

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2086	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/14/2008
NAME OF PROVIDER OR SUPPLIER B & B PARADISE RES CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 9262 SNOW FLOWER AVE LAS VEGAS, NV 89117		
(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 11/14/08.</p> <p>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.</p> <p>The facility was licensed for 9 Category 2 beds.</p> <p>The facility had an endorsement to care for elderly and/or disabled persons.</p> <p>The census at the time of the survey was 6. Six resident records were reviewed. Four 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		
Y 072 SS=F	<p>449.196(3) Qualications of Caregiver-Med re-training</p> <p>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</p>	Y 072		

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TITLE

(X6) DATE

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

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Y 072	Continued From page 1 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 record review, the facility failed to ensure proper medication management training was received by 1 of 4 employees (#4). Findings include: Employee #4 was hired as a caregiver on 11/14/08. The collection of papers for Employee #4 lacked documented evidence of an three hour course of medication management training. 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.	Y 103		

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Y 103	Continued From page 2 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 preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. If the employee has only completed the first step	Y 103		

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Y 103	Continued From page 3 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 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	Y 103		

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Y 103	Continued From page 4 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 proper and timely Tuberculosis (TB) testing and/or screening was completed for 4 of 4 employees. Findings include: Employee #1 was hired as the administrator on 11/15/05. The file for Employee #1 lacked documented evidence of a 1-step TB test which was due in October 2008. Employee #2 was hired as a caregiver on 11/15/05. The file for Employee #2 lacked documented evidence of a 1-step TB test which was due in October 2008. Employee #3 was hired as a caregiver sometime in August 2008. The file contained chest x-ray results dated 3/22/07. The file lacked documented evidence of a positive TB skin test. The file lacked documented evidence of a TB signs and symptoms screening, due in March 2008. Employee #4 was hired as a caregiver on 11/14/08. Employee #4's papers lacked documented evidence of any TB testing. Severity: 2 Scope: 3	Y 103		
Y 104 SS=E	449.200(1)(e) Personnel File - References NAC 449.200 1. Except as otherwise provided in subsection 2,	Y 104		

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Y 104	Continued From page 5 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 record review and interview, the facility failed to ensure references were obtained for 2 of 4 employees (#3, #4). Findings include: Employee #3 was hired as a caregiver sometime in August 2008. The collection of papers lacked documented evidence of reference letters or of references being checked. Employee #4 was hired as a caregiver on 11/14/08. The employee's papers lacked documented evidence of reference letters or of references being checked. Severity: 2 Scope: 2	Y 104		
Y 434 SS=D	449.229(3) Emergency Drills NAC 449.229 3. A drill for evacuation must be performed monthly on an irregular schedule, and a written record of each drill must be kept on file at the facility for not less than 12 months after the drill. This Regulation is not met as evidenced by:	Y 434		

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Y 434	Continued From page 6 Based on record review and interview, the facility failed to conduct emergency evacuation drills for 2 of 12 months. Findings include: The 3-ring binder in which the logs were kept lacked documented evidence of emergency evacuation drills for the months of September and October 2008. All of the documented drills occurred in the middle of the afternoon and the simulated fire took place in the kitchen each time. Employee #1 admitted the drills had not been conducted for the past two months. Severity: 2 Scope: 1	Y 434		
Y 444 SS=D	449.229(9) Smoke Detectors 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. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to ensure smoke detectors were tested for 2 of 12 months. Findings include: The 3-ring binder containing the logs lacked documented evidence the smoke detectors had been checked in September and October 2008. Employee #1 admitted the detectors had not	Y 444		

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Y 444	Continued From page 7 been checked for the past two months. Severity: 2 Scope: 1	Y 444		
Y 871 SS=F	449.2748(1)(a)(2) 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: (2) Provides a written report of that review to the administrator of the facility. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure a medication review was completed every six months for 5 of 6 residents requiring them (#1, #2, #4, #5, #6). Findings include: The record for Resident #1, admitted on 3/26/05, lacked documented evidence of a medication review for April 2007. The record for Resident #2, admitted on 10/30/07, lacked documented evidence of a medication review, due July 2008. The record for Resident #4, admitted on 3/19/08, lacked documented evidence of a medication review, due September 2008.	Y 871		

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Y 871	Continued From page 8 The record for Resident #5, admitted 7/18/06, lacked documented evidence of medication reviews, due August 2007, February 2008 and August 2008. The record for Resident #6, admitted on 1/22/07, lacked documented evidence of medication reviews, due April 2008 and October 2008. Severity: 2 Scope: 3	Y 871		
Y 877 SS=D	449.2742(5) OTC medications & Dietary Supplements NAC 449.2742 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-the-counter medication and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to obtain a physician's order for over the counter (OTC) supplement for 1 of 6 residents (#5).	Y 877		

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Y 877	Continued From page 9 Findings include: Resident #5 was admitted on 7/18/06 with diagnoses including cervical cancer, hypertension, transient ischemic attacks and a history of cerebrovascular accident. There was no order in the record for Resident #5 to take a multivitamin. According to the medication administration record (MAR), the Resident was receiving a multivitamin every day. The medication bin for Resident #5 contained a bottle of multivitamins. On 11/14/08, Employee #2 indicated Resident #5 had been on the multivitamin "...for a while now." Severity: 2 Scope: 1	Y 877		
Y 878 SS=F	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: (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:	Y 878		

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Y 878	<p>Continued From page 10</p> <p>Based on record review and interview, the facility failed to administer medications as prescribed by a physician for 5 of 6 residents (#1, #2, #3, #4, #5).</p> <p>Abbreviations:</p> <p>BID = twice a day cap = capsule HS = hour of sleep MAR = Medication Administration Record mg = milligrams PR = per rectum PRN = as needed for PO = by mouth Q = every QD = every day SOB = shortness of breath SVN = small volume nebulizer tab = tablet tsp = teaspoon UD = unit dose</p> <p>Findings include:</p> <p>Resident #1's record contained a physician's order for Aspirin 325 mg 1 tab PO QD. The MAR lacked documented evidence the resident was receiving Aspirin. There was no Aspirin in the resident's medication bin.</p> <p>Resident #1's record contained a physician's order for a multivitamin 1 tab PO QD. Multivitamin was not listed on the MAR. No multivitamins were in the resident's medication bin.</p> <p>Resident #2's record contained a physician's order for Celexa 40 mg 1.5 tabs PO QD. The MAR indicated the resident was</p>	Y 878		

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Y 878	<p>Continued From page 11</p> <p>receiving 1 tab every day.</p> <p>On 11/14/08, Employee #1 indicated they were giving Resident #2 Celexa 40 mg 1 tab every day.</p> <p>Resident #3's record contained a physician's order for Aspirin 325 mg 1 tab PO QD. There was no entry for Aspirin on the resident's MAR. There was a bottle of Aspirin 81 mg in the resident's medication bin.</p> <p>Resident #3's record contained a physician's order for Senna 1 PO BID PRN. There was no entry on the MAR for Senna. There was no Senna in the resident's medication bin.</p> <p>Resident #3's record contained a physician's order for Tylenol 500 mg as needed. There was no entry on the MAR for Tylenol. There was no Tylenol in the resident's medication bin.</p> <p>Resident #4's record contained a physician's order for Lortab 5/500 mg 1 tab PO every 4 - 6 hours PRN pain. There was no entry on the MAR for Lortab. There was a bottle of Lortab 5/500 mg in the resident's medication bin.</p> <p>Resident #4's record contained a physician's order for Micalcin nasal spray 1 spray alternating nares every day. There was no entry on the MAR for Micalcin. There was no Micalcin in the resident's medication bin.</p> <p>Resident #5's record contained a physician's order for Actonel 35 mg 1 tab PO Q week. There was no entry on the MAR for Actonel. There was no Actonel in the resident's medication bin.</p> <p>Resident #5's record contained a physician's order for Ferrous Sulfate 325 mg 1 tab PO BID.</p>	Y 878		

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Y 878	Continued From page 12 There was no Ferrous Sulfate in the resident's medication bin. Resident #5's record contained a physician's order for Mirtazepine 30 mg 1 tab PO at HS. There was no Mirtazepine in the resident's medication bin. Resident #5's record contained a physician's order for Vitamin B12 1,000 mcg 1 tab PO QD. There was no Vitamin B12 listed on the MAR. There was a bottle of Vitamin B12 1,000 mcg in the resident's medication bin. Resident #5's record contained a physician's order for Tylenol 650 mg Q 6 hours PRN pain. There was no Tylenol listed on the MAR. There was no Tylenol in the resident's medication bin. Resident #5's record contained a physician's order for Dulcolax suppository 1 PR Q 2 days PRN constipation. There was no Dulcolax listed on the MAR. There was no Dulcolax in the resident's medication bin. Resident #5's record contained a physician's order for Albuterol 1 UD via SVN Q 4 hours PRN SOB. There was no Albuterol listed on the MAR. There was no Albuterol in the resident's medication bin. Resident #5's record contained a physician's order for Robitussin AC 1 tsp Q 4 hours PRN cough. There was no Robitussin AC listed on the MAR. There was no Robitussin in the resident's medication bin. Resident #5's record contained a physician's order for Docusate Sodium 1 cap PO BID. There was no Docusate Sodium listed on the MAR.	Y 878		

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Y 878	Continued From page 13 There was no Docusate Sodium in the resident's medication bin. There was a bottle of multivitamins in Resident #5's medication bin. There was an entry on the MAR for multivitamins, indicating the resident was receiving them every day. Resident #5's record lacked a physician's order for multivitamins. Severity: 2 Scope: 3	Y 878		
Y 907 SS=D	449.2746(1)(c) PRN Medication NAC 449.2746 1. A caregiver employed by a residential facility shall not assist a resident in the administration of medication that is taken as needed unless: (c) The caregiver has received written instructions indicating the specific symptoms for which the medication is to be given, the amount of medication that may be given and the frequency with which the medication may be given. This Regulation is not met as evidenced by: Based on record review, the facility failed to obtain written instructions for administering an "as needed" (PRN) medication for 1 of 6 residents (#3). Findings include: Resident #3's record had physician's orders for: 1) "Senna one capsule by mouth twice a day	Y 907		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2086	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/14/2008
NAME OF PROVIDER OR SUPPLIER B & B PARADISE RES CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 9262 SNOW FLOWER AVE LAS VEGAS, NV 89117		
(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 907	Continued From page 14 PRN" and 2) "Tylenol 500 milligrams as needed." The record lacked documentation of the reason the resident would need the medications (i.e., constipation or pain/fever). Severity: 2 Scope: 1	Y 907		
Y 932 SS=E	449.2749(1)(c) 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: (c) A statement of the resident's allergies, if any, and any special diet or medication he requires. This Regulation is not met as evidenced by: Based record review and interview, the facility failed to ensure records had diets documented for 3 of 6 residents. Findings include: Resident #1 was admitted on 3/26/05 with diagnoses including non-insulin dependent	Y 932		

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Y 932	Continued From page 15 diabetes mellitus, hyperlipidemia and hypertension. Resident #1's record lacked documented evidence of the specific type of diet for Resident #1's care. Regarding Resident #1, Employee #1 said, "It's not in the record, but she's on a regular diet." Resident #3 was admitted on 8/15/08 with diagnoses including generalized weakness and a leg wound. Resident #3's record lacked documented evidence of the specific type of diet for Resident #3's care. Resident #4 was admitted on 3/19/08 with diagnoses including atrial fibrillation, hyperlipidemia and osteopenia. Resident #4's record lacked documented evidence of the specific type of diet for Resident #4's care. Severity: 2 Scope: 2	Y 932		
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 Admission of persons to certain	Y 936		

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Y 936	Continued From page 16 medical facilities, facilities for the dependent or homes for individual residential care: Testing; respiratory isolation; medical treatment; counseling and preventive treatment; documentation. (NRS 441A.120) 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 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	Y 936		

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Y 936	Continued From page 17 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 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	Y 936		

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Y 936	Continued From page 18 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 AFIB 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 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	Y 936		

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Y 936	Continued From page 19 and the results thereof are documented in the person ' s medical record. (Added to NAC by Bd. of Health, eff. 1-24-92; A 3-28-96; R084-06, 7-14-2006) Based on record review, the facility failed to ensure the required tuberculosis (TB) skin testing had been completed for 1 of 6 residents. Findings include: Resident #3 was admitted on 8/15/08. There was documented evidence of a 2-step TB skin test initiated on 11/5/08 and read on 11/12/08. The second step was initiated on 11/12/08. The record lacked documented evidence of the results of the second step. Severity: 2 Scope: 3	Y 936		
Y 943 SS=F	449.2749(1)(j) 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: (j) A document signed by the administrator of the facility when the resident permanently leaves the facility.	Y 943		

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Y 943	Continued From page 20 This Regulation is not met as evidenced by: Based on interview, the facility failed to maintain records for five years after residents were discharged. Findings include: When asked for a recently discharged (closed) record, Employee #1 had a puzzled look on her face. After some discussion about what was supposed to occur with a closed record, Employee #1 explained, "I shred them." Severity: 2 Scope: 3	Y 943		
YA101 SS=B	449.200(1)(a-f)Personnel Files 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: (a) The name, address, telephone number and social security number of the employee; (b) The date on which the employee began his employment at the residential facility; (c) Records relating to the training received by the employee; (d) The health certificates required pursuant to chapter 441 of NAC for the employee; (e) Evidence that the references supplied by the employee were checked by the residential facility; and (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.	YA101		

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YA101	Continued From page 21 This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure there was a complete and separate file for 2 of 4 employees (#3, #4). Findings include: Employees #3's and #4's papers were found clipped together. Employee #3 was hired as a caregiver "sometime in August 2008." The papers for Employee #3 lacked documented evidence of: 1) the actual date of hire; 2) reference letters (or evidence of references being checked); 3) an affidavit signed by the employee stating he had not been convicted of the crimes listed in NRS 449.188; 4) a signed statement the employee had read and understood the regulations; and 5) a set of fingerprints. Employee #4 was hired as a caregiver on 11/14/08. The papers for Employee #4 lacked documented evidence of : 1) a telephone number; 2) a social security number; 3) reference letters (or evidence of references being checked); 4) an affidavit signed by the employee stating she had not been convicted of the crimes listed in NRS 449.188; 5) a signed statement she had read and understood the regulations; and 6) a pre-employment physical exam.	YA101		

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YA101	Continued From page 22 Severity: 1 Scope: 2	YA101		
YA930 SS=F	449.2749(1)(a-j) 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: (a) The full name, address, date of birth and social security number of the resident. (b) The address and telephone number of the resident's physician and the next of kin or guardian of the resident or any other person responsible for him. (c) A statement of the resident's allergies, if any, and any special diet or medication he requires. (d) A statement from the resident's physician concerning the mental and physical condition of the resident that includes: (1) A description of any medical conditions which require the performance of medical services; (2) The method in which those services must be performed; and (3) A statement of whether the resident is capable of performing the required medical services. (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. (f) The types and amounts of protective supervision and personal services needed by the resident.	YA930		

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YA930	<p>Continued From page 23</p> <p>(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:</p> <p>(1) Upon the admission of the resident;</p> <p>(2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his ability to perform the activities of daily living; and</p> <p>(3) In any event, not less than once each year.</p> <p>(h) A list of the rules for the facility that is signed by the administrator of the facility and the resident or a representative of the resident.</p> <p>(i) The name and telephone number of the vendors and medical professionals that provide services for the resident.</p> <p>(j) A document signed by the administrator of the facility when the resident permanently leaves the facility.</p> <p>This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure all records, assessments and medical information was in the records for 6 of 6 residents.</p> <p>Findings include:</p> <p>The record for Resident #1, admitted on 3/26/05 with diagnoses including non-insulin dependent diabetes mellitus, hypertension and hyperlipidemia, lacked documented evidence of:</p> <p>1) a physician's statement defining the level of cognition;</p> <p>2) amount and type of protective supervision needed; and</p> <p>2) an annual activities of daily living (ADLs)</p>	YA930		

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YA930	<p>Continued From page 24</p> <p>assessment for 2007 and 2008.</p> <p>The record for Resident #2, admitted on 10/30/07 with diagnoses including schizophrenia, anemia, and cardiac dysrhythmia, lacked documented evidence of:</p> <p>1) a physician's statement defining the resident's cognition, ambulation and amount/type of protective supervision required; 2) an initial ADLs assessment; and 3) an annual ADLs assessment.</p> <p>The record for Resident #3, admitted on 8/15/08 with diagnoses including weakness and a left leg wound, lacked documented evidence of:</p> <p>1) a physician's statement defining the resident's cognition, ambulation, diet and amount/type of protective supervision required; and 2) an initial ADLs assessment.</p> <p>The record for Resident #4, admitted on 3/19/08 with diagnoses including atrial fibrillation, osteopenia and hyperlipidemia, lacked documented evidence of:</p> <p>1) a physician's statement defining the resident's cognition, ambulation, diet and amount/type of protective supervision required; and 2) an initial ADLs assessment.</p> <p>The record for Resident #5, admitted on 7/18/06 with diagnoses including cervical cancer, hypertension, transient ischemic attacks and a history of cerebrovascular accident, lacked documented evidence of:</p> <p>1) a physician's statement defining the resident's cognition, ambulation, amount/type of protective</p>	YA930		

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YA930	Continued From page 25 supervision required; 2) an annual physician's exam for 2007 and 2008; and 3) annual ADLs assessments for 2007 and 2008. The record for Resident #6, admitted on 1/22/07 with a diagnosis of essential hypertension, lacked documented evidence of: 1) level of cognition, ambulation, type/amount of protective supervision needed; and 2) an annual ADLs assessment for 2008. Severity: 2 Scope: 3	YA930		

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