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
	7766	A. BUILDING _____ B. WING _____	08/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FERNLEY ESTATES	**1130 CHISHOLM TRAIL, FERNLEY, NEVADA ,89408**

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a State Licensure annual survey conducted in your facility on 08/11/22, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 72 Category II, Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's Disease. The census at the time of the survey was 46 15 resident files and 11 employee files were reviewed. 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		

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: LAURA HIGMAN | Title: Administrator | Date: 09/09/2022

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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 1 of 15 residents (Resident #10). Findings include: Resident #10 Resident #10 was admitted to the facility on 07/26/22, with diagnoses including cellulitis, thrombophlebitis, and deep vein thrombosis. An Outside Health Care Agency Progress Note dated 07/29/22, documented a new wound to posterior calf. Resident #10's clinical record lacked documented evidence of an approved exemption request for wound care from the State of Nevada. On 08/11/22 at 11:18 AM, the Administrator verbalized Resident #10 was receiving wound care from a home health agency nurse. Severity: 2 Scope: 1	0620	A. On 9/9/22 the administrator submitted for the wound exemption waiver for resident#10. B. The administrator will ensure that all new admissions and current residents receive an exemption to follow regulation NAC 449.2702. C. Exemptions will promptly be submitted by the administrator prior to move-in, or once the condition has been notified to the administrator and/or wellness director.	09/09/2022
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	0878	a. On 8/24/22 The Wellness Director received clarification from the hospice company for resident #6. The provider wrote a discontinue order and the medication was stopped. (See attachment) b. The Wellness Director will ensure that all current medication orders are in residents' chart and updated as needed. c. All resident charts will be audited monthly in accordance with the community quality audit schedule together by the medication technician and the wellness director to ensure that al medications are given per physicians' orders.	08/24/2022

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	the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the 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, clinical record review, and interview, the facility failed to ensure a medication was administered as prescribed (Resident #6). Findings include: Resident #6 Resident #6 was admitted to the facility on 02/27/20 with diagnoses including dementia and osteoarthritis. Resident #6's medication administration record (MAR) documented Furosemide 20 milligram tablet, take one tablet by mouth, every day for congestive heart failure. The physician order, dated 06/24/22, and medication label documented Furosemide oral tablet 20 milligram, take one tablet by mouth, twice daily. Resident #6's MAR indicated the Furosemide was administered once daily. On 08/11/22 at 1:26 PM, the Medication Technician verbalized not knowing if the medication should be given once daily or twice daily. The facility's policy titled "Health Services - Systems," documented before the community administers or assists administration of any resident medication or treatment, an order must specify it for the resident and the resident's MAR sheet must include guidelines for its use. Severity: 2 Scope: 1			

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0923 SS= D	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician; and (b) Kept in its original container until it is administered. Inspector Comments: Based on observation, clinical record review, and document review, the facility failed to ensure an over the counter medication had a resident name and/or physician name on the label for 2 of 15 sampled residents (Resident #3 and #10). Findings include: Resident #3 Resident #3 was admitted to the facility on 02/14/22, with diagnoses including alcoholic cirrhosis of liver, diabetes mellitus, type two, and failure to thrive. Resident #3's August 2022 Medication Administration Record (MAR) documented calazime skin protectant paste, apply small amount to groin area as needed for redness/irritation. The medication was located in Resident #3's medication bin, however, lacked documented evidence of the physician's name on the medication. A Physician Order dated 08/04/22, for Resident #3 documented calazime lotion, apply small amount to groin area as needed for redness/irritation. On 08/11/22 at 1:45 PM, a Medication Technician confirmed the calazime did not have the name of the ordering physician on the medication tube. Resident #10 Resident #10 was admitted on 07/26/22 with diagnoses to include cellulitis, pulmonary hypertension, hypothyroid, chronic obstructive pulmonary disease (COPD), and depression. Resident #10's August 2022 MAR documented; -melatonin 3 milligram (mg) tab. Take one tab by mouth daily at bedtime. -loperamide HCL 2 mg tab. Take two tablets (4 mg) by mouth initially then take 1 tab as directed, as needed for diarrhea. -Senna 8.6 mg tabs. Take two tablets (17.2 mg) by mouth daily at bedtime as needed for constipation. The medications were located in Resident #10's medication bin, however, lacked	0923	a. Resident#3 & #10 - A physician's name was put on the calazime cream, melatonin, loperamide, and senna prior to end of day on 8/11/22. Training for all medication technicians has been set for 8/30/22 to cover the topic of properly labeling OTC medications. b. The Wellness Director will ensure that staff is properly trained on labeling OTC medications. c. Medication carts will be audited monthly, and as needed, together by the medication technician and wellness director in accordance with the community quality audit schedule to ensure all medications are available and labeled properly.	08/11/2022

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	documented evidence of the resident's name and the physician's name on the medications. Resident #10's physician orders dated 07/20/22, documented: -melatonin 3 mg tab. Take one tab by mouth daily at bedtime. -loperamide HCL 2 mg tab. Take two tablets (4 mg) by mouth initially then take 1 tab as directed, as needed for diarrhea. -Senna 8.6 mg tabs. Take two tablets (17.2 mg) by mouth daily at bedtime as needed for constipation. On 08/11/22 at 2:02 PM, a Medication Technician confirmed the melatonin, loperamide HCL, and Senna did not have the resident's name and the name of the ordering physician on the medication. The facility policy titled "Medication Service: Medication Storage," undated, documented over the counter medications would be stored in the original container and marked/labeled to designate the resident user. The policy lacked the requirement to label the medications with the ordering physician's name. Severity: 2 Scope: 1			