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
	9071	A. BUILDING _____ B. WING _____	07/25/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WASHOE SENIOR LIVING I	4190 BISMARCK DRIVE, RENO, NEVADA ,89502

(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 a State Licensure annual grading survey conducted at your facility on 07/25/19. 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 five Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was four. Four resident files were reviewed and four employee files were reviewed. The facility is requesting an endorsement to provide services to persons with Alzheimer's disease. The request to add the Alzheimer's disease endorsement was denied until an acceptable plan of correction is submited and the facility is re-surveyed. 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 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: SCOTT REDDY Title: Administrator Date: 08/12/2019

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0874 SS= D	Medication Administration-Report Received - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 2. Within 72 hours after the administrator of the facility receives a report submitted pursuant to paragraph (a) of subsection 1, a member of the staff of the facility shall notify the resident's physician of any concerns noted by the person who submitted the report. The report must be reviewed and initialed by the administrator. Inspector Comments: Based on record review, document review, and interview, the facility failed to ensure a medication profile review performed by a pharmacist indicating recommendations was acted upon by the Administrator for 1 of 4 residents residing in the facility (Resident #4). Findings include: Resident #4 Resident #4 was admitted to the facility on 02/01/19 with diagnoses including chronic heart failure, atrial fibrillation, severe aortic stenosis and chronic obstructive pulmonary disease. Resident #4's record contained a medication review, dated 03/18/19, by a pharmacist with recommendations to monitor the resident's potassium chloride levels due to several of resident's medications affecting potassium levels. The review was initialed by the Administrator but lacked evidence of action on the recommendation. On 07/25/19 at 11:30 AM, the Administrator acknowledged the finding and verbalized there had been no action taken. Severity: 2 Scope: 1	0874	0874 Medication Administration - Medication Review A protocol will be established to make sure that medication review recommendations are forwarded to the physician responsible for the resident and to save a record of the transmission of the recommendations in the residents file. This correction will be the responsibility of the Administrator. This plan of correction will be fully implemented by September 30, 2019.	09/30/2019

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0936 SS= D	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on record review, document review and interview, the facility failed to ensure 1 of 4 residents met the requirements concerning tuberculosis (TB) testing in accordance with Nevada Administrative Code (NAC) 441A (Resident #4). Findings include: Resident #4 Resident #4 was admitted to the facility on 02/01/19 with diagnoses including chronic heart failure, atrial fibrillation, severe aortic stenosis and chronic obstructive pulmonary disease. Resident #4's record documented a first step TB test with an injection, dated 08/30/18 and resulted negative without a read date. Resident #4's record documented a second step TB test with an injection, dated 09/08/18 and resulted negative without a read date. On 07/25/19 at 1:00 PM, the Administrator acknowledged the findings and confirmed the TB test documentation was incomplete. Severity: 2 Scope: 1	0936	0936 Maintenance and Contents of Separate File - TB Testing A protocol will be established to make sure that TB Tests are compliant with State of Nevada Regulations. If we are unable to receive compliant TB Tests from the discharging facility, we will retest the Resident as soon as possible after admission to our facility. This correction will be the responsibility of the Administrator. This plan of correction will be fully implemented by September 30, 2019.	09/30/2019