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
	NVS4093AGZ		10/28/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JCR HOME CARE, INC	7160 DARBY AVENUE LAS VEGAS, NV 89117

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Y 000	Initial Comments This Statement of Deficiencies was generated as a result of the Annual survey conducted at your facility on October 28, 2008. This 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 6 beds, Residential Facility for Groups which provides care to persons with Alzheimer's disease, Category II residents. The census was 6. 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 deficiencies were identified:	Y 000		
Y 067 SS=F	449.196(1)(c) Qualifications of Caregiver- Read regulation NAC 449.196 1. A caregiver of a residential facility must: (c) Understand the provisions of NAC 449.156 to 449.2766, inclusive, and sign a statement that he has read those provisions.	Y 067		

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 067	Continued From page 1	Y 067		
	This Regulation is not met as evidenced by: Based on employee file review, the facility failed to ensure the files for 3 of 3 employees (#1, #2, #3) contained evidence the employees read and understood the regulations related to residential group care. Findings include: The file for Employee #1, hired in 7/1994, contained no documented evidence the employee read and understood the regulations. The file for Employee #2, hired in 7/1994, contained no documented evidence the employee read and understood the regulations. The file for Employee #3, hired in 10/2008, contained no documented evidence the employee read and understood the regulations. Severity: 1 Scope: 3			
Y 070 SS=F	449.196(1)(f) Qualifications of Caregiver-8 hours training NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. This Regulation is not met as evidenced by: Based on employee file review, the facility failed	Y 070		

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Y 070	Continued From page 2 to ensure the file for 1 of 3 employees (#2) contained evidence of 8 hours of annual training related to the needs of the residents. Findings include: The file for Employee #2, hired in 7/1994, contained a 2 hour Dementia training certificate dated 9/9/05, which was the employee's last documented evidence of training available. Severity: 2 Scope: 3	Y 070		
Y 072 SS=F	449.196(3) Qualications of Caregiver-Med re-training NAC 449.196 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Receive, in addition to the training required pursuant to NRS 449.037, at least 3 hours of training in the management of medication. The caregiver must receive the training at least every 3 years and provide the residential facility with satisfactory evidence of the content of the training and his attendance at the training; and (b) At least every 3 years, pass an examination relating to the management of medication approved by the Bureau. This Regulation is not met as evidenced by: Based on file review, the facility failed to ensure 1 of 3 employees (#2) received the training required	Y 072		

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Y 072	Continued From page 3 pursuant to NRS 449.037 of at least 3 hours of training in the management of medication. Findings include: The file for Employee #2, hired in 7/1994, contained no evidence of the employee had participated in current medication management training. The last evidence of medication training was for 2 credits on 10/26/04. Severity: 2 Scope:3	Y 072		
Y 103 SS=F	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: Based on employee file review, the facility failed to ensure the file for 1 of 3 employees (#3) contained evidence of a complete initial Tuberculosis (TB) screening test. Findings include: The file for Employee #3, hired in 10/2008, revealed evidence of a negative result for a single-step TB skin test dated 10/15/08, however, there was no evidence a second-step was completed.	Y 103		

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Y 103	Continued From page 4 Severity: 2 Scope: 3	Y 103		
Y 104 SS=D	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. This Regulation is not met as evidenced by: Based on employee file review, the facility failed to ensure reference checks for 1 of 3 employees (#3) were obtained at the time of hire. Findings include: The file for Employee #3, hired in 10/2008, contained no documented evidence references were obtained at the time of hire. The file did not contain names of references for the facility to check. Severity: 2 Scope: 1	Y 104		
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check 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: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.	Y 105		

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Y 105	Continued From page 5 This Regulation is not met as evidenced by: Based on employee file review, the facility failed to ensure the files for 3 of 3 employees (#1, #2, #3) had completed background checks. Findings include: The file for Employee #1, hired in 7/1994, contained documented evidence of State clearance of criminal charges, however, there was no evidence of a signed criminal affidavit and a copy of the employee's fingerprints. The file for Employee #2, hired in 7/1994, contained documented evidence of State clearance of criminal charges, however, no evidence of a signed criminal affidavit and a copy of the employee's fingerprints. The file for Employee #3, hired in 10/2008, contained no evidence the employee has signed a criminal affidavit and been fingerprinted. Severity: 2 Scope: 3	Y 105		
Y 106 SS=F	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 6 This Regulation is not met as evidenced by: Based on employee file review, the facility failed to ensure the file for 1 of 3 employees (#3) contained evidence of a current first aid and cardiopulmonary resuscitation card (CPR). Findings include: The file for Employee #3, hired in 7/1994, contained no evidence of a current first aid and CPR card. The last evidence of current certification contained in the file expired in 11/2006. Severity: 2 Scope: 3	Y 106		
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 portable fire extinguisher was inspected on an annual basis. Findings include: During the facility walk-through, an observation was made of a portable fire extinguisher located in the kitchen was last inspected on 9/2006. The fire extinguisher had still showed a positive	Y 435		

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Y 435	Continued From page 7 charge when observed. Severity: 2 Scope: 3	Y 435		
Y 859 SS=F	449.274(5) Periodic Physical examination of a resident NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician. This Regulation is not met as evidenced by: Based on resident file review, the facility failed to ensure the files for 4 of 6 residents (#2, #3, #5, #6) contained evidence of either an initial and/or annual physical examination. Findings include: The file for Resident #2, admitted on 6/1/06, contained evidence of a physical examination dated 8/13/07, however, there was no evidence of an initial physical upon admission and a current annual physical examination. The file for Resident #3, admitted on 9/6/07, contained no documented evidence of an annual physical examination.	Y 859		

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Y 859	Continued From page 8 The file for Resident #5, admitted on 4/1/05, contained no evidence of a current annual physical examination. The file for Resident #6, admitted 12/19/06, contained no documented evidence of an annual physical examination. Severity: 2 Scope: 3	Y 859		
YA870 SS=F	449.2742(1)(a-c) 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; and (2) Provides a written report of that review to the administrator of the facility; (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report; and (c) Make and maintain a report of any actions of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a).	YA870		

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YA870	Continued From page 9 This Regulation is not met as evidenced by: Based on resident file review, the facility failed to ensure files for 5 of 6 residents (#2, #3, #4, #5, #6) contained evidence that medication reviews were conducted at least every 6 months. Findings include: The file for Resident #2, admitted on 6/1/06, revealed the last documented evidence of a medication review was dated on 7/12/07. The file for Resident #3, admitted on 9/6/07, revealed no evidence a medication review was completed since admission to the facility. The file for Resident #4, admitted on 2/10/08, revealed the last medication review was conducted at the time of the resident's admission to the facility. The file for Resident #5, admitted on 4/1/05, revealed the last documented evidence of a medication review was conducted during a physician visit on 11/5/07. The file for Resident #6, admitted on 12/19/06, revealed the last documented evidence of a medication review was dated on 1/16/07. Severity: 2 Scope: 3	YA870		
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	YA985		

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YA985	Continued From page 10 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 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. (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. (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	YA985		

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YA985	Continued From page 11 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). (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. This Regulation is not met as evidenced by: Based on Employee file review, the facility failed to ensure the files for 2 of 3 employees (#1, #2) had received the minimum 3 hours of annual dementia training. Findings include: The file for Employee #1, hired in 7/1994, contained evidence of numerous training in previous years related to Alzheimer's disease and Dementia, however, the last documented evidence of current annual training was 8 hours of Alzheimer training on 12/3/05. The file for Employee #2, hired in 7/1994, contained evidence of numerous training in previous years related to Alzheimer's disease and Dementia, however, the last documented evidence of current annual training was 2 hours of Dementia training on 9/9/05. Severity: 2 Scope: 3	YA985		