Bureau of Licensure and Certification

Acceptable for Dbergato 12/1/08

PRINTED: 10/24/2008
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	NVN445AGC		09/22/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHISPERING WILLOWS	803 RALSTON ST RENO, NV 89503

(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) COMPLETE DATE
Y 000	Initial Comments This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 9/22/08. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons, five Category I residents and five Category II residents. The census at the time of the survey was eight. Eight resident files were reviewed and four employee files were reviewed. One discharged resident file was reviewed. The following deficiencies were identified:	Y 000	RECEIVED NOV 05 2008 BUREAU OF LICENSURE AND CERTIFICATION CARSON CITY, NEVADA	
Y 179 SS=C	449.209(6) Health and Sanitation-Screens NAC 449.209 6. All windows that are capable of being opened in the facility and all doors that are left open to provide ventilation for the facility must be screened to prevent the entry of insects. This Regulation is not met as evidenced by: Based on observation on 9/22/08, the facility did not have screens on six windows to prevent the entry of insects. Findings include: During a facility tour at 2:00 PM, it was observed that four large windows in the upstairs bedrooms and two windows in the kitchen were not equipped with screens to prevent the entry of insects.	Y 179	Y179 all windows and doors that are capable of being left open in the facility to provide ventilation, have now been installed with screens. as of 11-3-08	

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 Marcia Clustman TITLE administrator (X6) DATE 11-3-08

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Y 179	Continued From page 1	Y 179		
	Severity: 1 Scope: 3			
Y 882 SS=A	449.2742(6)(c) Medication / change order	Y 882		
	NAC 449.2742 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: (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.			
	This Regulation is not met as evidenced by: Based on review of the medication administration record (MAR) and interview on 9/22/08, the facility did not ensure the label prepared by a pharmacist matched the order written by the physician for 1 of 1 residents. Findings include: Resident #8 - A review of the MAR for September of 2008 revealed that Docusate was prescribed as needed, but it was still packaged in a bubble		Y 882 Employee #4 Called Pharmacy and had them change the packaging for Resident #8 Docusate as needed packaged Separately. 9-24-08	

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Y 882	Continued From page 2 pack with other medications (Namenda, Exelon, and vitamin supplement) that were to be taken each morning. Employee #4 stated she was planning to ask the pharmacy to separate the Docusate from the other packaged medications. Severity: 1 Scope: 1	Y 882		
YA908 SS=A	449.2746(2)(a-f)PRN Medication Record NAC 449.2746 2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the medication: (a) The reason for the administration; (b) The date and time of the administration; (c) The dose administered; (d) The results of the administration of the medication; (e) The initials of the caregiver; and (f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician. This Regulation is not met as evidenced by: Based on review of the medication administration record (MAR) on 9/22/08, the facility did not ensure that documentation for as needed (PRN) medications was complete for 1 of 8 residents. Finding include:	YA908		

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YA908	Continued From page 3 Resident #8 - The September 2008 medication administration record (MAR) was reviewed for the resident. The September 2008 MAR indicated the resident was receiving Docusate PRN. Employee #3 stated she gave the resident Docusate on 9/22/08, but she did not document it was given. The MAR did not contain documentation regarding the reason for the administration, the time of the administration, and the results of the administration. Severity: 1 Scope: 1	YA908	YA908 Employee #3 Corrected MAR sheet to show reason time and results for Docusate given Form for Error was filled out.	

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