

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER EVERGREEN RESIDENCE			STREET ADDRESS, CITY, STATE, ZIP CODE 1305 KINGS COURT, RENO, NEVADA ,89503	
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a complaint investigation survey conducted in your facility on 02/06/2025. 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 is 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. The sample size was two. There was one complaint investigated. Complaint #NV00073209 with an allegation the facility failed to maintain complete and accurate resident records resulting in missing Activities of Daily Living (ADL) logs, and medication administration records (MAR) was unsubstantiated due to lack of sufficient evidence A deficient practice unrelated to the allegations of the complaint regarding unsecured medications found in the dining area of the facility (See Tag Y0920) The investigation into the allegations included: Observations included a tour of the facility including resident rooms and bathrooms, kitchen, and medication storage, resident appearance, and caregiver to resident interactions. Interviews were conducted with one Caregiver, the Owner and one resident. Document review included facility progress notes, incident reports, history and physicals, ADL's, employee staff schedules, and MAR's. 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 deficiency was identified:			
0920 SS= F	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge,	0920	1. Retraining was conducted on 3/6/25 to the caregivers to educate them on the	03/06/2025

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

Title: Administrator

Date: 03/06/2025

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.

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	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. Inspector Comments: Based on observation, document review, and interview, the facility failed to ensure resident medications were kept secured in the facility for 4 of 4 residents (Resident #1, #2, #3 and #4). Findings include: Based on observation and interview, the facility failed to ensure medications were secure. Findings include: On 02/06/2025 at 9:40 AM, a vertical wooden cabinet, in the living room, next to the dining area containing 4 of 4 residents' medications was unlocked. A padlock was hanging from the left door handle of the cabinet and was not in the locked position. On 02/06/2025 at 10:23 AM, the Caregiver/Medication Technician verbalized having just been in the medication cabinet and had not locked it upon passing morning medications two hours prior to the unsecured findings. The Caregiver/Medication Technician confirmed the cabinet contained medications for 4 of 4 residents and should have been locked. Severity: 2 Scope: 3		importance of locking the medication cabinet at all times. 2. Caregivers will check the medication cabinet after passing all medications to the residents. 3. Another caregiver will recheck the cabinet to ensure that it is locked every after med pass. 4. Manager, Administrator 5. Retraining provided on 3/6/25.				