STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	9896	A. BUILDING _____ B. WING _____	07/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TERRACINA HOME CARE II, LLC	**1721 GLEN COVE CT, RENO, NEVADA ,89521**

(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 a State Licensure annual grading survey conducted in your facility on 07/09/2024. This State Licensure survey was conducted by the Division of Public and Behavioral Health in accordance with NAC 449, Residential Facility for Groups. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons, Category-II residents. The census at the time of the survey was five. Five resident records and three employee records 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 and R043-22 - 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 , physician assistant or advanced practice registered nurse has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician, physician assistant or advanced practice registered nurse. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician, physician assistant or advanced practice registered nurse. 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, physician assistant or advanced practice registered nurse must be administered as	0878	The label on the Acetaminophen 500mg bottle for resident #2 has been changed. The physician's order of "Take 1 tablet by mouth every 12 hours as needed for pain" coincides with the order in the Medication Administration Record. Employee #3 will be responsible in maintaining accurate records of medication as specified in their Medication Profile to coincide with the Medication Administration Record and Label on the container of the medication.	08/28/2024

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	prescribed by the physician, physician assistant or advanced practice registered nurse. If a physician, physician assistant or advanced practice registered nurse orders a change in 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, physician assistant or advanced practice registered nurse 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, physician assistant or advanced practice registered nurse, a 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 clinical record review and interview, the Administrator failed to ensure a medication change label was affixed to a resident's medication for 1 of 5 sampled residents (Resident #2). Findings include: Resident #2 Resident #2 was admitted to the facility on 12/15/2023, with diagnoses including moderate protein-calorie malnutrition, muscle weakness, and moderate dementia without behavioral disturbance. On 07/09/2024 at 3:35 PM, during a review of Resident #2's medications, a bottle containing Acetaminophen 500 milligram (mg) tablets was with the resident's active medications. The medication label contained the following directions: Acetaminophen 500 mg, two tablets by mouth every 12 hours as needed for pain. A Medication Profile for Resident #2 documented Acetaminophen 500 mg, take two tablets by mouth every 12 hours as			

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	needed for pain. The order was dated 05/09/2024. Resident #2's Medication Administration Record (MAR) dated July 2024, documented the following: Acetaminophen 500 mg, one tablet by mouth every twice daily as needed. On 07/09/2024 at 3:38 PM, the Owner confirmed Resident #2's physician order for Acetaminophen did not match the bottle or the MAR and a change label should have been placed on the medication bottle. The Owner verbalized the consequence of the resident not receiving the ordered dose of pain reliever could result in the resident not acquiring effective pain relief. Severity: 2 Scope: 1			
0951 SS= D	Hospice Care Responsibilities of Staff - NAC 449.275 Residential facility which provides residents with hospice care: Responsibilities of staff; retention of resident with special medical needs. (NRS 449.0302) 2. The members of the staff of the facility shall: (a) Maintain at the facility a written record of the care and services provided to a resident who receives hospice care; and (b) Report any deviation from the established plan of care to the resident ' s physician within 24 hours after the deviation occurs. Inspector Comments: Based on interview, clinical record review and document review the facility failed to maintain records of the care and services provided to a resident on hospice care for 2 of 5 sampled residents (Resident #2 and #3). Findings include: Resident #2 Resident #2 was admitted to the facility on 12/15/2023, with diagnoses including moderate protein-calorie malnutrition, muscle weakness, and moderate dementia without behavioral disturbance. Resident #2's Hospice Demographic Sheet documented a hospice benefit period from 05/09/2024-08/06/2024. A Hospice Home Visit New Patient form dated 05/09/2024, documented the resident was evaluated and admitted to hospice on 05/09/2024. The resident's chart lacked Nursing visit documentation for subsequent nursing visits. A Hospice Aide Care Plan dated 05/13/2024, documented Hospice Aide Services for personal care, linen	0951	Contact number for the Hospice Care Team form has been filled out in the chart of Resident #2. Hospice has been providing the Group Home Nursing Visit documentations and CNA visit documentations consistently for Resident #2. Contact number for the Hospice Care Team form has been filled out in the chart of Resident #3. Hospice has been providing the Group Home Nursing Visit Documentations and CNA visit documentations consistently for Resident #3. Employee #3 will be responsible in making sure that proper documentations are completed and received from the Hospice Team for our records.	08/28/2024

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	changes, ambulation/transfers, turn/reposition, and incontinent care twice weekly. The resident's chart lacked Certified Nursing Assistant (CNA) visit documentation. Resident #2's chart lacked contact numbers for the Hospice Care Team, Hospice Nursing visit notes, and CNA visit notes. On 07/09/2024 at 2:00 PM, the Owner verbalized Resident #2 had been on hospice services since 05/09/2024. The Owner explained the Hospice CNA visited the resident twice weekly and provided the resident's baths, personal care, and linen changes, but could not provide documentation of the visits. The Owner verbalized the Hospice Nurse visited the resident once weekly but could not provide any documentation of the visits. The Owner confirmed the resident's chart did not contain contact numbers for the Hospice Care Team, Hospice CNA visit documentation, or weekly Hospice Nursing visit documentation. Resident #3 Resident #3 was admitted to the facility on 04/29/2024, with diagnoses including Atrial fibrillation and senile degeneration of the brain. Resident #3's Hospice Written Certification dated 04/22/2024, documented a Hospice Benefit Period of 04/23/2024-07/21/2024. A Hospice Aide Care Plan dated 06/18/2024, documented Hospice Aide Services for personal care, linen changes, turn/reposition, and incontinent care three times weekly. The resident's chart lacked CNA visit documentation. Resident #3's chart lacked contact numbers for the Hospice Care Team, a Hospice Plan of Care, Hospice CNA visit documentation, and Hospice Nursing visit documentation since the resident admitted to Hospice on 04/23/2024. On 07/09/2024 at 2:34 PM, the Owner verbalized Resident #3 had been on hospice services since 04/23/2024. The Owner explained the Hospice CNA visited the resident three times weekly and provided the resident's baths, personal care, and linen changes, but could not provide documentation of the visits. The Owner verbalized the Hospice Nurse visited the resident twice weekly but could not provide any documentation of the visits. The Owner confirmed the resident's chart did not contain contact numbers for the Hospice			

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	care team, a Hospice Plan of Care, CNA visit documentation, or Nursing visit documentation. Severity: 2 Scope: 1			