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 _____	08/25/2022

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 08/25/22. 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		
0620 SS= D	Written Policy on Admissions - NAC 449.2702 Written policy on admissions; eligibility for residency. (NRS 449.0302) 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast; (b) Requires restraint; (c) Requires confinement in locked quarters; or (d) Requires skilled nursing or other medical supervision on a 24-hour basis. Inspector Comments: Based on observation and interview, the facility failed to discharge a resident receiving skilled nursing for wound care for 2 of 8 residents (Resident #3 and #2). Findings include: Resident #3 Resident #3 was admitted to the facility on 10/02/21, with a diagnosis including a nonhealing skin ulcer, limited to breakdown of skin A physician progress note dated 01/26/22, documented a nonhealing skin ulcer to the mid-thoracic spinous process area. Resident #3's clinical record lacked	0620	0620 1) Resident #2 exemption request for wound care has been submitted to the State of Nevada on 09/07/2022. (Attached proof of submission via online. Resident # 3 exemption request for wound care has been submitted to the State of Nevada on 09/08/2022. (Attached proof of submission via online. 2) The Administrator conducted a review and refresher training on a facility written policy admitting resident for eligibility for residency and / resident eligibility requirements for a waiver exemption request for wound care / bedfast to the State of Nevada (if applicable) before any resident admission. 3) The Administrator will carefully evaluate each potential resident for eligibility for residency and apply exemption request (if applicable) to the State of Nevada before	09/07/2022

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	documented evidence of an approved exemption request for wound care from the State of Nevada. On 08/25/22 at 11:03 AM, a caregiver explained Resident #3 was receiving wound care twice per week by a home health agency nurse. On 08/25/22 at 11:32 AM, the Administrator verbalized Resident #3 was receiving wound care from a home health agency nurse. Resident #2 Resident #2 was admitted to the facility on 04/30/19, with diagnoses including Parkinson's disease, dementia, and hypertension. A Physician Order for Resident #2 from the Hospice IDG Comprehensive Assessment and Plan of Care Update Report, dated 07/07/22, documented wound care anterior left foot. Cleanse wound with wound cleanser, pat dry. Apply 4x4 Optifoam or border gauze dressing. Wound care to be performed by registered nurse at each weekly visit, and as needed. On 08/25/22 at 11:03 AM, a Caregiver confirmed Resident #2 had a wound on the foot and a wound on the left buttock. The Caregiver confirmed a hospice nurse provided wound care to the resident twice a week, and as needed. On 08/25/22 at 11:32 AM, the Administrator verbalized Resident #2 received wound care from a hospice nurse. The Administrator confirmed the Administrator did not request an exemption request to admit or retain a resident with wounds from the State of Nevada. Severity: 2 Scope: 2		any resident admission under NAC 449.2702 to ensure that each resident admission paper works are complete and compliant before admission. 4) The Administrator will monitor for compliance per regulation under NAC 449.2702. 5) Date of correction: 09/07/2022 and 09/08/2022	
0920 SS= F	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	0920	0920 1) Resident medications morphine sulfate 100/5ml, Take 0.25 ml PO every 2 hours as needed -Systane Ultra eye drop 0.4 solution , instill 2 drops into each eye TID, -Timolol maleate 0.5 -instill one drop into each right eye every 12 hours -Travaprost 0.004% opthalmic solution , instill one drop in right eye at bedtime . All medications has been secured into the refrigerator in a locked box container and kept the key by caregiver. 2) The Administrator conducted an In-service medication storage re-training review under NAC 449.2748 to all caregiver based on the medication plan of the facility to ensure resident medication are stored in	09/06/2022

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	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 the medications were secured for 8 of 8 residents. Findings include: On 08/25/22 at 9:25 AM, during a tour of the facility, the following medications were found in the facility refrigerator in a locked box, with the key on top of the locked box in the kitchen: -Morphine sulfate 100/5 milliliter (ml), take 0.25 ml, by mouth every two hours as needed. -Systane Ultra 0.4 solution, instill two drops into each eye, three times a day. -Timolol Maleate 0.5, instill one drop into right eye every 12 hours. -Travorprost 0.004% opthamalic solution, instill one drop in right eye at bedtime. On 08/25/22 at 9:25 AM, the Caregiver confirmed the medications were kept in the facility refrigerator unsecured. The Caregiver explained the medications were accessible to the residents and the key should not have been left with the lock box in the refrigerator. On 08/25/22 at 9:26 AM, the Administrator verbalized the key to the locked medication box in the refrigerator should not have been stored with the locked medications box. The Administrator confirmed the medications were unsecured and accessible to residents. This is a repeat deficiency from the 07/14/20 and 08/05/21 annual recertification survey. Severity: 2 Scope: 3		the refrigerator and kept secured into locked box container and key kept by caregiver securely as well at all time. 3) The Administrator will conduct a resident medication storage inspection each week to ensure resident medication are stored in refrigerator and 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: 09/06/2022	