

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1884	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/12/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE RENO		STREET ADDRESS, CITY, STATE, ZIP CODE 3105 PLUMAS STREET, RENO, Nevada ,89509		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Initial Comments - Inspector Comments: This Statement of Deficiencies was generated as a result of grading re-survey conducted in your facility on 01/12/17. This State Licensure survey was conducted by the authority of NRS 449.0307, Powers of the Division of Public and Behavioral Health. The facility is licensed for 56 Residential Facility for Group beds for persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 40. Five resident files and five employee files were reviewed. The facility received a re-survey 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 deficiencies were identified:			

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: MICHAEL SCHENAUER	Title: Executive Director	Date: 01/26/2017
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(X4) ID PREFIX TAG 0103 SS= D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 449.200(1)(d) - Personnel File - NAC 441A / Tuberculosis - NAC 449.200 Staffing requirements; limitations on number of residents; written schedule required for each shift. 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 5 employees had met the requirements concerning tuberculosis (TB) (Employee #5). Findings include: Employee #5 was hired as a caregiver on 01/05/17. On 01/12/17 in the morning, a review of the employee's file revealed the first step TB test was read as negative on 04/06/16 and the second step TB test was read as negative on 04/14/16. However, the file lacked documented evidence of the dates when both tests were administered. On 01/12/17 in the afternoon, the Business Office Coordinator and the Administrator acknowledged the deficiency. This was a repeat deficiency from the 11/02/16 State Licensure survey. Severity: 2 Scope: 1	ID PREFIX TAG 0103	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) - Business Office Manager contacted RN who administered TB test 1 & 2 and she was able to verify and initial original plant date for both steps. - Executive Director and Business Office Manager have both reviewed state specific guidelines for TB administration and reads. ED reviews all TB tests before associate begins training on the floor. - ED and BOM now review all new hires TB tests to confirm they are completed in accordance with State of Nevada Regulations. - Executive Director, Business Office Manager and tertiary is the Health and Wellness Director. - January 12, 2017 - ED and BOM have completed reviews of all associates TB paperwork. All associates are compliant at this time.	(X5) COMPLETION DATE 01/12/2017
0878 SS= E	NAC 449.2742(5)(6) - Medication / OTCs, Supplements, Change Order - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregivers 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	- Resident #1 medications have been received. Resident is on hospice and has also been seen by physician. Attachments of MAR and medications submitted in documents. - Resident #2 has since passed away since re-survey was completed. Community still submitting MAR and pictures of medication change labels. - Resident #3 medications corrected and match MAR. Attachments of MAR and medications submitted in documents. - As of January 12, 2017 the Health & Wellness Director has audited carts with Lead Med Techs to ensure medications are being managed in accordance with individual physician instructions. HWD is monitoring cart audits which are being completed to ensure proper labeling of medications (ie. dietary supplements, OTC's) HWD is monitoring open dates, residents names, proper labeling and accurate transfer of medication	01/23/2017

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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 (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 record review, policy review and interview, the facility failed to a) ensure the containers of the medication documented a change had occurred for 2 of 5 residents (Resident #2 and #3) and b) ensure available medications were on site to administer as prescribed per physician order for 2 of 5 residents (Resident #1 and #3). Findings include: On 01/12/17 in the afternoon, a review of the facility's policy titled, "Medications and Treatments - Availability" CS-408 dated 03/01/03 read, in part, "all currently ordered medication will be available to the resident...the community is responsible for obtaining newly ordered medications or refills for medications and treatments orders..." Resident #1 was admitted on 12/29/16 with diagnoses including muscle weakness, difficulty walking, vitamin D deficiency, atrial fibrillation, hypertension and hypothyroidism. On 01/12/17 in the afternoon, a review of the resident's Medication Administration Record (MAR) and physician orders revealed the following medications were not on site to administer: - Levothyroxine 112 micrograms (MCG), take one tab by mouth every morning. The		management to MAR's etc. HWD is completing weekly audits of carts and resident charts to ensure accuracy. - Health and Wellness director is responsible for oversight of medications being on site and being ordered in a timely fashion to ensure resident doesn't miss medications. Executive Director is responsible for spot inspections to confirm Clinic is adhering to State Regulations and Brookdale Policy. - HWD, ED and Lead Med Techs completed the review of residents charts on January 21, 2017. Weekly audits will continue to be completed to ensure residents are receiving proper medication.	

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	dose on 01/10/17 at 6:00 AM was circled as not administered due to not in the medication cart.. - Metoprolol Tartrate 25 milligrams (MG), take one tab by mouth twice daily. The MAR revealed the medication was not on site to administer for the AM doses from 01/02/17 through 01/10/17, nor for the PM doses from 01/02/17 through 01/09/17. - Potassium Chloride 20 milliequivalents (MEQ), take one tab by mouth twice daily. The MAR revealed the medication was not on site to administer for both the AM and PM doses from 01/01/17 through 01/04/17. - Digoxin 125 MCG, take one tab by mouth everyday. The MAR revealed the medication was not on site to administer from 01/04/17 through 01/10/17. - Eliquis 5 MG, take 0.5 tab by mouth twice daily. The MAR revealed the medication was not on site to administer for the AM doses from 01/03/17 through 01/10/17, nor for the PM doses from 01/03/17 through 01/09/17. Resident #2 was admitted on 11/30/16 with diagnoses including acute embolism, muscle weakness and thrombosis of the left subclavian vein. On 01/12/17 in the afternoon, a review of the resident's MAR and physician order read, Milk of Magnesia 400 MG/5 milliliters (ML), take 30 ML by mouth every 24 hours as needed for constipation. The medication on site read, Milk of Magnesia 400 MG/5 ML, take 30 ML by mouth every 12 hours as needed for constipation. The medication on site lacked documented evidence of a change label sticker. Resident #3 was admitted on 10/11/12 with diagnoses including Alzheimer's disease, bronchitis, xeroderma and malabsorption. On 01/12/17 in the afternoon, a review of the resident's MAR and physician orders revealed the following: - Triamcinolone Acetonide 0.1% cream, apply a small amount and apply to both lower legs after resident showers (Monday, Wednesday and Friday). The medication on site read, Triamcinolone Acetonide 0.1% cream, apply cream topically three times a day as needed. The medication on site lacked documented evidence of a change label sticker. - Mupirocin 2% Ointment, apply to legs on shower days (Monday, Wednesday and Friday). The medication on			

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	site read, Mupirocin 2% Ointment, apply ointment topically three time a day as needed. The medication on site lacked documented evidence of a change label sticker. - Flovent Diskus 100 MCG Disk, puff by mouth twice daily. The medication was not on site to administer for the AM doses on 01/04/17 and 01/05/17, nor for the PM dose on 01/04/17. On 01/12/17 in the afternoon, the Wellness Director and the Administrator acknowledged the deficiencies. This was a repeat deficiency from the 11/02/16 State Licensure survey. Severity: 2 Scope: 2			
0936 SS= D	449.2749(1)(e) - Resident file-NRS 441A Tuberculosis - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he 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 and interview, the facility failed to ensure 1 of 5 residents met the tuberculosis (TB) screening requirements (Residents #4). Findings include: Resident #4 was admitted on 12/29/16. On 01/12/17 in the morning, a review of the resident's file revealed a one step TB test was read as negative on 02/17/16. However, the file lacked documented evidence of a second step TB test. On 01/12/17 in the afternoon, the Wellness Director and the Administrator acknowledged the deficiency. This was a repeat deficiency from the 11/02/16 State Licensure survey. Severity: 2 Scope: 1	0936	- HWD acquired the first and 2nd step TB administration records for Resident #4. Those documents are attached. Annual TB test was also completed. - As of January 18, 2017 Health & Wellness Director is responsible for confirming the all aspects of the move in process, medically, are completed. The ED follows up with HWD before move in is completed. - ED and HWD will review HWD's internal Brookdale form tracking annual TB, physical, flu etc. at the beginning of each month. - The HWD is responsible for all currencies and completions of TB testing. ED is spot checking completions of all TB's even after discussing annuals at the beginning of each month. - Corrections and new procedures put in place January 20, 2017. - HWD and ED will review charts monthly to ensure annual TB tests are completed appropriately.	01/18/2017