

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS69AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/24/2008
NAME OF PROVIDER OR SUPPLIER ALTA CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 2007 ALTA DRIVE LAS VEGAS, NV 89106		
(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	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual state licensure survey conducted at your facility on 10/24/08</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed for 6 total beds.</p> <p>The facility had the following category of classified beds: Category I beds.</p> <p>The facility had the following endorsements:</p> <p>Residential facility which provides care to elderly or disabled persons. Residential facility for persons with mental illness. Residential facility for persons with chronic illness.</p> <p>The census at the time of the survey was 5. Five resident files were reviewed and 5 employee files were reviewed.</p> <p>There were no complaints investigated during the survey.</p> <p>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.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000		

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TITLE

(X6) DATE

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

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Y 103 Y 103 SS=F	Continued From page 1 449.200(1)(d) Personnel File - NAC 441A NAC 449.200 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. This Regulation is not met as evidenced by: Sec. 10. NAC 441A.375 is hereby amended to read as follows: 441A.375 1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a:	Y 103 Y 103		

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Y 103	Continued From page 2 (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and (b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis. 5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis. 6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and	Y 103		

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Y 103	Continued From page 3 Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200. 7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis. Based on record review the facility failed to ensure three out of five employees had documentation of current annual tuberculin skin testing in accordance with NAC 441A. (Employees # 2, #3, #4) Findings include: Employee # 2 was hired on 11/01/06. The last documented evidence of tuberculin skin testing (TB) was dated 11/01/06. Employee # 3 was hired on 01/05/99. The last documented evidence of tuberculin skin testing (TB) was dated 01/23/07. Employee # 4 was hired 07/01/04. The last documented evidence of tuberculin skin testing (TB) was dated 10/17/06. Severity: 2 Scope: 3	Y 103		
Y 106 SS=D	449.200(2)(a) Personnel File - 1st aid & CPR NAC 449.200	Y 106		

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Y 106	Continued From page 4 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. This Regulation is not met as evidenced by: Based on record review it was determined the facility failed to ensure that one out of five employees had evidence of current cardiopulmonary resuscitation (CPR) and first aid training. (Employee #2) Findings include: Employee # 2 was hired on 11/01/06. The caregivers personnel file contained an expired CPR and first aid card dated 10/14/08. Severity: 2 Scope: 1	Y 106		
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:	Y 176		

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Y 176	Continued From page 5 Based on observation and interview the facility failed to ensure that two areas of the facility were free from rodents and insects. Findings include: During a facility tour on 10/24/08 at 9:50 AM, eight dead bees were located inside the bathtub and drain in bathroom #1. Numerous rodent droppings were located underneath the kitchen sink and on the floor by the kitchen sink next to a rat trap. On 10/24/08 at 12:30 PM, the Owner acknowledged the facility was having a problem with rats. The Owner reported the facility was last sprayed for bugs sometime in 2007. The Owner indicated bees were flying into bathroom #1 through an open unscreened bathroom window. Severity: 2 Scope: 3	Y 176		
Y 178 SS=F	449.209(5) Health and Sanitation-Maintain Int/Ext NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. This Regulation is not met as evidenced by: Based on observation the facility failed to ensure the premises were well maintained. Findings include:	Y 178		

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Y 178	Continued From page 6 On 10/24/08 at 10:00 AM it was observed that all the floors in the kitchen, hallway and both bathrooms were dirty with ground in dirt. In bathrooms #1 and #2 it was observed that the cabinets, medicine cabinets, and tile were dirty with ground in dirt. The paint in both bathrooms was peeling off the walls and cabinets. The caulking in the bathtub/showers was cracked, peeling, and dirty. Severity: 2 Scope: 3	Y 178		
Y 179 SS=E	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 and interview the facility failed to ensure the front door and bathroom window left open to provide ventilation were screened. Findings include: On 10/24/08 at 9:50 AM, during a tour of the facility the front door and a bathroom window left open for ventilation were found to be missing screens. Eight dead bees were found in a bathroom tub below the open bathroom window. On 10/24/08 at 12:30 PM, the Owner indicated the front door and bathroom window were left	Y 179		

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Y 179	Continued From page 7 open for ventilation. The Owner confirmed the front door and bathroom window did not have screens in place. Severity: 2 Scope: 2	Y 179		
Y 250 SS=F	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 on October 24, 2008 at 9:45 AM the facility failed to ensure the kitchen was clean. Findings include: The interior and exterior of all the cabinets were dirty with ground in dirt and grease. The counter tops were cluttered and dirty. Several cabinets' hinges were missing. Severity: 2 Scope: 3	Y 250		
Y 304 SS=D	449.218(4) Bedrooms - Privacy	Y 304		

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Y 304	Continued From page 8 NAC 449.118 4. The arrangement of the beds and other furniture in the bedroom must provide privacy for and promote the safety of the residents occupying the bedroom. Adjustable curtains, shades, blinds or similar devices must be provided for visual privacy. This Regulation is not met as evidenced by: Based on observation on 10/24/08 at 10:15 AM, the facility failed to ensure visual privacy in bedroom #1. Findings include: The blinds on the front window were missing slats. Severity: 2 Scope: 1	Y 304		
Y 870 SS=F	449.2742(1)(a)(1) 449.2742(1)(a)(1) Medication Administration NAC 449.2742 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident.	Y 870		

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Y 870	Continued From page 9 This Regulation is not met as evidenced by: Based on record review on October 24, 2008, the facility failed to ensure that a medication profile review was performed by a physician, pharmacist or registered nurse at least once every six months for 3 of 5 residents residing in the facility for longer than six months. (#1, #4, #5) Findings include: Resident #1 was admitted to the facility on January 8, 2008. The last medication profile review available in the record was dated 1/8/08. Resident #4 was admitted to the facility in January 2008. The last medication profile review available in the record was dated 3/13/08. Resident #5 was admitted to the facility on September 10, 2006. There was no medication profile review in the record. Severity: 2 Scope: 3	Y 870		
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 administered to a resident:	Y 878		

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Y 878	Continued From page 10 (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Based on record review the facility failed to ensure the medication prescribed by a physician was administered as prescribed for 1 of 5 residents. (Resident #4) Findings include: Resident #4 was admitted in January 2008. The medication administration record revealed the resident was receiving Metoclopramide 10 milligrams before every meal and at bedtime. The pharmacy label indicated the medication was to be administered before meals only. Interview with Employee #1 indicated that the resident told her to give her at bedtime as well as before meals. Severity: 2 Scope: 1	Y 878		
Y 879 SS=D	449.2742(6)(a)(2) 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 administered to a resident:	Y 879		

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Y 879	Continued From page 11 (a) The caregiver responsible for assisting in the administration of the medication shall: (2) Indicate on the container of the medication that a change has occurred. This Regulation is not met as evidenced by: Based on interview and record review on October 24, 2008, the facility failed to indicate on a medication container that a medication order had been changed for 1 of 5 residents. (Resident #3) Findings include: Resident #3 was admitted on 9/27/07. The medication administration record revealed the resident was receiving 3 tablets of Divalproex 500 milligrams twice daily. The pharmacy label indicated the medication was to be administered 3 times daily. Interview with Employee #1 indicated that the prescription had been changed by the physician. Severity: 2 Scope: 1	Y 879		
Y 920 SS=E	449.2748(1) Medication Storage NAC 449.2748 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that	Y 920		

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Y 920	<p>Continued From page 12</p> <p>may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview the facility failed to ensure three residents out of five who were capable of self administering medications without supervision, kept their medication in a locked container in their rooms. (Residents # 1, #4, # 5)</p> <p>Findings include:</p> <p>Observation:</p> <p>On 10/24/08 at 9:50 AM, numerous unsecured prescription medication bottles were located on stacked boxes inside Resident # 1s bedroom. The prescription medication bottles included Klor 20 illeivable tablets, Plavix 75 milligram tablets, Lasix 20 milligram tablets, Ambien 12.5 milligram tablets, Lortab 7.5/500 milligram tablets, Advair Inhaler and an Albuterol inhaler. A 10cc (cubic centimeter) bottle of 70/30 humulin Insulin was located inside an unlocked refrigerator in the residents room. An unsecured box containing 100 1cc insulin syringes was located on a night stand</p>	Y 920		

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Y 920	<p>Continued From page 13</p> <p>by the residents bed. There was no lock box container located in the residents room to secure medications.</p> <p>On 10/24/08 at 10:00 AM, numerous unsecured prescription medications bottles were located on a night stand table inside Resident #4s bedroom. The prescription medication bottles included Sodium Pantoprazole 40 milligram tablets, Bromocriptine 2.5 milligram tablets and a 80 gram tube of Triamcinolone 1% Cream. There was a black lock box located by the residents bed.</p> <p>On 10/24/08 at 10:10 AM, numerous unsecured prescription medication bottles were located on table inside Resident # 5s bedroom. The prescription medication bottles included Terazosin HCL 10 milligram tablets, Niacin 1000 milligram tablets, Docusate 250 milligram capsules, Metformin 500 milligram tablets, Lisinopril 10 milligram tablets and a 30 gram tube of Clotrimazole 1% Cream. There was a cabinet drawer with a lock attached by the residents bed.</p> <p>On 10/24/08 at 9:50 AM, Resident #1 indicated he self administered his medications without supervision. The resident reported he was not aware medication had to be secured in a locked container in his room and indicated he was never given a locked container to secure medications by the administrator or owner of the facility.</p> <p>On 10/24/08 at 10:10 AM, Resident #5 indicated he self administered his medications without supervision. The resident reported he was not aware medication had to be secured in a locked container in his room.</p> <p>On 10/24/08 at 10:30 AM, the Owner</p>	Y 920		

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Y 920	Continued From page 14 acknowledged residents who self administer medications must keep the medications in a locked container in their rooms. The Owner confirmed that Resident #1 was never given a lock box container to store medications and had no lock box in his bedroom. Severity: 2 Scope: 2	Y 920		
Y 936 SS=F	449.2749(1)(e) Resident file NAC 449.2749 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. This Regulation is not met as evidenced by: NAC 441A.380 is hereby amended to read as follows: 441A.380 1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing, or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility. 2. Except as otherwise provided in this section, the staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing, or	Y 936		

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Y 936	Continued From page 15 intermediate care shall: (a) Before admitting a person to the facility or home, determine if the person: (1) Has had a cough for more than 3 weeks; (2) Has a cough which is productive; (3) Has blood in his sputum; (4) Has a fever which is not associated with a cold, flu, or other apparent illness; (5) Is experiencing night sweats; (6) Is experiencing unexplained weight loss; or (7) Has been in close contact with a person who has active tuberculosis. (b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless there is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner. (c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a single tuberculosis screening test annually thereafter, unless the medical director or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of	Y 936		

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Y 936	Continued From page 16 examination must be determined by following the guidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. A person with a documented history of a positive tuberculosis screening test is exempt from skin testing and routine annual chest radiographs, but the staff of the facility or home shall ensure that the person is evaluated at least annually for the presence or absence of symptoms of tuberculosis. 4. If the staff of the facility or home determines that a person has had a cough for more than 3 weeks and that he has one or more of the other symptoms described in paragraph (a) of subsection 2, the person may be admitted to the facility or home if the staff keeps the person in respiratory isolation in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 until a health care provider determines whether the person has active tuberculosis. If the staff is not able to keep the person in respiratory isolation, the staff shall not admit the person until a health care provider determines that the person does not have active tuberculosis. 5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility or home shall not admit the person to the facility or home, or, if he has already been admitted, shall not allow the person to remain in the facility or home, unless the facility or home keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a health care provider determines that the person does not have active tuberculosis or certifies that, although the person has active tuberculosis, he is no longer infectious. A health care provider shall not certify that a person with active tuberculosis is not infectious unless the health care provider has	Y 936		

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Y 936	<p>Continued From page 17</p> <p>obtained not less than three consecutive negative sputum AFB smears which were collected on separate days.</p> <p>6. If a test indicates that a person who has been or will be admitted to a facility or home has active tuberculosis, the staff of the facility or home shall ensure that the person is treated for the disease in accordance with the recommendations of the Centers for Disease Control and Prevention for the counseling of, and effective treatment for, a person having active tuberculosis. The recommendations are set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. The staff of the facility or home shall ensure that counseling and preventive treatment are offered to each person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>8. The staff of the facility or home shall ensure that any action carried out pursuant to this section and the results thereof are documented in the person's medical record.</p> <p>Based on record review on October 24, 2008 the facility failed to ensure that 2 of 5 residents had met the requirements for tuberculin screening. (#3, #4)</p> <p>Findings include:</p> <p>Resident #3 was admitted 9/27/07. The resident file contained no documented evidence of any tuberculin screening.</p> <p>Resident #4 was admitted in January 2008.</p>	Y 936		

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Y 936	Continued From page 18 There was documented evidence of an initial two step tuberculin screening in September 2007. There was no documentation of an annual tuberculin screening in 2008. Severity: 2 Scope: 3	Y 936		
YA908 SS=D	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 record review and interview on October 24, 2008 the facility failed to ensure that documentation for as needed (PRN) medication was complete for 1 of 5 residents. (#4) Findings include: Resident #4 was admitted in January 2008. The	YA908		

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YA908	Continued From page 19 medication administration record (MAR) revealed that Oxycodone 5 mg was being given regularly every 4 hours. The prescription label on the bottle stated Oxycodone 5 mg every 4 hours as needed for pain. The MAR did not contain documentation regarding the reason for the administration of the medication and the results of the medication administration. Interview with Caregiver #1 confirmed she was giving the medication every 4 hours routinely. Severity: 2 Scope: 1	YA908		

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