

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS79AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/25/2008
NAME OF PROVIDER OR SUPPLIER BECKY'S HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 4055 CLOUD NINE LANE LAS VEGAS, NV 89115		
(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 11/25/08.</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 6 Category 1 beds.</p> <p>The facility had an endorsement to care for elderly or disabled persons. The facility had an endorsement to care for persons with mental illnesses.</p> <p>The census at the time of the survey was six. Six resident records were reviewed. One closed record was reviewed. Three 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 067 SS=D	<p>449.196(1)(c) Qualifications of Caregiver- Read regulation</p> <p>NAC 449.196</p>	Y 067		

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TITLE

(X6) DATE

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

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Y 067	Continued From page 1 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. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure a statement had been signed indicating the provisions of NAC 449.156 through 449.2766 had been read and understood by 1 of 3 employees (#1). Findings include: Employee #1 was hired as the administrator sometime in December 2007. The file lacked a signed statement indicating the employee had read and understood the provisions of NAC 449.156 through 449.2766. Severity: 2 Scope: 1	Y 067		
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:	Y 070		

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Y 070	Continued From page 2 Based on record review, the facility failed to ensure eight hours of training related to providing for the needs of the residents was received annually by 3 of 3 employees. Findings include: Employee #1 was hired as the administrator sometime in 2007. Employee #1's file lacked documented evidence of: 1) training in the care of elderly and/or disabled persons; and 2) training for persons with mental illnesses. Employee #2 was hired as a caregiver on 4/1/05. Employee #2's file lacked documented evidence of training for persons with mental illnesses for the past year. Employee #3 was hired as a caregiver on 4/1/04. Employee #3's file lacked documented evidence of training for persons with mental illnesses for the past year. 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	Y 072		

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Y 072	Continued From page 3 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 three hours of medication management training had been received by 1 of 3 employees. Findings include: The file for Employee #1, hired in December 2007, lacked documented evidence 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. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure Tuberculosis (TB) testing was completed by 3 of 3 employees.	Y 103		

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Y 103	Continued From page 4 Findings include: The file for Employee #1, hired as the administrator sometime in December 2007, lacked evidence of TB testing. The file for Employee #2, hired as a caregiver on 4/1/05, lacked documented evidence of TB skin test results for the past year. The file for Employee #3, hired as a caregiver on 4/1/04, lacked documented evidence of TB skin test results for the past year. Severity: 2 Scope: 3	Y 103		
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. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure an updated (every five years) criminal background check was completed for 1 of 3 employees (#1). Findings include: The file for Employee #1, hired in December 2007, lacked results of federal and state criminal background checks since 2000.	Y 105		

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Y 105	Continued From page 5 Severity: 2 Scope: 3	Y 105		
Y 273 SS=D	<p>449.2175(4) Service of Food - Special Diets</p> <p>NAC 449.2175</p> <p>4. A resident who has been placed on a special diet by a physician or dietitian must be provided a meal that complies with the diet. The administrator of the facility shall ensure that records of any modification to the menu to accommodate for special diets prescribed by a physician or dietitian are kept on file for at least 90 days.</p> <p>This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure a special diet as prescribed by a physician was provided for 2 of 6 residents (#1, #2).</p> <p>Findings include:</p> <p>Resident #1 was admitted on 6/26/94 with diagnoses including non-insulin dependent diabetes mellitus and hypertension.</p> <p>On 10/1/08, Resident #1's physician wrote for a "bland" diet.</p> <p>Resident #2 was admitted on 5/17/04 with diagnoses including non-insulin diabetes mellitus, hypertension and peripheral neuropathy.</p> <p>Initial documentation at admission read, "Diabetic diet/restrict sugar intake."</p> <p>On 11/25/08, Employee #2 stated, "No one is on a special diet - they all receive the same food."</p>	Y 273		

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Y 273	Continued From page 6 Severity: 2 Scope: 1	Y 273		
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: Based on record review, the facility failed to ensure fire drills were completed for 2 out of 12 months. Findings include: The record lacked documented evidence of fire drills for the months of November 2007 and December 2007. Employee #2 was unable to locate the logs for November and December of 2007. 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.	Y 444		

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Y 444	Continued From page 7 This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure smoke detector checks were performed 2 out of 12 months. Findings include: The record lacked documented evidence of smoke detector checks for the months of November and December of 2007. Employee #2 was unable to locate the documentation for the smoke detector checks from November 2007 through December 2007. Severity: 2 Scope: 1	Y 444		
Y 877 SS=E	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.	Y 877		

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Y 877	<p>Continued From page 8</p> <p>This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure physician's orders had been received to administer over the counter (OTC) medications for 3 of 6 residents (#1, #2, #4).</p> <p>Findings include:</p> <p>Resident #1 was admitted on 6/26/94 with diagnoses including non-insulin dependent diabetes mellitus, hypertension and lumbago.</p> <p>There was no physician order in the record for Resident #1 to take Vitamin C or Vitamin E. There was a bottle of Vitamin C 500 milligrams and a bottle of Vitamin E 400 international units (IU) present in the facility.</p> <p>Documentation on the medication administration record (MAR) indicated Resident #1 was receiving Vitamin C 500 milligrams 2 tablets every day and Vitamin E 400 IU's 1 capsule every day.</p> <p>Resident #2 was admitted on 5/17/04 with diagnoses including hypertension and non-insulin dependent diabetes.</p> <p>There was no physician's order in the record for Resident #2 to take multivitamins, Preservision or Super B Complex.</p> <p>There was a bottle of multivitamins, a bottle of Preservision and a bottle of Super B Complex present in the facility. Documentation on the MAR indicated Resident #2 was receiving Multivitamin 1 tablet every day, Preservision 1 tablet twice a day and Super B Complex 1 tablet every day.</p>	Y 877		

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Y 877	Continued From page 9 Resident #4 was admitted on 7/28/07 with diagnoses including hypertension, osteoarthritis and hypothyroidism. There was no physician's order in the record for Resident #4 to take Vitamin E. There was a bottle of Vitamin E 400 IU present in the facility. The documentation on the MAR indicated Resident #4 was taking Vitamin E 400 IU every day. Severity: 2 Scope: 2	Y 877		
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 ensure written instructions were received before administering an "as needed" (PRN) medication for 2 of 6 residents (#3, #4). Findings include:	Y 907		

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Y 907	Continued From page 10 Resident #3 was admitted on 8/12/07 with diagnoses including dementia, hypertension, hypothyroid and depression. A physician's order read, "Hydrocodone 250 milligrams 1 tablet every 8 - 12 hours by mouth as needed." There was no indication on the order (or prescription bottle label) what the resident might need the medication. Resident #4 was admitted on 7/28/07 with diagnoses including hypertension, osteoarthritis and hypothyroidism. A physician's order read, "Temazepam 15 milligrams 1 tablet by mouth as needed." There was no indication on the order (or prescription bottle label) what the resident might need the medication. The medication administration record (MAR) read, "Temazepam 15 milligrams at bedtime as needed." Severity: 2 Scope: 1	Y 907		
YA106 SS=F	449.200(1)(2)(3)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	YA106		

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YA106	Continued From page 12 Findings include: Employee #1 was hired as the administrator (date unknown). The file for Employee #1 lacked evidence of: 1) the date of hire; 2) social security number; 3) an affidavit signed by the employee stating she had not been convicted of the crimes listed in NRS 449.188; 4) fingerprints; 5) criminal background check results from the FBI and State of Nevada; and 6) certification for first aid and cardiopulmonary resuscitation (CPR). Employee #2 was hired as a caregiver on 4/1/05. The file for Employee #2 lacked an affidavit signed by the employee stating she had not been convicted of the crimes listed in NRS 449.188. The file for Employee #2 contained a color copy of the front of a certification card for first aid and CPR (Part of the logo was obscured) with an expiration date of 10/9/09. Note: A telephone call to the company providing the CPR and first aid training revealed Employee #2 was not on the roster for the certification on the date listed on the card. Employee #3 was hired as a caregiver on 4/1/04. The file for Employee #3 lacked evidence of results of federal and state criminal background checks. Severity: 2 Scope: 3	YA106		
YA930 SS=F	449.2749(1)(a-j) Resident File	YA930		

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YA930	Continued From page 13 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. (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	YA930		

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YA930	<p>Continued From page 14</p> <p>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 a complete record with all required documents was maintained for 6 of 6 residents.</p> <p>Findings include:</p> <p>The record for Resident #1 lacked documented evidence of:</p> <p>1) the primary physician's address;</p> <p>2) an initial physician's exam;</p> <p>3) the resident's level of cognition;</p> <p>4) the resident's ambulatory status</p> <p>5) the amount and type of supervision needed;</p> <p>6) any allergies; and</p> <p>7) an initial Activities of Daily Living (ADLs) assessment.</p> <p>The record for Resident #2 lacked documented evidence of:</p> <p>1) a complete ADLs assessment for 2007 and 2008;</p>	YA930		

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NAME OF PROVIDER OR SUPPLIER BECKY'S HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 4055 CLOUD NINE LANE LAS VEGAS, NV 89115		
(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
YA930	<p>Continued From page 15</p> <p>2) TB skin testing for 2008 (last one was done 10/16/07).</p> <p>The record for Resident #3 lacked documented evidence of the physician's address.</p> <p>The record for Resident #4 lacked documented evidence of:</p> <ol style="list-style-type: none"> 1) a physician's statement indicating the resident's ambulatory status; 2) type and amount of supervision needed; 3) results of an initial TB skin test for 2007; and 4) results of an annual TB skin test for 2008. <p>The record for Resident #5 lacked documented evidence of:</p> <ol style="list-style-type: none"> 1) the resident's level of cognition; and 2) any allergies (or "No allergies"). <p>The record for Resident #6 lacked documented evidence of:</p> <ol style="list-style-type: none"> 1) the physician's address; 2) the physician's phone number; 3) the resident's level of cognition; 4) the resident's ambulatory status; 5) results of an annual TB skin test for 2008 (due in June); and 6) a medication review every six months (due in September). <p>Resident #7 was a closed record review. The record lacked documented evidence of a discharge form indicating when the resident left the facility and to which facility she was transferred.</p> <p>On 11/25/08 at 5:30 PM, Employee #2 was unable to recall any information regarding when Resident #7 had left the facility or where she had gone.</p>	YA930		

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

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YA930	Continued From page 16 Severity: 2 Scope: 3	YA930		

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