

1 in telephone call o
 on 3-13-09, corrections made + POE
 Accepted - Castings

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS75AGZ | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 12/19/2008 |
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| NAME OF PROVIDER OR SUPPLIER BERNADETTE CARE HOME | | STREET ADDRESS, CITY, STATE, ZIP CODE 1104 IRONWOOD DRIVE LAS VEGAS, NV 89108 | | |
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| Y 000 | Initial Comments This Statement of Deficiencies was generated as a result of the annual state licensure survey and complaint investigation conducted at your facility on 12/19/08. 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 9 Category 1 beds. The facility had an endorsement to care for persons with Alzheimer's disease. The census at the time of the survey was nine. Nine resident records were reviewed. One closed record was reviewed. Five employee files were reviewed. Complaint #NV00018917 - unsubstantiated. Complaint #NV00017735 - substantiated. See TAGS Y-878, Y-896, Y-920 and Y-923. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified: | Y 000 | | |
| Y 067 SS=C | 449.196(1)(c) Qualifications of Caregiver- Read regulation NAC 449.196 | Y 067 | Y067 9. EMPLOYEE #2 HAS BEEN COMPLETED HIS FILES. THE FACILITY ADMINISTRATOR DISCUSSED THE PROVISION NAC | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Kregalany* ADMINISTRATOR TITLE 1/30/2009 (X6) DATE

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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 interview and record review, the facility failed to ensure the regulations had been read and understood by 1 of 5 employees (#2). Findings include: Employee #2 was hired on 12/1/08. The file for Employee #2 lacked a signed statement indicating Employee #2 had read and understood the provisions of NAC 449.156 to 449.2766, inclusive. Employee #2 indicated he was unaware such regulations existed. Severity: 1 Scope: 3 | Y 067 | Y067 (cont.) 449.156 to 449.2766. b.) EMPLOYEE #2 SIGNED THE STATUTORY COMPLIANCE STATEMENT THAT Employee #2 fully understood about the provision and HE HAD READ THE PROVISION (see attachment #1) ..-facility administrator will ensure that all employees file are complete by checking all files Every 6 months And making sure that employees are aware of the provisions. c.) 1/24/2009 | |
| Y 104 SS=C | 449.200(1)(e) Personnel File - References NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (e) Evidence that the references supplied by the employee were checked by the residential facility. | Y 104 | Y104 a. EMPLOYEE #2 Acquired the references after the Survey (see attachment #2) b. FACILITY Administrator checked and verified. | |

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| Y 104 | Continued From page 2 This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure references were obtained and verified for 1 of 5 employees (#2). Findings include: Employee #2 was hired on 12/1/08. The file for Employee #2 lacked documented evidence the references supplied by the employee were checked by the facility. Severity: 1 Scope: 3 | Y 104 | Y104 (cont.) All employees files will be reviewed every 6 months to ensure that all employees have current requirement. New employees will be required to submit necessary requirement before starting to work. A personnel file checklist will be kept on file. C. 1-24/2009 | |
| Y 273 SS=E | 449.2175(4) Service of Food - Special Diets NAC 449.2175 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. This Regulation is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide special diets as prescribed by a physician for 3 of 9 residents (#2, #8, #9). Findings include: There were no special diets posted or on file in the facility. There were no menus with | Y 273 | Y273 a) A dietitian has been consulted and special menus have been posted/ established for each of the special diet as ordered. b) Whenever resident are seen by their doctors, the doctor's instruction will be reviewed concerning the resident dietary needs. If special diets are ordered, the dieticians will be consulted to establish diet menus. (see continuation) | |

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| Y 273 | Continued From page 3 modifications for special diets. Employee #2 indicated no residents were on any special kind of diet. Resident #2 was admitted on 12/27/06 with diagnoses including hypertension, congestive heart failure and coronary artery disease. Documentation in the record indicated Resident #2 was to be on a "cardiac/low salt" diet. Resident #8 was admitted on 6/13/08 with diagnoses including hypertension and congestive heart failure. The physician for Resident #8 had prescribed a "cardiac" diet. Resident #9 was admitted on 4/24/06 with diagnoses including non-insulin diabetes mellitus. The physician had prescribed a "decreased concentrated sweets" diet. Severity: 2 Scope: 2 | Y 273 | <i>Y273</i> The facility administrator will monitor for compliance. -> Resident # 2 & # 8 the facility is not using any regular salt. -> Resident # 9 - facility is not giving concentrated sweets + Employees will follow the menus as written and to update or write down the substitute food on the menu. C. 1/26/2009 | |
| Y 274 SS=C | 449.2175(5) Service of Food - Substitutions NAC 449.2175 5. Any substitution for an item on the menu must be documented and kept on file with the menu for at least 90 days after the substitution occurs. A substitution must be posted in a conspicuous place during the service of the meal. This Regulation is not met as evidenced by: Based on observation, record review and interview, the facility failed to ensure substitutions were posted on the menu in a conspicuous place during the service of the meal. | Y 274 | <i>Y274</i> a.) MENUS are posted and any changes will be written in the menu (see attachment #4) b) The FACILITY administrator OR LICENSEE WILL CHECK FOR COMPLIANCE. | |

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| Y 274 | Continued From page 4 Findings include: A menu designated as "Week 1" was posted on a wall outside the kitchen. The menu for dinner on the previous day indicated "Beef pot pie, garlic bread, salad and cheese puffs" were served. At 7:45 AM interview as to what was served for dinner last night, Employee #3 replied, "Chicken sandwich and soup." When inquired as to why beef pot pie, garlic bread, salad and cheese puffs were not served, Employee #3 admitted, "I don't follow the menu." Employee #3 pulled a spiral notebook out of a drawer and showed how they write what was served after they have prepared the meal. Severity: 1 Scope: 3 | Y 274 | <i>Y 274 c. 1/26/2009</i> | |
| Y 444 SS=F | 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 observation, the facility failed to maintain smoke detectors in operating conditions at all times. Findings include: At 7:55 AM, Employee #2 attempted to activate the smoke alarm in the foyer. There was no | Y 444 | <i>Y 444 a. in compliance with rules and regulation, the facility administrator will make sure that the smoke detector monitoring will be done monthly and it will help the staff to monitor when battery needs to be changed. b) facility administrator & caregiver in-charged will monitor for compliance.</i> | |

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| Y 444 | Continued From page 5 response from the unit. Employee #2 unscrewed the unit from the mounting on the ceiling, revealing the unit to be without a battery and unplugged from the power source. Severity: 2 Scope: 3 | Y 444 | <i>Y444 (cont.) C. 1/20/2009</i> | |
| Y 878 SS=D | 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: Based on record review and interview, the facility failed to comply with a physician's order to change the medication administration for 1 of 9 residents (#8). Abbreviations: BID = twice a day DC = discontinue MAR = Medication Administration Record mg = milligrams mm Hg = millimeters of mercury PRN = as needed | Y 878 | <i>Y878 a. Facility Administrator will make sure that all Employees / caregivers are aware of any changes to Every resident. b. Employees Instructed that whenever there is a change of staff on duty, Employees needs to give report to Incoming staff for Any changes. c) 1/20/2009</i> | |

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| Y 878 | Continued From page 6 PO = by mouth Q = every tab = tablet Findings include: Resident #8 was admitted on 6/13/08, with diagnoses including hypertension and congestive heart failure. A physician's order, written on 12/10/08, changed Resident #8's Clonidine from 0.2 mg 1 tab Q 8 hours to Clonidine 0.2 mg 1 tab Q 8 hours PRN systolic blood pressure equal to or greater than 150 mm Hg. An entry on the December 2008 MAR read, "DC order on file - change to PRN." Employee #2 was unaware of the new order. Resident #8 was not having blood pressure checks every eight hours to determine if the medication was needed. Complaint #NV00017735 substantiated. Severity: 2 Scope: 1 | Y 878 | | |
| Y 896 SS=F | 449.2744(1)(b)(2) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (2) The date and time that the medication was administered. | Y 896 | | |

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| Y 896 | Continued From page 7 This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure medication administration records (MARs) were complete and accurate for 7 of 9 residents (#2, #3, #4, #5, #6, #7, #8). Findings include: Abbreviations: AM = before noon BID = twice a day cap = capsule HS = hour of sleep MAR = Medication Administration Record Mcg = micrograms MDI = multidose inhaler mEq = milli-equivalents mg = milligrams PM = after noon PRN = as needed OTC = over the counter PO = by mouth Q = every QD = every day QID = four times a day tab = tablet Resident #2 was admitted on 12/27/06, with diagnoses including non-insulin dependent diabetes mellitus. Resident #2's record contained a physician's order for Metformin 500 mg one tab PO QD. This medication was not listed on the December 2008 MAR, which lacked documented evidence this | Y 896 | Y896 a) Facility Administrator will ensure that all employees know the right way of giving medication. b) Administrator Educated the Employees to do RECAP for monthly change of Medication Administration Record by comparing the previous MAR, with the DR. order or Active List of Medication to the new MAR to avoid medication not listed to the new MAR. Facility Administrator will check for compliance. | |

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| Y 896 | <p>Continued From page 8</p> <p>medication had been given from 12/1 through 12/18/08.</p> <p>Resident #3 was admitted on 5/6/06, with diagnoses including dementia.</p> <p>Resident #3 had orders for Aricept 10 mg 1 tab PO at HS. The December 2008 MAR entry read, "Aricept 10 mg 1 tab QD" and documentation revealed it was being given at 7:00 AM. The December 2008 MAR lacked documented evidence Resident #3 had received Aricept on 12/17 and 12/18/08.</p> <p>Resident #3 had orders for Zyprexa 5 mg 1 PO QD. The December 2008 MAR lacked documented evidence Resident #3 had received a dose on 12/17 and 12/18/08.</p> <p>Resident #4 was admitted on 3/25/05, with diagnoses including congestive heart failure.</p> <p>Resident #4's record contained a physician's order for Albuterol MDI 2 inhalations QID. Entries on the MAR indicated the resident was to take this medication at 7:00 AM, 12:00 PM, 7:00 PM and at HS (8:00 PM). The December 2008 MAR lacked documented evidence the resident had received the medication at 7:00 AM on 12/14, 12/15, 12/16, 12/17, 12/18 and 12/19/08. The December 2008 MAR lacked documented evidence the resident had received the medication at 12:00 PM on 12/18 and 12/19/08. The December 2008 MAR lacked documented evidence the resident had received the medication at 7:00 PM on 12/13, 12/14 and 12/18/08. The December 2008 MAR lacked documented evidence the resident had received</p> | Y 896 | <p><i>Y896</i></p> <p><i>> To Ensure that MEDICATIONS ARE GIVEN AS ORDERED, FACILITY Administrator will Monitor the MAR IF medications are given then the MAR should be initiated by the Employee giving the medication.</i></p> <p><i>> facility Administrator demonstrate the proper way of checking Blood pressure + DIGITAL Blood pressure Machine is in place.</i></p> <p><i>Resident #2 Medication Record is updated + Recorded in the MAR as ordered.</i></p> <p><i>Resident #3 Original order for aricept is 10 mg t QD see attachment #3</i></p> | |

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| Y 896 | Continued From page 9 the medication at bedtime on 12/18/08. Resident #4's record contained a physician's order for Temazepam 30 mg one cap PO at HS. The December 2008 MAR lacked documented evidence the resident had received the medication on 12/18/08. Resident #4's record contained a physician's order for Fosamax 70 mg one tab PO every week. The December 2008 MAR had documentation indicating the medication had been received on 12/7. The December 2008 MAR lacked documented evidence the resident had received the medication on 12/14/08, the date the next dose was due. Resident #4's record contained a physician's order for Digitek 125 mcg one tab PO QD. The December 2008 MAR lacked documented evidence the resident had received the medication on 12/18 and 12/19/08. Resident #4's record contained a physician's order for Klor-Con 20 mEq one tab PO QD. The December 2008 MAR lacked documented evidence the resident had received the medication on 12/18 and 12/19/08. Resident #4's record contained a physician's order for Lasix 40 mg one tab PO QD. The December 2008 MAR lacked documented evidence the resident had received the medication on 12/18 and 12/19/08. Resident #4's record contained a physician's order for Namenda 10 mg one tab PO BID. The December 2008 MAR lacked documented evidence the resident had received the AM dose on 12/18 and 12/19 and the PM dose on | Y 896 | <i>12/20/08</i> Resident #3 MAR is corrected & initialed as the medication is given as ordered. Resident # 4 MAR is corrected and initialed MAR as medication is given as ordered. Resident # 5 MAR is corrected, updated and initialed as Medication is given as ordered. Resident # 6 MAR is corrected and initialed as medications are given as ordered. Resident #7 MAR is corrected & initialed as the Medications are given as ordered. Resident # 8 MAR is corrected & initialed as the medications are given as ordered. | |

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| Y 896 | Continued From page 10 12/18/08. Resident #4's record contained a physician's order for Carvedilol 6.25 mg 1/2 tab PO BID. The December 2008 MAR lacked documented evidence the resident had received the AM dose on 12/18 and 12/19 and the PM dose on 12/18/08. Resident #4's record contained a physician's order for Seroquel 100 mg one tab PO in AM and two tabs at HS. The December 2008 MAR lacked documented evidence the resident had received the AM dose on 12/18 and 12/19 and the PM dose on 12/5, 12/13, 12/17 and 12/18/08. Resident #5 was admitted on 10/23/07 with diagnoses including Alzheimer's dementia. Resident #5's record contained a physician's order for Aricept 10 mg one tab PO QD. There was no Aricept listed on the December 2008 MAR. The MAR lacked documented evidence the resident had received Aricept for the month of December 2008. Resident #5's record contained a physician's order for Doxazosin 1 mg one tab at HS. The December 2008 MAR lacked documented evidence the resident had received the medication from 12/13 through 12/18/08. Resident #5's record contained a physician's order for Oxybutynin 5 mg one tab PO BID. The December 2008 MAR lacked documented evidence the resident had received the AM dose on 12/19/08. Resident #5's record contained a physician's | Y 896 | | |

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| Y 896 | Continued From page 11 order for Triamcinolone 0.1% cream to be applied to the affected areas BID. The December 2008 MAR lacked documented evidence the AM application had been received on 12/19/08. Resident #6 was admitted on 5/1/08, with diagnoses including Alzheimer's dementia. Resident #6's record contained a physician's order for Aricept 10 mg one tab at HS. The prescription bottle label read, "Aricept 10 mg one tab at HS." Documentation on the December 2008 MAR revealed the facility was administering the Aricept at 7:00 AM. The December 2008 MAR lacked documented evidence the resident had received the medication on 12/14/08. Resident #6's record contained a physician's order for Vitamin D 400 IU 1 tab QD. The December 2008 MAR lacked documented evidence the resident had received the medication on 12/14/08. Resident #6's record contained a physician's order for Prilosec OTC 20 mg 1 CAP tab QD. The December 2008 MAR lacked documented evidence the resident had received the medication on 12/14/08. Resident #6's record contained a physician's order for Synthroid 25 mcg 1 tab PO QD. The December 2008 MAR lacked documented evidence the resident had received the medication on 12/14/08. Resident #6's record contained a physician's order Ferrous Sulfate EC 325 mg 1 tab PO TID. The December 2008 MAR lacked documented evidence the resident had received the morning | Y 896 | | |

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| Y 896 | Continued From page 12 dose of the medication on 12/14/08, the noon dose from 12/13 through 12/18/08, and the evening dose from 12/13 through 12/18/08. Resident #6's record contained an order for Restoril 30 mg cap one PO QD. The December 2008 MAR lacked documented evidence the resident had received the medication on 12/13, 12/14, and 12/18/08. Resident #7 was admitted on 11/22/08, with diagnoses including depression. Resident #7's record contained an order for Bupropion Hcl 150 mg 2 tabs PO Q AM. The December 2008 MAR lacked documented evidence the resident had received the medication on 12/4 and 12/5/08. Resident #8 was admitted on 6/13/08, with diagnoses including hypertension, congestive heart failure and chronic obstructive pulmonary disease. Resident #8's record contained an order for Norvasc 10 mg 1 tab PO QD. The December 2008 MAR lacked documented evidence the resident had received the medication on 12/18/08. Resident #8's record contained an order for Lisinopril 20 mg 2 tabs PO QD. The December 2008 MAR lacked documented evidence the resident had received the medication on 12/18/08. Resident #8's record contained an order for Metoprolol 50 mg 1 tab PO QD. The prescription | Y 896 | | |

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| Y 896 | <p>Continued From page 13</p> <p>bottle label read, "Metoprolol 50 mg 1 tab PO BID. A second page of the December 2008 MAR revealed an entry reading, "Metoprolol 50 mg 1 tab PO BID." Documentation on the second page indicated Resident #8 had received the medication twice a day from 12/10 through 12/17 and no dose on 12/18/08. There was no indication the dosage had been changed on the original MAR. The first page indicated Resident #8 was to receive the medication once a day and the second page indicated the resident was to receive it twice a day, beginning on 12/10/08.</p> <p>Resident #8's record contained an order for Cymbalta 20 mg 1 cap PO BID. The December 2008 MAR lacked documented evidence the resident had received the morning dose on 12/10 through 12/18/08 and the PM dose on 12/18/08.</p> <p>Resident #8's record contained an order for Seroquel 200 mg 1 tab PO at HS. The December 2008 MAR lacked documented evidence the resident had received the medication on 12/13, 12/16, 12/17 and 12/18/08.</p> <p>Resident #8's record contained an order for Gemfibrozil 600 mg 1 tab PO BID. The December 2008 MAR lacked documented evidence the resident had received both doses on 12/18/08.</p> <p>Resident #8's record contained an order for Hydralazine 25 mg 1 tab PO TID. The December 2008 MAR lacked documented evidence the resident had received the noon dose on 12/14/08, all three doses on 12/18/08.</p> <p>Complaint #NV00017735 substantiated.</p> <p>Severity: 2 Scope: 3</p> | Y 896 | | |

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| Y 920 SS=F | <p>449.2748(1) Medication Storage</p> <p>NAC 449.2748 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key.</p> <p>This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure medications were stored in a locked area.</p> <p>Findings include:</p> <p>At 1:45 PM, an unlocked lower kitchen cabinet was discovered to house several small containers with snap on lids. The lids were labeled with several of the residents' names and the designations, "AM" and "PM." Many of the containers had medications inside them.</p> | Y 920 | <p>Y920</p> <p>a. The facility will not maintain allow pre fill medications and medications will in a locked be stored in Each storage area. Original Containers. <i>ce</i></p> <p>b. The Facility Administrator Ensure that all Employees know the proper way of giving medication. The Administrator re-demonstrate the proper way of giving medication all staff will follow the medication Policy and Administrator will monitor for compliance every week <i>ce</i></p> <p>c. 1/22/2009</p> <p>b. Admin. will ensure all employees are aware that meds must be kept in a locked storage area. <i>ce</i></p> | |

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| Y 920 | Continued From page 15 Complaint #NV00017735 substantiated. Severity: 2 Scope: 3 | Y 920 | | |
| Y 923 SS=F | <p>449.2748(3)(b) Medication Container</p> <p>NAC 449.2748 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (b) Kept in its original container until it is administered.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to keep medications in their original containers until they were administered.</p> <p>Findings include:</p> <p>On 12/19/08 at 7:45 AM, an empty container with the resident's name and the designation "AM" was on top of Resident #1's bed (Resident #1 was still in bed).</p> <p>At 1:30 PM, the medication cupboard contained several small containers with snap on lids. Each container had a label with a resident's name and the designation of "AM" and "PM." Several of the containers had medications in them and a few were empty.</p> | Y 923 | <p>Y 923</p> <p>a. The facility will maintain Medications in Each original bottles. will not allow pre-fill medication before giving it the Resident.</p> <p>b. The Facility Administrator Ensure that all Employees know the proper way of giving medications. The Administrator re-demonstrate Medication PASS and all Employees will follow Medication Policy. The Facility Administrator will monitor for compliance <i>every week.</i></p> <p>c) 1/22/2009</p> | |

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| Y 923 | Continued From page 16 Employee #5 indicated they put the medications in the containers prior to administering them to the residents. When asked why some of them labeled "AM" still contained medications, Employee #5 was silent and looked toward Employee #2. Employee #5's phone rang and she answered it while walking out of the room. At 1:45 PM, a second (unlocked) kitchen cupboard was discovered to contain additional small containers with snap on lids and labels containing the rest of the residents' names and the designations, "AM" and "PM." Several of the containers had medications in them. When asked how the containers were used, Employee #2 explained they were pre-filled for the day. Complaint #NV00017735 substantiated. Severity: 2 Scope: 3 | Y 923 | | |
| Y 936 SS=D | 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. | Y 936 | | |

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| Y 936 | Continued From page 17 This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to ensure records were complete and retained for up to five years after discharge. Findings include: Resident #10 was admitted on 7/24/08. There was a collection of papers for Resident #10 bundled together with a rubber band. There was no discharge form indicating the destination or the date of discharge for Resident #10. After several phone calls to an off-duty employee, Employee #5 indicated they were unable to locate the discharge form for Resident #10. Severity: 2 Scope: 1 | Y 936 | <i>Y936(a) the FACILITY WILL follow the regulations in compliance with the PROVISIONS. b) the facility will ensure to keep all files and will retained for 5 years per regulation. The Administrator will ensure that all files are complete & if discharge resident then discharge or transfer form will be completed before patient will leave the facility. Administrator will monitor for compliance by using the resident file checklist every time c) 1/22/2009</i> | |
| Y 991 SS=F | 449.2756(1)(b) Alzheimer's Fac door alarm NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility. This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure all doors used to exit the facility had audible devices which were activated when the door was opened. Findings include: | Y 991 | <i>(see attachment #6) a resident is discharged or transferred &c</i> | |

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| Y 991 | Continued From page 18 The sliding glass door leading from the kitchen dining area out to the front of the house did not have an alarm that sounded when it was opened. Severity: 2 Scope: 3 | Y 991 | Y 991 a) all Employees of the facility will ensure the safety of all resident. | |
| Y 993 SS=F | 449.2756(1)(d) Alzheimer's training NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (d) 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's disease, successfully completes the training and continuing education required pursuant to NAC 449.2768. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure that all staff had the required dementia training for their length of employment for 3 of 5 employees (#2, #4, #5). Findings include: Employee #2 was hired as a caregiver on 12/1/08, and requires a minimum of two hours of Alzheimer's training to be completed within the first 40 hours of employment. The file for Employee #2 lacked documented evidence of any training in the care of persons with Alzheimer's disease. | Y 993 | b) Audible devices were in place & activated after the survey. The Administrator will monitor Every week month for compliance. c) 1/20/2009 Y 993 a) Employee # 4 completed the dementia & caregiving training Employee # 5 completed the dementia & caregiving training Employee # 2 has been enrolled for dementia training and completed (see attachment # 5) | |

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| Y 993 | Continued From page 19 Employee with employment longer than one year are required to have 3 hours minimum of annual training in providing care for residents with dementia. Employee #4 was hired as a caregiver on 4/4/06. The file for Employee #4 lacked documented evidence of at least three hours training related to providing for the needs of persons with Alzheimer's disease. Employee #5 was hired as a caregiver sometime in February 2003. The file for Employee #5 lacked documented evidence of at least three hours training related to providing for the needs of persons with Alzheimer's disease. Severity: 2 Scope: 3 | Y 993 | b) all Employees Files will be reviewed every 6 months to ensure Employee have current requirement. A personnel file checklist (attachment #17) will utilized to determine if re-certifications are needed. The Administrator will monitor for compliance. c) 1/20/2009 | |

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