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
	7479	A. BUILDING _____ B. WING _____	08/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LONGEVITY RESIDENTIAL CARE II	**4073 KINGS ROW, 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 an annual State Licensure survey conducted at your facility on 08/29/19, in accordance with the Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illnesses and/or persons with mental retardation and/or persons with chronic illnesses, with five Category I and five Category II residents. The census at the time of the survey was nine. Nine residents files were reviewed and four 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 investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiency was identified:	0000		
0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the	0878	Tag 0878 1) Resident #1 was seen in follow-up by his practitioner Nurse after rehabilitation discharge on 07/12/19 and discontinue Tylenol 325 mg and was never intended to carry over from the hospital per his practitioner nurse. However his practitioner nurse forgot to write a medication order to discontinue Tylenol 325 mg for facility copy during his visit. Contacted practitioner nurse office on 8/29/19 at 3:55 pm requesting a copy fax to our facility as soon as possible. 08/29/19 at 4:10 pm received written order discontinue Tylenol 325 mg via fax from practitioner nurse and place it on Resident #1 file. 2) An in-service training review given by Administrator to all caregivers on medication management training emphasis on reviewing Physician's orders a change on any medication and to confirmed the facility gets a written copy of such changes. 3) The Administrator will conduct medication audit on Physician new and old	08/30/2019

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	administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (Previously Y 0879) (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, the physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. Inspector Comments: Based on observation, record review and interview, the facility failed to ensure ordered medications were on-site to adminsiter as prescribed for 1 of 9 residents (Resident #1). Findings include: Resident #1 Resident #1 was admitted on 07/10/19, with diagnoses including dementia and falls. The resident's file contained a physician's order dated 07/02/19 documenting, Tylenol 325 milligrams (mg), take two tabs by mouth every six hours as needed. However, the medication was not on-site to administer as prescribed and was not listed on the August 2019 Medication Administration Record (MAR). On 08/29/19 at 3:15 PM, the file lacked documented evidence of a physician's discontinue order. On 08/29/19 at 3:15 PM, the Administrator provided a physician medication order dated 08/12/19 for Resident #1, however, the order lacked documented evidence to discontinue Tylenol 325 mg. The Administrator confirmed the medication was not on-site and thought the medication had been discontinued since it was not listed on the 08/12/19 order. On 08/29/19 at 3:52 PM, the Administrator confirmed the resident's file lacked documented evidence of a discontinue order and confirmed the medication ordered 07/02/19 was not on-site. Severity: 2 Scope: 1		orders for compliance each month. 4) The Administrator will monitor for compliance. 5) Date of completion: 08/30/2019	

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