Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED
	NVS339AGC		07/29/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRIME CARE FACILITY	4920 RONAN DRIVE LAS VEGAS, NV 89110

(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 survey conducted at your facility on July 29, 2008. 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 was licensed as a six (6) beds Residential Facility for Groups which provides care to Elderly and Disabled persons, persons with Mental Retardation and persons with Mental Illness, Category I residents. The facility has applied for a bed increase from a six (6) beds facility to a seven (7) beds facility. At the time of the survey, the census was six (6) residents. There were no complaints investigated. 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. The following regulatory deficiencies were identified:	Y 000		
Y 088 SS=F	4493199(4) Staffing Schedule NAC 449.199 4. The administrator of a residential facility shall maintain monthly a written schedule that includes the number and type of members of the staff of the facility assigned for each shift. The schedule	Y 088		

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 088	Continued From page 1 must be amended if any changes are made to the schedule. The schedule must be retained for at least 6 months after the schedule expires. This Regulation is not met as evidenced by: Based on record review, the facility failed to maintain a monthly staffing schedule that included the type of members of the staff assigned to each shift. Findings include: The facility's staffing schedule for the month of July 2008, lacked documented evidence of the staff assigned to work at the facility on 7/24/08 - 7/29/08. Severity: 1 Scope: 3	Y 088		
Y 876 SS=D	449.2742(4) NRS 449.037 NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure that an ultimate user agreement was signed for 1 of 7 residents. (#7) Findings include:	Y 876		

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Y 876	Continued From page 2 Resident #7's (admitted 7/14/08) file did not contain a signed ultimate user agreement authorizing the facility to administer medications to the resident. Severity: 2 Scope: 1	Y 876		
Y 898 SS=F	449.2744(1)(b)(4) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure that medications administered to each resident, reflect the current order or prescription of the resident's physician for 3 of 6 residents (#1,#2,#3). Findings include: 1. Review of the medication bottle for Resident #1 (admitted 1/25/01) indicated that the resident was prescribed Haloperidol 5 mg (1 tablet in the morning and 2 tablets at bedtime). The medication administration record (MAR) indicated that 1 tablet was administered in the morning and	Y 898		

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Y 898	Continued From page 3 1 tablet was administered at bedtime.. 2. Review of the medication bottle for Resident #2 (admitted 6/29/05) indicated the resident was prescribed Hydroxyzine 25mg (1 tablet every night at bedtime). The MAR indicated that the medication strength was 20mg. 3. Review of the medication bottle for Resident #3 (admitted 9/3/96) indicated that the resident was prescribed Metoprolol 50 mg (1 tablet in the morning and 2 tablets at bedtime). The MAR indicated that 1 tablet was administered in the morning and 1 tablet was administered at bedtime. On 7/29/08 at 3:45PM, interview with the Administrator revealed that the 3 MARs were incorrectly documented. Severity 2 Scope 3	Y 898		