

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS82AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/30/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>BEST CARE FACILITY 1</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>720 S NINTH STREET LAS VEGAS, NV 89101</b>		
(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 the annual state licensure survey and complaint investigation conducted in your facility on 05/30/08.  The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.  The facility is licensed for 18 Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness, Category I residents.  The census at the time of the survey was seventeen.  Eight resident files were reviewed and three employee files were reviewed. Four discharge files were reviewed.  The findings and conclusions of any investigation by the Health Division 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.  Complaint # 13432 was unsubstantiated. Complaint # 12109 was unsubstantiated  The following regulatory deficiencies were identified.	Y 000		
Y 105 SS=E	449.200(1)(f) Personnel File - Background Check  NAC 449.200	Y 105		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 105	Continued From page 1  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: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.  This Regulation is not met as evidenced by: Based on record review on 05/30/08, the facility failed to ensure that 1 of 3 employees had not met the background check requirements (Caregiver #2).  Findings include:  Caregiver #2 - Hire date 11/01/01. The employee's file contained a negative background check dated 02/20/02. There was no evidence in the employee's file regarding an updated criminal background check or letter of response from the State repository indicating whether the employee had any convictions.  This was a repeat deficiency from the 02/28/07 annual state licensure survey.  Severity: 2      Scope: 2	Y 105		
Y 106 SS=E	449.200(2)(a) Personnel File - 1st aid & CPR  NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation.	Y 106		

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Y 106	Continued From page 2  This Regulation is not met as evidenced by: Based on record review on 05/30/08, the facility failed to ensure that 1 of 3 caregivers had evidence of current cardiopulmonary resuscitation (CPR) and first aid training (Caregiver #3).  Findings include:  Caregiver #3 - Hire date of 02/05/2000. The caregiver's personnel file contained an expired CPR card dated 10/28/05 and an expired first aid card dated 02/03.  Severity: 2 Scope: 2	Y 106		
Y 175 SS=E	449.209(4)(b) Health and Sanitation-Hazards  NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility.  This Regulation is not met as evidenced by: Based on observation and interview on 05/30/08, the facility was not free from hazards.  Findings include:  During a facility tour on 05/30/08, the toilet seats in two of three resident bathrooms were in disrepair. The plastic covering the toilet seats was cracked and split open. Foam padding was observed through large cracks in the plastic toilet	Y 175		

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Y 175	Continued From page 3 seats, creating a potential hazard.  A mirror in one of the resident bathrooms located across from resident bedroom #9 had numerous large cracks measuring approximately twelve inches by six inches. Sharp edges of glass were protruding from the mirror creating a hazard.  On 05/30/08 at 1:00 PM, the Administrator reported that one of the residents punched the mirror in the bathroom and broke it. The Administrator reported she was unaware the mirror had been shattered until the day of the survey.  Severity: 2 Scope: 2	Y 175		
Y 176 SS=F	449.209(4)(c) Health and Sanitation-Insects, Rodents  NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (c) Insects and rodents.  This Regulation is not met as evidenced by: Based on observation and interview on 05/30/08, two areas of the facility were not free from insects.  Findings include:  During a facility tour on 05/30/08 at 7:30 AM, hundreds of baby cockroaches were seen crawling on the shower floor and around the cracked caulking in a bathroom located across	Y 176		

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Y 176	Continued From page 4  from bedroom number nine. On the kitchen floor, numerous dead cockroaches were seen under the sink.  On 05/30/08 at 7:30 AM, Caregiver #3 reported the bathroom area had been sprayed for bugs several days ago but the bugs had returned. Caregiver #3 reported the kitchen sinks had been stopped up for the past two days and the kitchen floor had not been cleaned of the dead cockroaches.  Severity: 2 Scope: 3	Y 176		
Y 177 SS=F	449.209(4)(d) Health and Sanitation-Dirt, Garbage, Refuse  NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (d) Accumulations of dirt, garbage and other refuse.  This Regulation is not met as evidenced by: Based on observation and staff interview on 05/30/08, several areas of the facility were not clean.  Findings include:  During a tour of the facility on 05/30/08 at 7:30 AM, two air conditioning ducts located in a front living room hallway and dining room area were covered in a thick layer of dust and brown dirt.  All three residents bathrooms were filthy with	Y 177		

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Y 177	Continued From page 5  soap scum and mold noted on the shower curtains and tubs. Yellow stains were on the toilet seats in all three bathrooms. The floors in three resident bathrooms were covered with dirt and brown stains. All three resident bathrooms had no soap, toilet paper or paper towels. The floor in the kitchen was covered with dust and dirt.  The carpets in five of ten resident bedrooms were covered with large dark stains, dust and dirt. The window sills and shades in five of ten resident bedrooms were covered in a thick layer of dust and dirt.  The Administrator acknowledged the stains on the carpets in the resident bedrooms. The Administrator stated that although the carpets were less than a year old, she asked the owner to replace the carpets with tile to address the cleaning issue, but the owner had refused.  This was a repeat deficiency from the 02/28/07 annual state Licensure survey.  Severity: 2    Scope: 3	Y 177		
Y 206 SS=E	449.211(4)(a) Automatic Sprinklers-Quarterly Inspections  NAC 449.211 4. An automatic sprinkler system that has been installed in a residential facility must be inspected: (a) Not less than once each calendar quarter by a person who understands the manner in which the system operates and the manner in which it should be maintained.	Y 206		

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Y 206	Continued From page 6  This Regulation is not met as evidenced by: Based on interview and document review on 05/30/08, the facility failed to ensure the automatic sprinkler system inspection documentation was located at the facility for review.  On 05/30/08 at 1:30 PM, the Administrator acknowledged the inspection log book for the automatic sprinkler system was not at the facility. The Administrator reported the inspection log book was left at an employee's residence.  On 05/30/08, no automatic sprinkler system inspection documentation could be located at the facility.  Severity: 2 Scope: 2	Y 206		
Y 250 SS=I	449.217(1) Kitchens-Equipment works; Clean and Sanitary  NAC 449.217 1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition.  This Regulation is not met as evidenced by: Based on observation and interview on 05/30/08, the facility failed to ensure the kitchen sinks and	Y 250		

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Y 250	Continued From page 7 stove were clean and in good working condition.  Findings include:  During a facility tour on 05/30/08 at 7:30 AM, all the kitchen sinks were observed to be stopped up with stagnant greasy brown water up to the rim of the sinks. Two large metal soup containers filled with the same brown greasy water were on the floor under the kitchen sinks. A large blue comforter soaked with water was under the main kitchen sink. Numerous dirty pots and pans were submerged in the kitchen sink. A dirty water-soaked mop was located in the corner of the kitchen floor. The kitchen floor was filthy with dust and brown stains covering most of the flooring.  The left front burner of the stove was not operating. Brown stained alluminum foil was seen under all four burners on the stove.  On 05/30/08 at 7:30 AM, Caregiver #3 reported the kitchen sinks had been stopped up for two days. Caregiver #3 reported a plumber was at the facility during the previous week to repair the problem with the pipes in the kitchen. The problem occurred again two days ago and arrangements were being made for a plumber to respond to the problem.  Severity: 3 Scope: 3	Y 250		
Y 444 SS=1	449.229(9) Smoke Detectors  NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and	Y 444		

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Y 444	<p>Continued From page 8</p> <p>maintained at the facility.</p> <p>This Regulation is not met as evidenced by: Based on observation, interview and document review on 05/30/08, the facility failed to ensure that six of nine smoke detectors at the facility were in proper operating condition. The facility failed to ensure accurate smoke detector tests were performed monthly and accurately recorded.</p> <p>Findings include:</p> <p>The smoke detector in resident bedroom #4 was not operating when tested.</p> <p>The smoke detector located in the hallway outside resident bedroom #4 was not operating. The battery was dead.</p> <p>The smoke detector in Caregiver #3's bedroom was not operating. The cover to the smoke detector was missing and the battery was connected to wires dangling from the device.</p> <p>The smoke detector in resident bedroom #8 was missing from the ceiling. Only the base plate was seen attached to the ceiling.</p> <p>The smoke detector in resident bedroom #9 was not functioning and was found to be missing the battery.</p> <p>The smoke detector in resident bedroom #11 was missing from the wall. Only the base plate was seen attached to the wall.</p> <p>On 05/30/08 at 1:30 PM, the Administrator reported she had signed the smoke detector</p>	Y 444		

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Y 444	Continued From page 9  testing logs for the facility for the months of April, May, and June 2008 and that all smoke detectors in the facility were working in all resident rooms. The Administrator reported she had personally checked the smoke detectors at the facility two days ago and found them to be in good working order. Following an inspection of the smoke detectors at the facility, the Administrator acknowledged she had postdated the smoke detector inspection record of June 2, 2008 and was aware some of the smoke detectors at the facility were not operating. The Administrator reported some of the residents were known to remove the batteries from the smoke detectors to use them for their own personal radios or compact disc players.  On 05/30/08, the facility smoke detector test log book was inspected. An entry dated 04/02/08 and 05/03/08 indicated all smoke detectors were in good working order in all resident rooms. A postdated entry dated 06/02/08 indicated all smoke detectors in all resident rooms were working.  This was a repeat deficiency from the 02/28/07 annual State Licensure survey.  Severity: 3 Scope: 3	Y 444		
Y 878 SS=D	449.2742(6)(a)(1) Medication / Change order  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	Y 878		

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Y 878	<p>Continued From page 10</p> <p>administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order.</p> <p>This Regulation is not met as evidenced by: Based on interview and record review on 05/30/08, the facility failed to ensure that medication was administered to 2 of 17 residents as ordered.</p> <p>Resident #1 had a medication order dated 07/12/07 for Risperdal 3 mg, two tablets by mouth each day in the medical record. The Risperdal medication order was not transcribed on the May 2008 medication administration record. No Risperdal medication for Resident #1 was located in the medication cart. No order to discontinue the Risperdal medication was located in Resident #1's medical record. Resident #1 was not receiving a prescribed medication as ordered.</p> <p>Resident #2 - The May 2008 medication administration record (MAR) indicated the resident was receiving Zyprexa 10mg, two tablets at bed time. The order written in the resident's medical record read Zyprexa 10 mg, one tablet by mouth daily. The Zyprexa 10mg prescription bottle for Resident #2 located in the medication cart was missing the prescription label indicating the frequency of the dose of Zyprexa medication to be given.</p> <p>On 05/30/08 at 2:00 PM, the Administrator acknowledged the medication prescription label</p>	Y 878		

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Y 878	Continued From page 11  was missing from Resident #2's Zyprexa prescription bottle and could not verify the correct dosage of Zyprexa medication that should be given to Resident #2.  Severity: 2 Scope: 1	Y 878		
Y 944 SS=C	449.2749(2) Resident File / Discharge  NAC 449.2749 2. The document required pursuant to paragraph (j) of subsection 1 must indicate the location to which the resident was transferred or the person in whose care the resident was discharged. If the resident dies while a resident of the facility, the document must include the time and date of the death and the dates on which the person responsible for the resident was contacted to inform him of the death.  This Regulation is not met as evidenced by: Based on interview and record review on 05/30/08, the facility failed to ensure that a proper discharge summary was present in the file in 4 of 4 residents who had been discharged (Resident #9, #10, #11, #12).  Findings include:  Resident #9 - The resident's file did not contain a discharge summary documenting the location to which the resident was transferred or the person in whose care the resident was discharged.  Resident #10 - The resident's file did not contain	Y 944		

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Y 944	Continued From page 12  a discharge summary documenting the location to which the resident was transferred or the person in whose care the resident was discharged.  Resident #11 - The resident's file did not contain a discharge summary documenting the location to which the resident was transferred or the person in whose care the resident was discharged.  Resident #12 - The resident's file did not contain a discharge summary documenting the location to which the resident was transferred or the person in whose care the resident was discharged.  This was a repeat deficiency from the 10/28/07 annual State Licensure survey.  Severity: 1    Scope: 3	Y 944		

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