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 _____	08/19/2024

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 08/19/2024. 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 or disabled persons and/or persons with mental illnesses and/or persons with intellectual disabilities, five Category I residents and five Category II residents. The census at the time of the survey was eight. Eight residents files were reviewed and three 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. They following regulatory deficiencies were identified:	0000		
0515 SS= F	Supervision and Treatment of Residents - NAC 449.259 & R043-22 Supervision and treatment of residents generally. (NRS 449.0302) 1. A residential facility shall ensure that the staff of the facility collaborate with each resident of the facility, the family of the resident and other persons who provide care for the resident, including, without limitation, a qualified provider of health care, as interpreted by section 8 of this regulation, to: (a) Develop a person-centered service plan for the resident; and (b) Review the person-centered service plan at least once each year.; Inspector Comments: Based on interview and clinical record review, the facility failed to develop a person-centered service plan for 8 of 8 residents (Resident #1, #2, #3, #4, #5, #6, #7, and #8). Findings include: The following residents lacked a person-centered service plan in the clinical record review: Resident #1 was admitted to the facility on 07/23/2023 with diagnoses	0515	0515 1) Developed and completed person-centered service plan in the clinical record review for each (resident #1, #2, #3, #4, #5, #6, #7, and #8.) 2) The Administrator will have check list of person-centered service plan for each resident and reviewed for accuracy upon admission and at least once each year 3) The Administrator will conduct a review of resident service plan each month to ensure resident service plan are completed and accurate. 4) The Administrator will monitor for compliance per regulation NAC 449.259 and R043-22 5) Date of correction: 09/09/2024	09/09/2024

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	including essential hypertension, type II diabetes mellitus, stage 4 chronic kidney disease and vascular dementia. Resident #2 was admitted to the facility on 07/26/2023 with diagnoses including type II diabetes mellitus, stage 3A chronic kidney diseases and obstructive sleep apnea. Resident #3 was admitted to the facility on 01/27/2022 with diagnoses including stage 3 chronic kidney disease, prediabetes, dyslipidemia, chronic heart failure, and vascular dementia without behavioral disturbances. Resident #4 was admitted to the facility on 12/27/2023 with diagnoses including pressure injury on buttocks, stage 2, chronic pain and hypertensive heart disease with chronic heart failure Resident #5 was admitted to the facility on 03/25/2020 with diagnoses including vascular dementia without behavioral disturbances, hypotension, thrombocytopenia, and impaired functional mobility. Resident #6 was admitted to the facility on 08/16/2024 with a diagnosis of B Cell Lymphoma with Sepsis. Resident #7 was admitted to the facility on 02/07/2018 with diagnoses including hypertension, type II diabetes mellitus, and severe intellectual disability. Resident #8 was admitted to the facility on 05/20/2022 with diagnoses including vascular dementia without behavioral disturbances, stage 3 chronic kidney disease, and opioid dependence from chronic pain. On 08/19/2024 at 12:40 PM, the Administrator confirmed person-centered service plans were not developed for Resident #1, #2, #3, #4, #5, #6, #7, and #8. Severity: 2 Scope: 3			
0870 SS= F	Medication Administration-Accuracy & Report - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-	0870	0870 1) Our registered nurse reviewed residents pharmacy documentation including list of medication for accuracy and appropriateness for resident #1,#2, #3, #4, #5, #7 and #8. 2) The Administrator will conduct a monthly review on each resident pharmacy medication documentation including medication list to ensure documentation are all completed. 3) The Administrator will meet with registered nurse each medication review for	09/10/2024

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	counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility. (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). Inspector Comments: Based on interview and document review, the Administrator failed to ensure a Pharmacy Review included which resident's medications were being reviewed for 7 of 7 residents in the facility longer than six months (Residents #1, #2, #3, #4, #5, #7 and #8). Findings include: Resident #1 Resident #1 was admitted to the facility on 07/23/2023 with diagnoses including essential hypertension, type II diabetes mellitus, stage 4 chronic kidney disease and vascular dementia. Resident #1's Pharmacy Review dated 01/20/2024 and 07/20/2024, lacked the medications reviewed. Resident #2 Resident #2 was admitted to the facility on 07/26/2023 with diagnoses including type II diabetes mellitus, stage 3A chronic kidney diseases and obstructive sleep apnea. Resident #2's Pharmacy Review dated 01/24/2024 and 07/24/2024, lacked the medications reviewed. Resident #3 Resident #3 was admitted to the facility on 01/27/2022 with diagnoses including stage 3 chronic kidney disease, prediabetes, dyslipidemia, chronic heart failure, and vascular dementia without behavioral disturbances. Resident #3's Pharmacy Review dated 01/18/2024 and 07/22/2024, lacked the medications reviewed. Resident #4 Resident #4 was admitted to the facility on 12/27/2023 with diagnoses including pressure injury on buttocks, stage 2, chronic pain and hypertensive heart disease with chronic heart failure. Resident #4's Pharmacy Review dated 12/28/2023 and 06/21/2024, lacked the medications reviewed. Resident #5 Resident #5 was admitted to the facility on 03/25/2020 with		accuracy and appropriateness of documentation. 4) The Administrator will monitor for compliance per regulation NAC 449.2742 5) Date of correction: 09/10/2024	

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	diagnoses including vascular dementia without behavioral disturbances, hypotension, thrombocytopenia, and impaired functional mobility. Resident #5's Pharmacy Review dated 09/18/2023 and 03/17/2024, lacked the medications reviewed. Resident #7 Resident #7 was admitted to the facility on 02/07/2018 with diagnoses including hypertension, type II diabetes mellitus, and severe intellectual disability. Resident #7's Pharmacy Review dated 02/13/2024 and 08/02/2024, lacked the medications reviewed. Resident #8 Resident #8 was admitted to the facility on 05/20/2022 with diagnoses including vascular dementia without behavioral disturbances, stage 3 chronic kidney disease, and opioid dependence from chronic pain. Resident #8's Pharmacy Review dated 11/20/2023 and 05/19/2024, lacked the medications reviewed. On 08/19/2024 at 10:15 AM, the Administrator confirmed the resident's Pharmacy Review documentation did not include a list of the resident's medications reviewed by the Nurse. Severity: 2 Scope: 3			
1600 SS= C	Preferred Name/Pronoun P& P - Preferred Name/Pronoun P& P R016-20 Sec. 19 1. A facility shall: (a) Develop policies to ensure that a patient or resident is addressed by his or her preferred name and pronoun and in accordance with his or her gender identity or expression; and (b) Adapt electronic records and any paper records the facility has to reflect the gender identities or expressions of patients or residents with diverse gender identities or expressions, including, without limitation: (2) If the facility is a facility for the dependent or other residential facility, adapting electronic records and any paper records the facility has to include the preferred name and pronoun and gender identity or expression of a resident. R016-20 Sec. 19 2. If a patient or resident chooses to provide the following information, the health records adapted pursuant to subparagraph (1) of paragraph (b) of subsection 1 must include, without limitation: (a) The preferred name and pronoun of the patient or resident; (b) The gender identity or expression of the patient or resident; (c) The gender identity	1600	1600 1) Developed and updated policies on resident clinical record to reflect a resident's preferred name, pronoun, gender identity, or expression, and sexual orientation and completed by all residents/responsible party and place in their own files. (Resident #1,#2,#3,#4,#5,#6,#7,and #8) 2) The Administrator will conduct a review of all updated resident clinical record to ensure resident files are all completed. 3) The Administrator will have check list of all resident clinical record and review each month for accuracy. 4) The Administrator will monitor for compliance per regulation R016-20 Sec 19 1-2 5) Date of correction: 09/12/2024	09/12/2024

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	or expression of the patient or resident that was assigned at the birth of the patient or resident; (d) The sexual orientation of the patient or resident; and (e) If the gender identity or expression of the patient or resident is different than the gender identity or expression of the patient or resident that was assigned at the birth of the patient or resident: (1) A history of the gender transition and current anatomy of the patient or resident; and (2) An organ inventory for the patient or resident which includes, without limitation, the organs: (I) Present or expected to be present at the birth of the patient or resident; (II) Hormonally enhanced or developed in the patient or resident; and (III) Surgically removed, enhanced, altered or constructed in the patient or resident. R016-20 Sec. 20 1. Except as otherwise provided in subsection 2, the statements, notices and information required by sections 2 to 22, inclusive, of this regulation and NRS 449.101 to 449.104, inclusive, must be in English and, as appropriate for a facility, in any other language the Department determines is appropriate based on the demographic characteristics of this State. In addition to the notices and information provided in English and any other language the Department determines is appropriate based on the demographic characteristics of this State, a facility may provide the statements, notices and information in any other language the facility may desire. R016 -20 Sec. 20 2. A facility must make reasonable accommodations in providing the statements, notices and information described in subsection 1 for patients or residents who: (a) Are unable to read; (b) Are blind or visually impaired; (c) Have communication impairments; or (d) Do not read or speak English or any other language in which the statements, notices and information are written pursuant to subsection 1. Inspector Comments: Based on clinical record review and interview, the facility failed to ensure there were policies developed and resident records in compliance with R016-20 Section 19, regarding resident records to reflect a			

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	resident's preferred name, pronoun, gender identity or expression, and sexual orientation, affecting 8 of 8 residents (Residents #1, #2, #3, #4, #5, #6, #7, and #8). Findings include: Resident #1 was admitted to the facility on 07/23/2023 with diagnoses including essential hypertension, type II diabetes mellitus, stage 4 chronic kidney disease and vascular dementia. Resident #2 was admitted to the facility on 07/26/2023 with diagnoses including type II diabetes mellitus, stage 3A chronic kidney diseases and obstructive sleep apnea. Resident #3 was admitted to the facility on 01/27/2022 with diagnoses including stage 3 chronic kidney disease, prediabetes, dyslipidemia, chronic heart failure, and vascular dementia without behavioral disturbances. Resident #4 was admitted to the facility on 12/27/2023 with diagnoses including pressure injury on buttocks, stage 2, chronic pain and hypertensive heart disease with chronic heart failure Resident #5 was admitted to the facility on 03/25/2020 with diagnoses including vascular dementia without behavioral disturbances, hypotension, thrombocytopenia, and impaired functional mobility. Resident #6 was admitted to the facility on 08/16/2024 with a diagnosis of B Cell Lymphoma with Sepsis. Resident #7 was admitted to the facility on 02/07/2018 with diagnoses including hypertension, type II diabetes mellitus, and severe intellectual disability. Resident #8 was admitted to the facility on 05/20/2022 with diagnoses including vascular dementia without behavioral disturbances, stage 3 chronic kidney disease, and opioid dependence from chronic pain. On 08/19/2024, in the morning, the eight sampled resident clinical records reviewed, Residents #1, #2, #3, #4, #5, #6, #7, and #8 lacked documentation to be in compliance with R016-20 Section 19. On 08/19/2024 at 11:05 AM, the Administrator confirmed there were no changes to resident clinical records in compliance with the regulation. Severity: 1 Scope: 3			