

Division of Public and Behavioral Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>3275</b>                  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X3) DATE SURVEY<br>COMPLETED<br><br><b>08/30/2023</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>EVERGREEN RESIDENCE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>1305 KINGS COURT, RENO, NEVADA ,89503</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                        |
| (X4)<br>ID<br>PREFIX<br>TAG<br><br><b>0000</b>                 | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY<br>OR LSC IDENTIFYING INFORMATION)<br><br><b>Initial Comments</b><br><br>Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 08/30/23. This State Licensure survey was conducted by the Division of Public and Behavioral Health in accordance with NAC 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: | ID<br>PREFIX<br>TAG<br><br><b>0000</b>                                                    | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (X5)<br>COMPLETION<br>DATE                             |
| <b>0920<br/>SS= F</b>                                          | Medication: Storage - NAC 449.2748<br>Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medications for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself or herself without supervision may keep the resident 's medication in his or her room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room.<br><br>Inspector Comments: Based on observation                                | <b>0920</b>                                                                               | 1. Retraining was given to the caregiver and it was reiterated that all medications should be kept in the medicine cabinet.<br>2. Caregivers will always make sure that all medications are in the medication cabinet. They will put the medications back to the cabinet every time they take it out.<br>3. The caregiver will check that all medications are returned back to the medication cabinet before doing another task.<br>4. Administrator and Manager.<br>5. Education was given by Administrator on the day of the survey and retraining was done on 9/4/23. | <b>09/04/2023</b>                                      |

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER Name: LAILA BUENVIAJE Title: Administrator  
REPRESENTATIVE'S SIGNATURE

Date: 09/04/2023

Division of Public and Behavioral Health

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>3275</b>                  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____                                                     | (X3) DATE SURVEY<br>COMPLETED<br><br><b>08/30/2023</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>EVERGREEN RESIDENCE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>1305 KINGS COURT, RENO, NEVADA ,89503</b> |                                                                                                                          |                                                        |
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|                                                                | and interview, the facility failed to ensure the medications were secured for 4 of 4 residents. Findings include: On 08/30/23 at 9:22 AM, a plastic container with the resident's daily medications were setting on the dining table. The kitchen area was open and accessible to all residents. On 08/30/23 at 9:24 AM, the Caregiver confirmed the unsecured residents' medications was on the dining table. The Caregiver acknowledged the unsecured medication found on the dining table belonged to a resident and the Caregiver indicated all medications should be secured. On 08/30/23 at 9:29 AM, during the facility tour, medications were found on top of the refrigerator in a plastic basket located in the kitchen area. The medications identified: - One box of Fluticasone Propionate Nasal Spray usp 50 micrograms (mcg) -One box of diclofenac sodium topical gel 1% -One box of Ipratropium Bromide 15% milliliter (ml) -Two boxes of Timolol Maleate Ophthalmic 5 ml -15 plastic containers with the resident daily medications On 08/30/23 at 9:45 AM, the Owner confirmed the unsecured residents' medications were left out on top of the refrigerator and verbalized all medications were to be locked at all times. The Owner verbalized before leaving the facility to attend a personal emergency, the Owner instructed the Caregiver to lock all the medications. Severity: 2 Scope: 3 |                                                                                           |                                                                                                                          |                                                        |