

Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4847AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/06/2008
NAME OF PROVIDER OR SUPPLIER ALEBRIS HOME CARE INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1012 PARADISE VIEW STREET HENDERSON, NV 89052		
(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 conducted at your facility on 11-06-08. 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. The facility was licensed for 10 total beds. The facility had the following category of classified beds: Category 2 - 10 beds The facility had the following endorsements: Residential facility which provides care to elderly and/or disabled persons, and/or persons with Alzheimer's disease. The census at the time of the survey was 10. Ten resident files were reviewed and 7 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	<i>Acceptable POC</i> <i>3/17/09</i> Y 103 441A.2000 (1) (d) Personnel File-NAC 441-A 1. A separate personnel file must be kept for each member of the staff at the facility and must include The name, address, telephone number and social security number of the employee; 1.1. Proof that the employee is not less than 18 years of age; 1.2. The date on which the employee began his employment at the residential facility; 1.3. Records relating to the training received by the employee; 1.4. The health certificates required pursuant to <u>chapter 441A of NAC</u> for the employee; 1.5. Evidence that the references supplied by the employee were checked by the residential facility; and 1.6. Evidence of compliance with <u>NRS 449.176 to 449.185</u> , inclusive. 2. Employee number seven (7) is no longer employed	
Y 103	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	Y 103		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Up. G. Spier* TITLE: *3/12/09* (X8) DATE

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Y 103	<p>Continued From page 1</p> <p>member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.</p> <p>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: (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</p>	Y 103	<p>by our facility; last day of work was June 15, 2008. See Attachment #1</p> <p>3. Employee number two (2) had a one step Mantoux on November 14, 2008 and has completed a statement regarding the sign and symptoms of Tuberculosis and all her answers were negative for the possibility of have Tuberculosis. See Attachment #2</p> <p>4. Employee number four (4) had his physical on May 10, 2008 and finalized his TB on May 15, 2008. See Attachment #3</p> <p>5. The Administrator will use the "Employee Checklist" that was provided to our facility by the Health Care Quality and Compliance.</p> <p>6. The Administrator is the person who needs to ensure that this deficiency does not occur again.</p> <p>7. This deficiency was completed on March 8, 2009</p>	

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Y 103	Continued From page 2 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 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	Y 103		

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Y 103	<p>Continued From page 3</p> <p>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.</p> <p>Based on record review on 11-6-08, the facility failed to ensure 3 of 7 employees had received the required tuberculosis (TB) skin testing, required tuberculosis symptom surveillance and/or physical examination. (Resident #2, #4 and #7)</p> <p>Findings include:</p> <p>Employee #7 was hired on 1-18-08. The employee's file contained documentation the employee completed the first step of the required two-step TB skin test on 1-31-08. The file did not contain evidence the employee completed the second step.</p> <p>Employee #2 was hired on 8-4-07. The employee's file contained a negative chest x-ray report dated 10-12-07. The file did not contain a TB symptom surveillance form for 2008.</p> <p>Employee #4 was hired on 5-11-08. The employee's file did not contain the results of physical examination or a physician certification that the employee was in a good state of health, was free from active TB and any other disease in a contagious stage.</p> <p>Severity: 2 Scope: 3</p>	Y 103		

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Y 444	Continued From page 4	Y 444		
Y 444	<p>449.229(9) Smoke Detectors</p> <p>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 maintained at the facility.</p> <p>This Regulation is not met as evidenced by: Based on record review on 11-6-08, the facility failed to ensure smoke detectors were tested 7 out of the past 12 months.</p> <p>Record review indicated there were monthly smoke detector checks until March 2008. There were no further documentation for smoke detector checks for the months of March 2008, April 2008, May 2008, June 2008, July 2008, August 2008, September 2008 and October 2008.</p> <p>Severity: 1 Scope: 3</p>	Y 444	<p>Y 444 Smoke Detectors</p> <ol style="list-style-type: none"> 1. It is the responsibility of the Administrator to ensure that the smoke detectors are maintained in proper operating conditions at all times and must be tested monthly. 2. It is the responsibility of the House Manager and/or the administrator to conduct a test each month and recorded the findings and keep the documentation at the facility. 3. Employee No. 2 is the House Manager and she was written up and given a warning notice regarding the non-compliance of testing the smoke detectors. See Attachment No. 4 4. The Administrator has made a calendar for the staff so they will know on which day of the month to have the test. 5. The Administrator is the person who is responsible for this deficiency. 6. The deficiency was corrected on November 6, 2008. See Attachment No 5 	
Y 445	<p>449.229(10) Exit doors</p> <p>NAC 449.229 10. An exit door in a residential facility must not be equipped with a lock which requires a key to open it from the inside unless approved by the State Fire Marshall or his designee.</p> <p>This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure that 1 exit door was not equipped with a lock</p>	Y 445		

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Y 445	Continued From page 5 which requires a key to open it from the inside. On 11-06-08, the front door was equipped with a lock which required a key to unlock it from the inside. Severity: 2 Scope: 3	Y 445	Y 445 (10) Exit Doors 1. The City of Henderson and the State Fire Marshal approved the front door lock. 2. We contacted the State Fire Marshal and was advised that they have changed there ruling with regard to using a deadbolt locking devise. We will not use the deadbolt effective March 12, 2009. 3. We have contact a company to see if we can install a delay release device. We are not using the deadbolt. 4. NAC 449.2754 provides A residential facility which provides care to persons with Alzheimer's disease may admit or retain a resident who requires confinement in locked quarters. This is very confusing. Are we a lock facility or not?	
Y 859	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 record review on 11-6-08, the facility failed to ensure that 3 of 10 residents received a physical exam prior to admission and /or an annual physical examination for residents residing in the facility for greater than a year (Resident #1, #2 and #10). Resident #1 was admitted on 4-16-08. The resident's record indicated the initial physical examination was completed on 5-9-08. Resident #2 was admitted on 8-18-07. The resident's record indicated the initial physical	Y 859		

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Y 859	Continued From page 6 examination was completed on 9-19-07. Resident #10 was admitted on 9-1-07. The residents's record did not contain the results of an annual physical examination of the resident by a physician for 2008. Severity: 2 Scope: 2	Y 859	Y859 Periodic Physical examinations of a resident. 1. The Administrator has change the facility policy to ensure that a potential resident 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. 2. The Administrator had an in-service with staff and owners of the facility to address the fact that all potential residents must have a physical before admission to the facility (home). 3. Resident No 10 had a delayed annual physical; on November 14, 2008 Attachment "6" 4. The administrator is the person responsible to ensure that any new resident has their	
Y 936	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 7 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	physical before entering the facility (home) 5. The deficiency was corrected on February 28, 2009 the day of the survey. TAG Y 936 Resident Files 1. Resident No. 3 had the required 2-step Mantoux Tuberculin Skin Test. Attachment #7 2. Resident No. 2 was transfer from the facility by family members. 3. All residents have the potential to be affected by this deficiency. However, none of the residents tested positive for T.B. 4. Within 5 days of admitting a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, the facility will ensure that the person has a Mantoux tuberculin skin test. 5. If the person has no documented history of a two-step Mantoux	

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Y 936	Continued From page 8 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	tuberculin skin test, and has not had a single Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a two-step Mantoux tuberculin skin test. After a person has had a two-step Mantoux tuberculin skin test, the facility shall ensure that the person has a single Mantoux tuberculin skin test, annually, thereafter. A person with a documented history of a positive Mantoux tuberculin skin test is exempt from skin testing and routine annual chest radiographs. But the staff of the facility shall ensure that the person is evaluated, at least annually, for the presence or absence of symptoms of tuberculosis. 6. The Administrator has developed a checklist to ensure that the test and correct	

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Y 936	<p>Continued From page 9</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 11-6-08, the facility failed to ensure that 3 of 10 residents complied with NAC 441A.380 regarding tuberculosis (Resident #2, #3 and #4).</p> <p>Findings include:</p> <p>Resident #2 was admitted on 8-18-07. The resident's file contained a negative chest x-ray report dated 9-19-07. The resident's file did not contain documentation the resident completed the required two-step TB skin testing. On 8-29-08, the resident received a one step</p>	Y 936	<p>documentation has been completed and is in the resident's facility file. Exhibit #2</p> <p>7. The checklist will be used when a resident is admitted, and then twice a year, at the beginning and the end of daylight savings time.</p> <p>8. The Administrator is responsible for conducting the resident file review.</p> <p>9. December 29, 2008</p> <p>Tag Y 449.2749 Resident File</p> <p>1. The Administrator has change the facility policy to ensure that a potential resident upon admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident; update the ADL assessment and/or care plan that reflects the most current condition of</p>	

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Y 936	Continued From page 10 Tuberculosis (TB) skin test. There was no documented evidence the second step TB test was completed. Resident #3 was admitted on 7-2-07. The file contained documentation the resident completed the required two-step TB skin testing on 11-13-06 and an annual TB skin test on 10-11-07. The file did not contain proof the resident received an annual one-step TB skin test for 2008. Resident #4 was admitted on 6-18-08. The file contained documentation the resident completed the required two-step TB skin testing on 8-18-08, 2 months late. Severity: 2 Scope: 3	Y 936	the resident the administrator or staff. 2. The needs assessment or plan-of-care for resident #8 on 2-17-08 See Attachment #7 3. The Administrator had an in-service with staff and owners of the facility to address the fact that all potential residents must have a current needs assessment or plan of care.	
Y 938	449.2749(1)(g)(1) 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: (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: (1) Upon the admission of the resident.	Y 938	4. The administrator is the person responsible to ensure that any new resident has their physical before entering the facility (home) 5. The deficiency was corrected on February 28, 2009 the day of the survey.	

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

Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4847AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/06/2008
NAME OF PROVIDER OR SUPPLIER ALEBRIS HOME CARE INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1012 PARADISE VIEW STREET HENDERSON, NV 89052		
(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 938	Continued From page 11 This Regulation is not met as evidenced by: Based on record review, the facility failed to perform an initial evaluation on 2 of 10 residents for their abilities to perform the activities of daily living (ADL). (Resident #2, #8) Resident #2 was admitted on 8-18-07. The resident's file did not contain an ADL assessment upon admission to the facility. Resident #8 was admitted on 9-18-07. The resident's file did not contain an ADL assessment upon admission to the facility. Severity: 2 Scope: 1	Y 938		

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