

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS3980AGZ</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/24/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>ABSOLUTE CIRCLE OF CARE ACKERMAN</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7385 ACKERMAN AVE LAS VEGAS, NV 89131</b>		
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Y 000	Initial Comments  This Statement of Deficiencies was generated as a result of the annual state licensure survey conducted at your facility on October 24, 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 for 10 total beds, Category 2.  The facility had the following endorsements: Residential facility which provides care to persons with Alzheimer's disease  The census at the time of the survey was 7. 7 resident files were reviewed and 5 employee 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.  The following regulatory deficiencies were identified:	Y 000		
Y 104 SS=C	449.200(1)(e) Personnel File - References  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: (e) Evidence that the references supplied by the employee were checked by the residential facility.	Y 104		

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TITLE

(X6) DATE

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

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Y 104	Continued From page 1  This Regulation is not met as evidenced by: Based on personnel file review, the facility failed to obtain reference checks for 1 of 5 employees (#2).  Findings include:  The file for Employee #2, hired in 2/30/06, revealed no documented evidence of reference checks obtained at the time of hire and maintained in the employee's file.  Severity: 1 Scope: 3	Y 104		
Y 435 SS=F	449.229(4) Fire Extinguisher; Inspection  NAC 449.229 4. Portable fire extinguishers must be inspected, recharged and tagged at least once each year by a person certified by the State Fire Marshall to conduct such inspections.  This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure the facility's 2 portable fire extinguishers were inspected annually.  Findings include:  During the facility walk-through, observations were made of two portable fire extinguishers were last inspected on 6/7/07.	Y 435		

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Y 435	Continued From page 2 Severity: 2 Scope: 3	Y 435		
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 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	Y 936		

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Y 936	Continued From page 3  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 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	Y 936		

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Y 936	Continued From page 4  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 obtained not less than three consecutive negative sputum AFB smears which were collected on separate days. 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	Y 936		

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Y 936	Continued From page 5  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. 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. 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.  Based on resident file review, the facility failed to ensure 2 of 7 residents (#5, #6) received their annual Tuberculosis (TB) screenings.  Findings include:  The file for Resident #5, admitted on 8/19/06, revealed evidence of results for a two-step TB screening, however, there was no evidence of documentation for an annual TB screening.  The file for Resident #6, admitted on 6/9/07, revealed evidence of results for a two-step TB screening, however, there was no evidence of documentation for an annual TB screening.  Severity: 2 Scope: 3	Y 936		
Y 940 SS=E	449.2749(1)(g)(3) Resident file	Y 940		

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Y 940	Continued From page 6  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: (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation: (3) In any event, not less than once each year.  This Regulation is not met as evidenced by: Based on resident record review, the facility failed to ensure 5 of 7 residents (#2, #4, #5, #6, #7) received annual activities of daily living (ADL) assessments.  Findings include:  The file for Resident #2, admitted on 12/14/06, revealed no documented evidence the resident received an annual ADL assessment during the month of 12/2007.  The file for Resident #4, admitted on 1/14/06, revealed no documented evidence the resident received an annual ADL assessment since the resident's initial ADL assessment on 1/13/06.	Y 940		

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Y 940	Continued From page 7  The file for Resident #5, admitted on 8/19/06, revealed no evidence the resident received an annual ADL assessment since the resident's initial ADL assessment on 8/19/06.  The file for Resident #6, admitted on 6/9/07, revealed no documented evidence the resident received an annual ADL assessment during the month of 6/2008.  The file for Resident #7, admitted on 9/19/05, revealed no documented evidence the resident received an annual assessment since the resident's initial ADL assessment on 9/20/05.  Severity: 2 Scope: 3	Y 940		
YA985 SS=F	449.2768(1)(a,b) Dementia Training  NAC 449.2768 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that: (a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer zs disease, successfully completes: (1) Within the first 40 hours that such an employee works at the facility after he is initially employed at the facility, at least 2 hours of training in providing care, including emergency care, to a resident with any form of dementia, including, without limitation, Alzheimer zs disease, and providing support for the members of the resident zs family. (2) In addition to the training requirements set forth in subparagraph (1), within	YA985		

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YA985	<p>Continued From page 8</p> <p>3 months after such an employee is initially employed at the facility, at least 8 hours of training in providing care to a resident with any form of dementia, including, without limitation, Alzheimer zs disease.</p> <p>(3) If such an employee is licensed or certified by an occupational licensing board, at least 3 hours of continuing education in providing care to a resident with dementia, which must be completed on or before the anniversary date of the first date the employee was initially employed at the facility. The requirements set forth in this subparagraph are in addition to those set forth in subparagraphs (1) and (2), may be used to satisfy any continuing education requirements of an occupational licensing board, and do not constitute additional hours or units of continuing education required by the occupational licensing board.</p> <p>(4) If such an employee is a caregiver, other than a caregiver described in subparagraph (3), at least 3 hours of training in providing care to a resident with dementia, which must be completed on or before the anniversary date of the first date the employee was initially employed at the facility. The requirements set forth in this subparagraph are in addition to those set forth in subparagraphs (1) and (2).</p> <p>(b) The facility maintains proof of completion of the hours of training and continuing education required pursuant to this section in the personnel file of each employee of the facility who is required to complete the training or continuing education.</p> <p>This Regulation is not met as evidenced by: Based on personnel file review, the facility failed</p>	YA985		

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YA985	Continued From page 9  to ensure the files for 2 of 5 employees (#3, #5) had the required initial or annual dementia training.  Findings include:  The file for Employee #3, hired during 3/2008, revealed no documented evidence of initial Dementia training in the employee's first three months since starting at the facility.  The file for Employee #5, hired on 6/12/07, revealed no documented evidence of initial and current annual Dementia training since the original hire date.  Severity: 2 Scope: 3	YA985		

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