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
	9326	A. BUILDING _____ B. WING _____	11/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STARLIGHT GROUP HOME	**2301 EAST 9TH ST., RENO, NEVADA ,89512**

(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 11/03/21. This State Licensure Survey was conducted in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for nine Residential Facility for Group beds for elderly and disabled persons, and/or persons with chronic illness, and/or persons with mental illness, and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was five. Five resident files and four 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 deficiencies were identified:	0000		
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 the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the	0878	1. The Administrator immediately ordered on 11/04/2021 to put a sticker on the medication bottle (risperidone) of Resident no. 4 to correct the changes. see attachment no. 1 2. After survey; meeting was conducted by the Administrator, Manager and the caregivers - the administrator emphasize to follow Medication Management Policy and Procedures. He emphasized that in order to avoid mistakes, errors on medications. Staff has to follow the Medication Management Procedures. He reorient the staff specifically on receiving new medications: This is done by: a)Upon receiving of medications, recipient (caregiver) has to log the delivered medications to the Pharmacy Log. b) Caregivers has to inspect the label of medications and compare it to the MAR and to the doctor's prescription. If there are some	11/15/2021

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	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, interview and clinical record review, the facility failed to ensure medication change labels were adhered to medications bottles for 1 of 5 residents (Resident #4). Findings include: Resident #4 Resident #4 was admitted to the facility on 06/01/20, with diagnoses including dementia, neurocognitive disorder and neurodevelopment speech impediment. Resident #4's physician order, dated 10/12/20, documented risperidone 0.5 milligram (mg) tablet. Take one tablet by mouth twice daily. Resident #4's Medication Administration Record (MAR), dated November 2021, documented risperidone 0.5 mg tablet. Take one tablet by mouth twice daily. Resident #4's medication bottle documented risperidone 0.5 mg tablet. Take 1/2 tablet by mouth twice daily. On 11/03/21 at 10:56 AM, the Manager confirmed the medication on-site did not match the physician order nor MAR and did not have a change sticker on the medication bottle indicating there was an administration change. The Manager verbalized the medication was recently delivered by the pharmacy and the facility staff did not ensure there was a change order sticker on the bottle to indicate the the correct administration for the medication. Severity: 2 Scope: 1		changes then changes has to be verified first then reflected to the bottle and to the MAR properly (see procedures). d. Delivered medications has to be counted and match with the quantity in the bottle. e. Securely locked the medications. 3. Administrator and Manager will inspect all the resident's medications on a weekly basis to make sure that all medications are entered in MAR accurately. Manager started monitoring the Facility's medications and MAR on 11/15/2021 and will do so on a weekly basis.	

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0994 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. Inspector Comments: Based on observation and interview, the facility failed to ensure sharp objects in the kitchen were secured from the residents in an Alzheimer's endorsed facility. Findings include: Three pair of scissors were located in an unlocked kitchen drawer, accessible to five ambulatory residents. On 11/03/21 at 9:51 AM, the Caregiver confirmed the findings and verbalized the scissors should be secured from the residents for resident safety. Severity: 2 Scope: 3	0994	1. Administrator upon knowing that there are pair of scissors located in an unlocked kitchen drawer - He immediately ordered caregiver no. 3 to transfer any sharp objects such as pair of scissors to the nearby locked drawer as evidenced by attachment no. 1 & 2. 2. After the survey, Administrator held a meeting in the afternoon re: deficiencies cited in the facility. At the meeting; He issued a memo regarding "Facility's Proper Safety Procedures" to make the facility as safe as possible. In the memo are things that needs for the caregivers to be aware and that are potentially hazards if not properly attended. see attachment no. 3 3-4. Administrator will check the list and monitor if the caregivers are following the "Facility Safety Procedures". He will do this on a weekly basis - to ensure that the facility's total environment is safe. On his absence, (2) the Manager will conduct the monitoring. 5. Administrator first conducted a surprise monitoring on 11/6/2021 and will continue to monitor on a weekly basis.	11/15/2021