne, one sharpie, and one electric hair clipper. - Room A206 contained two bottles of lotion, two bottles of shave cream, three razors, two tubes of toothpaste, three bottles of cologne, two bottles of aftershave, a bottle of sunscreen, a bottle of dandruff shampoo, a bottle of facewash, and a bar of soap. - Room A207 contained one bottle of mouthwash, four bottles of face cream, two bars of soap, two tubes of toothpaste, two bottles of bodywash, one jar of face cream, one bottle of hand soap, and one bottle of lotion. -Room A208 contained fingernail polish remover, seven bottles of lotion, a bottle of baby oil, two containers of [NAME], an eyeliner pen, a bottle of shampoo, a bottle of conditioner, a bottle of body wash, a bottle of mouthwash, and two 120 count containers of polydent. - Room A211 contained three bottles of body cleanser, two bottles of body lotion, one battery, three pairs of nail clippers, a bag of cough drops, a tube of Fixodent, two tubes of medicated ointment, a bottle of mouthwash, two tubes of toothpaste, and a bottle of aftershave. - Room A212 contained two bottles of lotion, a package of hemorrhoid wipes, three nail clippers, two razors, dandruff shampoo, body cleansing spray, four bottles of mouthwash, two bottles of body wash, and two bottles of shampoo. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295105	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Nevada State Veterans Home	36 Battleborn Way Sparks, NV 89431

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- Room C201 contained three bottles of cologne, four bottles of cleansing spray, two pair of nail clippers, one bottle of body wash, two tubes of toothpaste, four bottles of aftershave, one bottle of shampoo, one bottle of shave cream. - Room C202 contained nail polish, shaving cream, two containers of lotion, a tube of medicated ointment, toothpaste, and three bottles of body cleansing spray. - Room C205 contained three razors, there containers of shave cream, two tubes of medicated ointment, a pair of nail clippers, toothpaste, four bottles of shampoo and two bars of soap. - Room C206 contained a container of Fixodent, a tube of toothpaste, a bottle of shave cream, and a bottle of lotion. - Room C207 contained two pairs of nail clippers, two bottles of body cleanser, three razors, three bottles of shave cream, two bottles of mouthwash, three tubes of toothpaste, and one bottle of shampoo. - Room C208 contained three bottles of gorilla glue, two bottles of wood glue, one bottle of shave cream, two bottles of mouthwash, three bottles of cleansing spray, three bottles of lotion, and one tube of toothpaste. - Room C211 contained two bottles of body cleanser, a bottle of wound cleanser, a bottle of shampoo, six bars of soap, six bottles of shave cream, four tubes of toothpaste, two pair of nail clippers, and one bottle of lotion. - Room C212 contained an electric beard trimmer, two bottles spray cleanser, one bottle of aftershave, and one bottle of lotion. On 04/16/2024 at 2:34 PM, the DON verbalized many of the residents residing in the memory care unit were severely cognitively impaired. The DON confirmed over the counter medicated lotions and creams and prescriptions would not be appropriate to be stored in resident rooms and should have been secured. The DON verbalized a razor was a potentially hazardous item for residents with cognitive impairment. On 04/16/2024 at 2:38 PM, the DON verbalized some residents in the secured memory care unit had dementia and could wander into other resident's rooms in the memory care. The DON confirmed items such as batteries, scissors, nail clippers, screwdrivers, colognes, and mouthwashes, were not appropriate for a memory care unit and were toxic and dangerous items. The facility policy titled Memory Care Accident Hazards/Supervision, revised 12/18/2023, documented the facility would provide an environment free of accident hazards and provided supervision and assistance for residents to prevent avoidable accidents. The facility recognized the high-risk nature of the facility population and setting. In order to be considered hazardous, a potentially hazardous item must be accessible to a vulnerable resident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295105	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Nevada State Veterans Home	36 Battleborn Way Sparks, NV 89431

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46301 Based on observation, clinical record review, interview and document review, the facility failed to obtain and/or follow a physician's order for respiratory care for 2 of 19 sampled residents (Resident #145 and #295). Findings include: Resident #145 Resident #145 was admitted to the facility on [DATE], and readmitted on [DATE], with diagnoses including acute on chronic diastolic (congestive) heart failure, unspecified atrial fibrillation, and morbid obesity due to excess calories. On 04/16/2024 at 11:15 AM, Resident #145 was lying in bed with oxygen being administered via nasal cannula. The oxygen was set to 4 liters per minute (lpm). On 04/17/2024 at 11:28 AM, Resident #145 was in a wheelchair with oxygen being administered via nasal cannula. The oxygen was set to 4.5 lpm. A physician's order dated 03/20/2024, documented administer oxygen at 1-3 lpm via nasal cannula continuously, may titrate to maintain saturations greater than 90 percent, every shift. On 04/17/2024 at 11:46 AM, the Registered Nurse 1 (RN) explained the resident's oxygen was to be set between 1-3 lpm. The RN1 confirmed the oxygen was set to 4.5 lpm and should not be set above 3.0 lpm. If the resident's saturations were not above 90 percent at 3.0 lpm, the physician should be notified. On 04/17/2024 at 11:52 AM, the Director of Nursing (DON) explained staff should verify and ensure oxygen was being administered per the physician's order. The DON confirmed the oxygen should not be administered at 4.5 lpm without a change in the physician's order. Cross-referenced with Tag F657. 40377 Resident #295 Resident #295 was admitted to the facility on [DATE], with a diagnosis of chronic obstructive pulmonary disease (COPD), unspecified. On 04/15/2024 at 1:19 PM, Resident #295 was wearing a nasal cannula with tubing connected to an oxygen concentrator running at 2.0 lpm. The resident verbalized the resident used oxygen continuously due to many years of smoking and having COPD. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295105	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Nevada State Veterans Home	36 Battleborn Way Sparks, NV 89431

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A Nursing Note, dated 04/12/2024 at 12:16 PM, documented the Nurse called the hospital to gather report on the resident. The resident had a history of hypertension, COPD, and hyperlipidemia, and was at baseline on 3.0 lpm of oxygen via nasal cannula. A Hospital Discharge Plan, dated 04/12/2024, documented the resident had COPD and was on chronic oxygen at 3.0 lpm via nasal cannula. A physician's order, dated 04/13/2024, documented routine oxygen care as needed for dyspnea and cyanosis, check oxygen saturation as needed and every night shift for signs and symptoms of respiratory distress. Change nasal cannula and tubing every Tuesday and as needed. Change humidifier bottle as needed when low. On 04/16/2024 at 3:51 PM, the RN2 confirmed the resident was on an oxygen concentrator and verbalized the flow rate was currently set for 2.0 lpm and the resident was wearing a nasal cannula. The RN confirmed the resident's oxygen order lacked a flow rate and what level to maintain the resident's oxygen saturation. On 04/16/24 at 4:02 PM, the DON confirmed the resident's current oxygen therapy order lacked a flow rate and a range to maintain the resident's oxygen saturation. The facility policy titled Quality of Care: Respiratory Care/Tracheostomy Care and Suctioning, last reviewed 12/18/2023, documented there would be a practitioner's order for oxygen therapy. The resident's care plan would identify the interventions for oxygen therapy, based on the resident's assessment and orders, but not limited to type of oxygen delivery system, when to administer, equipment setting for the prescribed flow rates, monitoring of oxygen saturation levels and monitoring of complications. Cross-referenced with Tag F655.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295105	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Nevada State Veterans Home	36 Battleborn Way Sparks, NV 89431

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34524 Based on interview, clinical record review, and document review, the facility failed to ensure Monthly Medication Reviews (MMR) were completed monthly for 2 of 5 residents reviewed for unnecessary medications (Resident #66 and #51). Findings include: Resident #66 Resident #66 was admitted to the facility on [DATE], and readmitted on [DATE], with a diagnosis of dementia in other diseases classified elsewhere, moderate, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety. Resident #66 lacked an MMR completed within thirty (30) days of the prior MMR for August 2023. The July 2023 review was completed 07/24/2023 and the August 2023 review was completed 09/01/2023. On 04/18/2024 at 2:19 PM, the Pharmacist verbalized the MMR should be completed monthly. The Pharmacist confirmed Resident #66's MMR for August was completed on 09/01/2023. 40377 Resident #51 Resident #51 was admitted to the facility on [DATE], and readmitted [DATE], with diagnoses including adjustment disorder with mixed anxiety and depressed mood, insomnia, unspecified, and other specified depressive episodes. Resident #51 lacked an MMR completed within thirty (30) days of the prior MMR for August 2023. The July 2023 review was completed 07/24/2023 and the August 2023 review was completed 09/01/2023. On 04/17/2024 at 3:04 PM, the Director of Nursing (DON) confirmed monthly was defined as every 30 to 31 days, depending on the number of days in the month. The DON confirmed the MMR review for Resident #51 was more than 30/31 days for the August 2023. The facility policy titled Pharmacy Services, Medication Regimen Review, last reviewed 12/18/2023, documented an MMR will be conducted at least monthly by a licensed pharmacist and includes a review of the resident's medical record.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295105	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Nevada State Veterans Home	36 Battleborn Way Sparks, NV 89431

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41848 Based on observation, interview, clinical record review and document review the facility failed to ensure medication was administered with an error rate of less than 5 percent (%). There were 25 opportunities and two medication errors. The medication error rate was 8%. Findings include: Resident #43 Resident #43 was admitted to the facility on [DATE], with diagnoses including unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety and adult failure to thrive. On 04/16/2024 at 8:30 AM, a Registered Nurse 1 (RN) was administering medications to Resident #43. The RN1 was preparing to apply a lidocaine patch to the resident's lower back. RN1 found the resident already had a patch on the resident's lower back. The RN1 removed the patch and applied the new lidocaine patch above the area where the previous patch had been removed. The April 2024 Medication Administration Record (MAR) and medication orders for Resident #43 documented the following: - Lidocaine external patch 4% apply low back patch topically in the morning per 12 hour on/off schedule. The order start date was 03/27/2024. - Remove Lidocaine patch to lower back at bedtime (on 12 hours/off 12 hours) at bedtime for lidocaine patch removal. The order start date was 03/27/2024. The MAR documented the patch had been removed on the evening of 04/15/2024. On 04/16/2024 at 8:44 AM, the RN1 confirmed the lidocaine patch the RN1 had removed had been applied the morning of 04/15/2024 and should have been removed on the evening of 04/15/2024. On 04/17/2024 at 1:02 PM, the Director of Nursing (DON) verbalized a Lidocaine patch should be removed as ordered to prevent a resident from developing skin irritation. Resident #39 Resident #39 was admitted to the facility on [DATE], with diagnoses including type two diabetes mellitus with diabetic peripheral angiopathy without gangrene and type two diabetes mellitus with diabetic neuropathy, unspecified. On 04/17/2024 at 7:51 AM, an RN2 began preparing an Insulin Glargine (Lantus) pen for Resident #39. The RN2 removed the cap from the insulin pen and screwed a needle onto the pen without first wiping the pen tip (rubber seal) with an alcohol swab. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295105	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Nevada State Veterans Home	36 Battleborn Way Sparks, NV 89431

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The RN2 explained the RN2 did not swab the pen tip with alcohol because the cap had been covering the tip of the pen prior to inserting the needle. The RN2 then removed the needle and demonstrated with a new needle how the RN2 applies the needle without wiping the pen tip with alcohol. On 04/17/2024 at 7:56 AM, the RN2 administered insulin to the resident. The April 2024 MAR and medication orders for Resident #39 documented the following: - Insulin Glargine subcutaneous solution 100 unit/milliliter (ml), inject 10 units subcutaneously one time a day for diabetes. On 04/17/2024 at 1:02 PM, the DON verbalized the correct steps to preparing an insulin pen for injection were to take off the cap, swab the end of the pen with alcohol, insert the needle, and dial up the ordered dose. The Lantus pen safety information pamphlet, copyrighted 2022, documented the following steps to prepare a pen for injection: 1. Remove the pen cap. 2. Wipe the pen tip (rubber seal) with an alcohol swab. Remove the protective seal from the new needle and screw the needle on. The facility policy titled Pharmacy Services: Medication Administration, reviewed 12/18/2023, documented medications would be administered following the six rights of medication administration including the right practices (correct, accepted standards of practice and manufacturer's specifications). Medications would be prepared and administered in accordance with the prescriber's order, manufacturer's specifications, and accepted professional standards and principles. Staff would observe infection prevention practices during the administration of medications. Cross reference with tag F880

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295105	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Nevada State Veterans Home	36 Battleborn Way Sparks, NV 89431

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40377 Based on observation, interview, and document review, the facility failed to ensure an employee wore the appropriate hair restraints when working in the kitchen and hand hygeine was performed before and after resident contact during a lunch service. The deficient practice could impact the sanitary conditions of the working area for preparing resident food and meals and the potential to cause the spread of communicable disease to residents in the facility. Findings include: On 04/17/2024 at 12:05 PM, a Certified Nursing Assistant (CNA) entered the kitchen area on the Quail/[NAME] neighborhood to retrieve a beverage container from the refrigerator. The CNA lacked a hair restraint covering the CNA's full beard. On 04/17/2024 at 12:14 PM, the Dietary Services Director (DSD) verbalized staff should wear a hair restraint at all times when working in the kitchen. The facility policy titled Food Safety and Sanitation, last revised 05/2013, documented hair restraints are required and should cover all hair on the head. On 04/17/2024 at 2:00 PM, the DSD confirmed the facility's current policy did not address facial hair, however, the DSD verbalized the DSD expected employees to cover all hair on the head and face while working in the kitchen to maintain sanitary conditions. 41848 Hand Hygiene On 04/15/2024 the following was observed during a lunch service in the common dining area of the Reflections: Pyramid/[NAME] neighborhood: - At 11:57 AM a Certified Nursing Assistant (CNA) applied a plate protector to a resident's plate and delivered the plate to the resident seated at a table. - At 11:58 AM the CNA retrieved a lunch plate from the kitchen and delivered the plate to a resident seated at a table. - At 11:59 AM the CNA retrieved a lunch plate from the kitchen and delivered the plate to a resident seated at a table. - At 12:00 PM the CNA retrieved a lunch plate from the kitchen and delivered the plate to a resident seated at a table. The CNA placed the CNA's hand on the resident's shoulder while explaining the contents of the plate to the resident. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295105	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Nevada State Veterans Home	36 Battleborn Way Sparks, NV 89431

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- At 12:01 PM, the CNA retrieved a lunch plate from the kitchen and delivered the plate to a resident seated at a table. - At 12:02 PM, the CNA requested a burger for a resident, retrieved the burger and delivered the plate to a resident at a table and assisted the resident to set up the plate. - At 12:05 PM, The CNA then returned to the kitchen, dispensed ketchup into a cup and delivered it to the resident eating the burger at a table. - At 12:07 PM, the CNA retrieved a plate from the kitchen and poured juice into a cup and delivered the plate and cup to a table. - At 12:08 PM, the CNA walked out of the dining area to assist a resident in a wheelchair. The CNA did not perform hand hygiene at any point between the first plate delivered at 11:57 AM and the CNA leaving the dining room at 12:08 PM. On 04/15/2024 at 12:16 PM, the CNA confirmed the CNA had not performed hand hygiene between passing plates to residents and the CNA was supposed to perform hand hygiene between each plate delivered to residents. On 04/17/2024 at 9:32 AM, the Infection Preventionist (IP) verbalized hand hygiene would be performed after a staff member had delivered a tray or plate to a resident and before picking up the next tray or plate to reduce the risk of spreading pathogens. The facility policy titled Infection Prevention and Control Program, revised 12/18/2023, documented staff would perform hand hygiene before and after contact with residents.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295105	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Nevada State Veterans Home	36 Battleborn Way Sparks, NV 89431

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0838 Level of Harm - Potential for minimal harm Residents Affected - Some	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34524 Based on interview and document review, the facility failed to ensure the Facility Assessment (FA) was updated to reflect accurate and current staffing needs of the facility's special care unit (memory care). Findings include: The Facility assessment dated ,d+[DATE], documented the staffing plan for direct care staff was 1 staff member to 16 residents. The FA staffing plan did not include staffing levels required for the facility's memory care unit. On 04/17/2024 at 3:16 PM, the Director or Nursing verbalized the staffing ratio in the memory care unit was one staff member to eight residents. On 04/18/2024 at 3:24 PM, the Administrator verbalized the FA staffing plans did not address the staffing needs of the memory care unit. The Administrator confirmed the FA staffing plan should indicate all staffing needs, including the staffing needs of the memory care unit. The facility policy titled Facility Assessment, revised on 02/2024, documented the Pyramid/[NAME] household was designated as a special care unit specific to memory care.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295105	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Nevada State Veterans Home	36 Battleborn Way Sparks, NV 89431

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. 34524 Based on observation, interview, and document review the Quality Assessment and Assurance (QAA) Committee failed to identify the lack of timely training (see Tag F678, F943, and F949). Findings include: On 04/18/2024 at 2:29 PM, the Administrator verbalized the QAA Committee had not identified concerns with timeliness of trainings. The Administrator explained the online training system tracked trainings and would allow for trainings to be completed by the end of the month the training the was due, allowing for the trainings to be completed late. The Administrator verbalized training was due upon hire and annually thereafter. The Administrator confirmed trainings were being completed by the online training company standards and not by the regulatory standards. The facility policy titled QAPI Plan, dated 2024, documented the facility used quality assurance and performance improvement to make decisions and guide their day-to-day operations. The Quality Assurance and Improvement (QAPI) Plan focused on systems and processes, rather than individuals. The emphasis was on identifying opportunities for systemic improvement, and to educate individuals in facility processes and systems.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295105	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Nevada State Veterans Home	36 Battleborn Way Sparks, NV 89431

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41848 Based on observation, interview, clinical record review, and document review, the facility failed to ensure the rubber seal on an insulin pen was disinfected with alcohol prior to inserting a needle, COVID-19 testing was performed in an appropriate area, and a used COVID-19 test was not left in a resident area. The deficient practices have the potential to cause the spread of communicable disease to residents in the facility. Findings include: Safe Injection Practices Resident #39 Resident #39 was admitted to the facility on [DATE], with diagnoses including type two diabetes mellitus with diabetic peripheral angiopathy without gangrene and type two diabetes mellitus with diabetic neuropathy, unspecified. On 04/17/2024 at 7:51 AM, an Registered Nurse1 (RN) began preparing an Insulin Glargine (Lantus) pen for Resident #39. The RN1 removed the cap from the insulin pen and screwed a needle onto the pen without first wiping the pen tip (rubber seal) with an alcohol swab. The RN1 explained the RN1 did not swab the pen tip with alcohol because the cap had been covering the tip of the pen prior to inserting the needle. The RN1 then removed the needle and demonstrated with a new needle how the RN1 applies the needle without wiping the pen tip with alcohol. On 04/17/2024 at 7:56 AM, the RN1 administered insulin to the resident. The April 2024 MAR and medication orders for Resident #39 documented the following: - Insulin Glargine subcutaneous solution 100 unit/milliliter (ml), inject 10 units subcutaneously one time a day for diabetes. On 04/17/2024 at 1:02 PM, the DON verbalized the correct steps to preparing an insulin pen for injection were to take off the cap, swab the end of the pen with alcohol, insert the needle, and dial up the ordered dose. The Lantus pen safety information pamphlet, copyrighted 2022, documented the following steps to prepare a pen for injection: 1. Remove the pen cap. 2. Wipe the pen tip (rubber seal) with an alcohol swab. Remove the protective seal from the new needle and screw the needle on. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295105	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Nevada State Veterans Home	36 Battleborn Way Sparks, NV 89431

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility policy titled Pharmacy Services: Medication Administration, reviewed 12/18/2023, documented medications would be administered following the six rights of medication administration including the right practices (correct, accepted standards of practice and manufacturer's specifications). Medications would be prepared and administered in accordance with the prescriber's order, manufacturer's specifications, and accepted professional standards and principles. Staff would observe infection prevention practices during the administration of medications. Cross reference with tag F759 COVID test On 04/16/2024 at 8:21 AM, a used COVID test was sitting on top of a document shredding receptacle in a common area near the nursing desk in the Reflection: Pyramid/[NAME] neighborhood. On 04/16/2024 at 8:49 AM, the used test was still located on top of the document shredding receptable in the common area. An RN2 verbalized the test had been used by a staff member earlier in the morning of 04/16/2024. The staff member had been vomiting the previous night before coming to work and wanted to rule out COVID-19. On 04/17/2024 at 9:33 AM, the IP verbalized the test should have been performed in the designated testing room and not in a resident area. The IP verbalized there was a potential risk of spreading illness by leaving a used test in a resident care area. The IP confirmed the staff member should not have entered a resident care area if the staff member was symptomatic. The facility policy titled Infection Prevention and Control Program: Testing for COVID-19, dated 10/05/2022, documented symptomatic staff, regardless of vaccination status, would be restricted from the facility pending the results of COVID-19 testing.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295105	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Nevada State Veterans Home	36 Battleborn Way Sparks, NV 89431

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0943 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40377 Based on personnel record review, document review and interview, the facility failed to ensure elder abuse prevention training was completed timely for 3 of 20 sampled employees (Employee #4, #7, and #9). Findings include: The Facility assessment dated [DATE], documented all staff would go through the initial general orientation upon hire. All training would be in accordance with state and federal guidelines. Employee #4 Employee #4 was hired as the Registered Dietitian with a start date of 04/21/2022. Employee #4's personnel record documented abuse prevention training dated 05/22/2023, one month past the employee's anniversary date. Employee #7 Employee #7 was hired as a Certified Nursing Assistant with a start date of 04/10/2023. Employee #7's personnel record documented an abuse prevention training dated 04/10/2023. The employee's file lacked documented evidence of abuse training for 2024, prior to the anniversary date of the training. Employee #9 Employee #9 was hired as a Registered Nurse with a start date of 05/06/2019. Employee #9's personnel record documented an abuse prevention training dated 03/27/2023. The employee's file lacked documented evidence of abuse training for 2024, prior to the anniversary date of the training. On 04/17/2024 at 2:30 PM, the Human Resources Director (HRD) confirmed the abuse prevention training was provided at the employee's orientation and annually thereafter. The HRD confirmed Employee #4 lacked abuse prevention training prior to working with residents and Employee #7 and #9 lacked documented evidence of annual abuse prevention training for 2024. The facility policy titled Training Requirements: Abuse, Neglect and Exploitation, last reviewed 12/18/2023, documented training would be provided to staff upon hire, annually and as needed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	295105	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Nevada State Veterans Home	36 Battleborn Way Sparks, NV 89431

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0949 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide behavior health training consistent with the requirements and as determined by a facility assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40377 Based on personnel record review, interview, and document review, the facility failed to ensure annual behavioral health training was completed for 6 of 20 sampled employees (Employee #1, #2, #3, #7, #9, and #12). Findings include: The Facility assessment dated [DATE], documented all staff would go through the initial general orientation upon hire. All training would be in accordance with state and federal guidelines. The following employees lacked documented evidence of behavioral health training for 2024: - Employee #1 was hired as the Administrator with a start date of 01/03/2022. Employee #1's personnel file documented dementia training dated 04/16/2023. - Employee #2 was hired as the Director of Nursing with a start date of 01/10/2022. Employee #2's personnel file documented dementia training dated 04/16/2023. - Employee #3 was hired as the Recreation Director with a start date of 01/07/2020. Employee #3's personnel file documented dementia training dated 04/16/2023. - Employee #7 was hired as a Certified Nursing Assistant with a start date of 04/10/2023. Employee #7's personnel file documented dementia training dated 04/10/2023. - Employee #9 was hired as a Registered Nurse with a start date of 05/06/2019. Employee #9's personnel file documented dementia training dated 04/09/2023. - Employee #12 was hired as the Infection Preventionist/Licensed Practical Nurse with a start date of 08/08/2019. Employee #12's personnel file documented dementia training dated 04/16/2023. On 04/17/2024 at 2:34 PM, the Human Resources Director (HRD) verbalized behavioral health training was required for all staff upon hire and annually. The HRD confirmed Employees #1, #2, #3, #7, #9, and #12 did not receive behavioral health training in 2024 on or before their anniversary date. The facility policy titled Behavioral Health Services: Treatment/Service for Dementia, last reviewed 12/18/2023, documented a facility staff member who has direct contact with and provides care to persons with dementia of any type and is licensed or certified by an occupational licensing board will complete continuing education specifically related to dementia.