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 _____	07/14/2020

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 Defieciencies was generated as a result of a State Licensure annual grading survey conducted at your facility on 07/14/20. This 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 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 survey was eight. Eight resident 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 investigation, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The following deficiencies were identified:	0000		

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 REPRESENTATIVE'S SIGNATURE Name: SAMMY VALERA RFA Title: Administrator Date: 07/28/2020

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0920 SS= D	Medication: Storage - NAC 449.2748 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. Inspector Comments: Based on observation, interview, and clinical record review, the facility failed to secure medications from residents for 1 of 8 sampled residents (Resident #2). Findings include: Resident #2 Resident #2 was admitted to the facility on 03/24/20, with diagnoses including hypertension, atrial fibrillation without controlled ventricular rate and femoral occlusion left and right. On 07/14/20 at 9:34 AM, Latanoprost 0.005% solution, instill one dropperful into both eyes at bedtime was found unsecured in the kitchen refrigerator for Resident #2. A physician order for Resident #2 dated 02/20/20, documented Latanoprost 0.005% solution, instill on dropperful into both eyes at bedtime. On 07/14/20 at 9:34 AM, the Caregiver confirmed Latanoprost solution was unsecured in the kitchen refrigerator and verbalized all medications were to be locked. The Caregiver pulled a locked box from the refrigerator and explained medications stored in the refrigerator were to be locked in the box. Severity: 2 Scope: 1	0920	0920 1. Resident # 2 Medication bottle Latanoprost 0.005% solution ,instill one dropperful into both eyes at bedtime has been secured into the kitchen refrigerator into the locked box container. 2. The Administrator conducted an in-serviced medication storage training review under NAC 449.2748 to all caregivers based on the medication plan of the facility to ensure medication stored in refrigerator kept secured into a locked box container at all time. 3. The Administrator will conduct a medication storage inspection each week to ensure medication stored in refrigerator are kept secured and locked into container at all time. 4. The Administrator will monitor for compliance per regulation NAC 449.2748. 5. Date of Correction: 7/15/2020	07/15/2020