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
	9279	A. BUILDING _____ B. WING _____	07/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVONLI CARE HOME	**3364 ROSARIO CIRCLE, LAS VEGAS, NEVADA ,89121**

(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 and infection control survey conducted at your facility on 07/20/21, 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 illness, chronic illness, 10 category II residents. The census at the time of survey was eight. Eight resident files and three employee files were reviewed. The facility received a grade of A. The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of antidiscrimination policy; posting of nondiscrimination statement and certain other information, NRS 449.102 - Duties of licensed facility to protect privacy of patient or resident, and LCB File No. R016-20 - Cultural competency training; complaint policy; development of gender identity/expression policy; designated person responsible for compliance with these regulations. Failure to comply with NRS 449.101, NRS 449.102 and LCB File No. R016-20 may result in future deficiencies. 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 investigation, 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		

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: GINALYN BALTAZAR-SUMBANG	Title: Administrator	Date: 08/04/2021

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0895 SS= D	Administration of Medication Maintenance - NAC 449.2744 Administration of medication: Maintenance and contents of logs and records. (NRS 449.0302) 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident ' s physician. Inspector Comments: Based on interview and record review, the facility failed to ensure the Medication Administration Record (MAR) was accurate for 1 of 8 residents (Resident #5). Finding include: Resident #5 (R5) was admitted on 01/18/21 with diagnosis including dementia and hypertension R5's physician's order dated 04/29/21 documented Methimazole five milligram tablet. Take one tablet by oral route every day. R5's Medication Administration Record (MAR) for July 2021 did not list Methimazole and whether the medication was administered. On 07/20/21 at 10:25 AM, a Caregiver confirmed the MAR was not accurate and did not list the medication Methimazole. Severity: 2 Scope: 1	0895	a. The Administrator immediately instructed Staff to list Resident #5 medication on MAR. b. The Administrator and Staff shall ensure all Residents' prescribed medications are accurately listed and signed in the Medication Administration Record (MAR). Administrator will monitor the accuracy of the MAR accordingly. c. Complete Date: 07/20/2021	07/20/2021
0920 SS= E	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	0920	a. The Administrator immediately instructed Staff to request a new refill of Resident #6 and #7 medications. Medications were delivered and stored in the refrigerator. b. The Admministrator and Staff shall ensure Residents prescribed medications are stored properly in a cool and dry locked area. Medications that are labeled "REGRIGERATE" are stored in a locked box in the refrigerator. c. Complete Date: 07/20/2021 d. See Attached: TAG 0920	07/20/2021

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	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, interview and record review, the facility failed to ensure medications required to be refrigerated were properly stored for 2 of 8 residents (Resident #6, Resident #7). Findings include: Resident #6 (R6) was admitted on 06/11/21 with diagnosis including dementia and gastroesophageal disorder Resident #7 (R7) was admitted on 05/21/21 with diagnosis including hypertension and hyperlipidemia. Review of physician's orders for R6 documented, Lorazepam, 2 milligrams per milliliter solution. Give 0.5 milliliters sublingually every hour as needed for anxiety and shortness of breath. The medication label indicated the medication must be refrigerated. The medication was stored in a cabinet at room temperature. Review of physician's orders for R7 documented, Lorazepam concentrate, 2 milligrams per milliliter. Take 0.25 milliliters sublingually every four hours as needed for anxiety. The medication label indicated the medication must be refrigerated. The medication was stored in a cabinet at room temperature. On 07/20/2021 at 10:35 AM, a Caregiver confirmed the Lorazepam for R6 and R7 was stored at room temperature and should have been refrigerated. Severity: 2 Scope: 2			