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
	9280	A. BUILDING _____ B. WING _____	09/20/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVONDALE CARE HOME	**6215 EAST OWENS AVENUE, LAS VEGAS, NEVADA ,89110**

(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 initiated at your facility on 09/20/19, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for 10 Residential Facility for Group beds for persons with chronic illness, mental illness, residential facility for elderly or disabled persons and/or Category II residents. The census at the time of the survey was 10. Ten resident files were reviewed and eight 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 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: EMILITA TUGAS | Title: Administrator | Date: 09/30/2019

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0885 SS= D	Medication - Destruction - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Inspector Comments: Based on observation, interview and document review the facility failed to destroy a medication no longer used by 1 of 10 residents (Resident #6). Findings include: Resident #6 (R6) was admitted on 07/10/19 with diagnosis including schizophrenia and atrial fibrillation. Physician's order dated 08/16/19 documented to discontinue Melatonin, Haloperidol and Benztropine.. On 09/20/19 at 10:55 AM, a bottle of Melatonin, with 12 tablets left, was found in the medication bin of R6. On 09/20/19 at 10:56 AM, the Administrator indicated there were 12 Melatonin tablets in the bin of R6 and confirmed the medication was discontinued by the physician on 08/16/19. Severity: 2 Scope: 1	0885	Correction : Discontinued Medication has been discarded on September 20 ,2019 Prevention : I will assure you that these deficiency will not happened again. Responsible : The manager , Med-Techs & Administrator will check medication weekly.	09/20/2019