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 _____	08/05/2021

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. This State Licensure Survey was conducted in accordance with 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 intellectual disabilities and/or persons with chronic illnesses, with five Category I and five Category II residents. The census at the time of the survey was eight. Eight 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 deficiencies were identified:	0000		
0644 SS= C	Posting Requirements - 1. A person who operates a residential facility for groups shall: (a)?Post his or her license to operate the residential facility for groups; (b)?Post the rates for services provided by the residential facility for groups; and (c)?Post contact information for the administrator and the designated representative of the owner or operator of the facility, in a conspicuous place in the residential facility for groups. Inspector Comments: Based on observation and interview, the facility failed to post its rates within the facility. Findings include: On 08/05/21, the facility rates were not visible in the lobby and reception area of the facility. On 08/05/21 at 9:43 AM, the facility rates were not visible to the public. A Caregiver removed the rates list from a bookshelf and placed them in the open. Severity: 1 Scope: 3	0644	Tag 0644 1) Facility rates for services has been posted on the wall visible in the lobby and reception area of the facility. 2) The Administrator conducted a staff meeting regarding the importance of posting facility rates for services and to be visible in our lobby and reception area of the facility per regulation. 3) The Administrator will conduct weekly inspection to make sure facility rate for services has been permanently posted in the wall visible in the lobby and reception area of the facility. 4) The Administrator will monitor for compliance per regulation. 5) Date of Correction: 08/30/2021	08/30/2021
0920 SS= E	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge,	0920	Tag 0920	08/31/2021

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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 and interview, the facility failed to ensure medications were stored in a locked container for 1 of 8 residents (Resident #3). This practice had the potential to affect 8 of 8 residents. Findings include: Resident #3 Resident #3 was admitted to the facility on 01/25/21 with diagnoses including hypertension and chronic obstructive pulmonary disease. On 08/05/21 at 11:08 AM, a caregiver removed Resident #3's medication, not located in a lock box, from the refrigerator located in the common kitchen. The medication in the refrigerator was Morphine Sulfate 100 milligrams (mg)/5 milliliters (ml). Take 0.25 ml by mouth/sublingual every two hours as needed (PRN) for pain/shortness of breath. The Caregiver removed the lock box from the top of the refrigerator, without the medication. On 08/05/21 at 11;08 AM, the Caregiver confirmed the medication should have been placed in the lock box and locked before being placed in the refrigerator. The Caregiver verbalized each resident in the facility could access the medication Note: This is a repeat citation from the 07/14/20 annual recertification survey. Severity: 2 Scope: 3		1) Resident # 3 medication morphine sulfate 100 mg/5ml . Take 0.25 ml by mouth /sublingual every two hours as needed for pain /shortness of breath has been secured into the kitchen refrigerator into locked box container. 2) The Administrator conducted an in-serviced medication storage re- training review under NAC 449.2748 to all caregiver based on the medication plan of the facility to ensure resident medication stored in the refrigerator kept secured into locked box container at all time. 3) The Administrator will conduct a resident medication storage inspection each week to ensure resident medication stored in refrigerator are kept secured and locked into container at all time to prevent this deficient practice will not recur. 4) The Administrator will monitor for compliance per regulation NAC 449.2748 5) Date of Correction: 08/31/2021	

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