Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	3275	A. BUILDING _____ B. WING _____	11/30/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN RESIDENCE	**1305 KINGS COURT, RENO, NEVADA ,89503**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a State Licensure annual survey conducted at your facility on 11/30/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for eight Residential Facility for Group beds for elderly and disabled persons, three Category I and five Category II residents. The census at the time of survey was four. Four resident files were reviewed and three employee files were reviewed. The facility received a grade of A. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The following regulatory deficiencies were identified:	0000		

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0254 SS= D	Storage of Food-No Chemicals, Detergents - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 5. Pesticides and other toxic substances must not be stored in any area in which food, kitchen equipment, utensils or paper products are stored. Soaps, detergents, cleaning compounds and similar substances must not be stored in any area in which food is stored. Inspector Comments: Based on observation and interview, the facility failed to store toxic substances separately from food products. Findings include: On 11/30/21 at 10:49 AM, a pantry in the hallway at the facility contained miscellaneous items on the top two shelves and food products on the middle two shelves. Food items, toxic substances, including Lysol, were stored on the bottom shelf and multipurpose wipes, and first aid kit items were stored on the floor of the pantry. On 11/30/21 at 10:49 AM, a caregiver confirmed food and toxic substances were stored in the pantry, on seperate shelves. The caregiver was unaware storing food and toxic substances together in the pantry was against State regulation. Severity: 2 Scope: 1	0254	1. The pantry was cleaned after the survey. All toxic substances like lysol were removed from the pantry. 2. The pantry will only be used to store food only. All caregivers were informed about this. All toxic substances are stored outside or in the garage. 3. Pantry will be checked regularly on a monthly basis to ensure that only food is stored in the pantry. 4. Caregiver and owner. 5. 11/30/21	11/30/2021

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0430 SS= D	Requirements and Precautions - NAC 449.229 Requirements and precautions regarding safety from fire. (NRS 449.0302) 1. The administrator of a residential facility shall ensure that the facility complies with the regulations adopted by the State Fire Marshal pursuant to chapter 477 of NRS and all local ordinances relating to safety from fire. The facility must be approved for residency by the State Fire Marshal. 2. The Bureau shall notify the State Fire Marshal or the appropriate local government, as applicable, if, during an inspection of a residential facility, the Bureau knows of or suspects the presence of a violation of a regulation of the State Fire Marshal or a local ordinance relating to safety from fire. Inspector Comments: Based on observation, interview and record review, the facility failed to ensure smoke detectors were tested on a monthly basis. Findings include: On 11/30/21 at 10:40 AM, the Smoke Detector log lacked documented evidence smoke detectors were tested in October 2021 and November 2021. On 11/30/21 at 10:41 AM, a Caregiver confirmed smoke detectors were not tested in October 2021 and November 2021. The Caregiver explained it was important to test smoke detectors on a monthly basis for the safety of the residents. Severity: 2 Scope: 1	0430	1. Smoke detector test were done during the months of October and November but were not documented. Documentation was done on the day of the survey. 2. We will make sure that smoke detector test will be done monthly by checking the smoke detector log and make that it is documented. 3. We will check the smoke detector log every month to ensure that is is checked and documented on a monthly basis. 4. Caregiver/Administrator 5. 11/30/21	11/30/2021

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0620 SS= D	Written Policy on Admissions - NAC 449.2702 Written policy on admissions; eligibility for residency. (NRS 449.0302) 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast; (b) Requires restraint; (c) Requires confinement in locked quarters; or (d) Requires skilled nursing or other medical supervision on a 24-hour basis. Inspector Comments: Based on observation and interview, the facility failed to obtain an exemption request to retain a resident who was receiving wound care for 1 of 4 residents (Resident #1). Findings include: Resident #1 was admitted to the facility on 03/14/21 with diagnoses including congestive heart failure, atrial fibrillation, and fracture of the hip. Resident #1's record documented a verbal order, dated 08/26/21, ordering wound care and documented visits from a hospice agency nurse providing the wound care three times a week. On 11/30/21 at 11:20 AM, a Caregiver verbalized the resident was receiving wound care from the hospice agency nurse. Resident #1's record lacked documented evidence of an approved exemption request for wound care from the State of Nevada. On 11/30/21 at 11:28 AM, the Administrator verbalized the resident had received wound care from a hospice agency nurse. The Administrator confirmed the Administrator did not send an exemption request to the State of Nevada to retain a resident with wounds. Severity: 2 Scope: 1	0620	1. Make sure to apply for an exemption request for residents with wound and receiving wound care. 2. Ensure that the resident has an approved exemption request for wound when admitting or retaining a resident with wound by checking residents and records.. 3. Residents will be checked for wound every week and if there is, apply for exemption waiver for wound. 4. Administrator and caregiver. 5. 12/06/21	12/06/2021