

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS82AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/18/2009
NAME OF PROVIDER OR SUPPLIER BEST CARE FACILITY 1		STREET ADDRESS, CITY, STATE, ZIP CODE 720 S NINTH STREET LAS VEGAS, NV 89101		
(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 an annual state licensure survey and complaint investigation conducted in your facility on 2/18/09. This state licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility was licensed for 18 Residential Facility for Group beds for elderly or disabled persons and/or persons with mental illness, Category I residents.</p> <p>The census at the time of the survey was 13. Thirteen resident files were reviewed and three employee files were reviewed. Two closed resident files were reviewed.</p> <p>Two complaints were investigated.</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>Complaint #NV18820 substantiated without deficiencies. Complaint #NV18653 substantiated with deficiencies. See TAG Y-178</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 070 SS=F	<p>449.196(1)(f) Qualifications of Caregiver-8 hours training</p> <p>NAC 449.196 1. A caregiver of a residential facility must:</p>	Y 070		

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TITLE

(X6) DATE

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

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Y 070	Continued From page 1 (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure at least eight hours of annual training related to providing for the needs of the residents was received by 3 of 3 employees. Severity: 2 Scope: 3	Y 070		
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 compliance with NAC 441A.375 regarding tuberculosis testing for 3 of 3 employees. Severity: 2 Scope: 3	Y 103		
Y 105 SS=C	449.200(1)(f) Personnel File - Background Check NAC 449.200	Y 105		

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Y 105	Continued From page 2 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 the criminal background check requirements were met for 3 of 3 employees. Severity: 2 Scope: 3	Y 105		
Y 106 SS=F	449.200(2)(a) Personnel File - 1st aid & CPR NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure first aid and cardiopulmonary resuscitation training was current for 2 of 3 employees (#1, 3). This was a repeat deficiency from the 5/30/08 state licensure survey.	Y 106		

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Y 106	Continued From page 3 Severity: 2 Scope: 3	Y 106		
Y 173 SS=F	449.209(3) Health and Sanitation-Inside garbage NAC 449.209 3. Containers used to store garbage in the kitchen and laundry room of the facility must be covered with a lid unless the containers are kept in an enclosed cupboard that is clean and prevents infestation by rodents or insects. Containers used to store garbage in bedrooms and bathrooms are not required to be covered unless they are used for food, bodily waste or medical waste. This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure the garbage receptacle in the kitchen was covered or kept in an enclosed cupboard. Severity: 2 Scope: 3	Y 173		
Y 175 SS=F	449.209(4)(b) Health and Sanitation-Hazards NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility. This Regulation is not met as evidenced by: Based on observation and interview, the administrator failed to ensure the facility was free	Y 175		

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Y 175	Continued From page 4 from hazards. Findings include: Cracked and loose tile on the hallway ramp outside of kitchen. A white coaxial cable on the floor in the front hallway, outside of bedroom #2, creating a tripping hazard. Employee #1 indicated the tile had been cracked and loose for "awhile". Severity: 2 Scope: 3	Y 175		
Y 176 SS=F	449.209(4)(c) Health and Sanitation-Insects, Rodents NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (c) Insects and rodents. This Regulation is not met as evidenced by: Based on observation, the administrator failed to keep the facility free from insects. Findings include: There were live roaches in the medicine cabinet in the bathroom across from bedroom #7. Throughout the survey, several roaches were seen crawling up the wall and across the floor of the dining area. This was a repeat deficiency from 5/30/08 annual	Y 176		

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Y 176	Continued From page 5 state licensure survey. Severity: 2 Scope: 3	Y 176		
Y 178 SS=F	449.209(5) Health and Sanitation-Maintain Int/Ext NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. This Regulation is not met as evidenced by: Based on observation and interview, the administrator failed to ensure the premises were clean and the interior and exterior of the facility were well maintained. Findings include: The arms of the sofa in the front room had large, gaping tears. The carpet throughout the facility was dirty and had dark stains. The backyard patio contained an old stove, a large plastic bag overflowing with plastic bottles, piles of miscellaneous unused items and several large plastic bags of clothing. There were cigarette butts all over the ground in the backyard and patio. Throughout the facility, air vents had a large accumulations of dirt and dust on them. The bathroom outside bedroom #7 did not have a door. There was no handle with which to turn on the water in the bathtub. The door to bedroom #10 was off the hinges and leaning up	Y 178		

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Y 178	Continued From page 6 against the closet. There was a large hole at the bottom of the west wall in bedroom #10. The front panels on two drawers in a chest of drawers in bedroom #2 were missing or hanging/ready to fall off. The mirror in the bathroom across from bedroom #9 was missing (repeat from 5/30/08 survey). The tub/shower in all bathrooms had had soap scum buildup and a dark brownish/black deposit along the bottom tiles and around the faucets and handles. There was no soap, toilet paper or paper towels in any of the bathrooms (Repeat deficiency from 5/30/08. The bathrooms across from bedroom #6 and between bedrooms #2 and #3 each had various empty plastic bottles (from food, soda) in the cabinet under the sinks. The closet doors in Resident #3's room were off the tracks and unusable. On 2/18/09 in the morning, during a tour of the facility Employee #3 indicated they had "just run out of paper towels. Employee #3 indicated she was working with the owner of the building to renovate the facility and purchase new furniture. Complaint #NV00018653 substantiated. Severity: 2 Scope: 3	Y 178		
Y 180 SS=F	449.209(7) Health and Sanitation-Lighting NAC 449.209 7. The facility must maintain electrical lighting as necessary to ensure the comfort and safety of the residents of the facility. This Regulation is not met as evidenced by: Based on observation, the administrator failed to maintain necessary electrical lighting throughout	Y 180		

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Y 180	Continued From page 7 the facility to ensure the safety of the residents. Severity: 2 Scope: 3	Y 180		
Y 250 SS=F	449.217(1) Kitchens-Equipment works; Clean and Sanitary NAC 449.217 1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition. This Regulation is not met as evidenced by: Based on observation, the facility failed to ensure the kitchen was kept clean and uncluttered. Severity: 2 Scope: 3	Y 250		
Y 320 SS=D	449.220(1) Bedroom Doors - Locks NAC 449.220 1. A bedroom door in a residential facility which is equipped with a lock must open with a single motion from the inside unless the lock provides security for the facility and can be operated without a key or any special knowledge. This Regulation is not met as evidenced by:	Y 320		

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Y 320	Continued From page 8 Based on observation, the facility failed to install locks on the doors of bedrooms #6 and #7, allowing them to be opened from the inside with a single motion. Severity: 2 Scope: 1	Y 320		
Y 434 SS=F	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 and interview, the facility failed to ensure 1) evacuation drills were performed monthly on an irregular basis; and 2) written records of each drill were kept for 6 of the past 12 months. Severity: 2 Scope: 3	Y 434		
Y 442 SS=F	449.229(7)(b) Smoking Policy NAC 449.229 7. The administrator shall ensure that a written policy on smoking is developed and carried out by the facility. The policy must be: (b) Posted in a common area of the facility. This Regulation is not met as evidenced by: Based on observation and interview, the	Y 442		

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Y 442	Continued From page 9 administrator failed to ensure a written smoking policy was developed, posted in a common area of the facility and carried out. Findings include: On 2/18/09 in the morning, during a tour, two residents were smoking in their bedrooms. Bedrooms #4, 8 and 11 had an ashtray-type receptacle containing multiple cigarette butts and ashes. The small trash can in bedroom #3 had a plastic bag for a liner and there were multiple cigarette butts and ashes in it. There was a glass of water with cigarette butts in it, sitting on Resident #3's bedside table. There was no smoking policy posted in the facility. Employee #1 explained, "I'm always telling them not to smoke in their rooms but they do it anyway." Severity: 2 Scope: 3	Y 442		
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 and record review, the facility failed to ensure 1) six of nine smoke detectors were maintained in proper operating conditions at all times; and 2) smoke detector tests were conducted and documented monthly	Y 444		

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Y 444	Continued From page 10 for seven of the past 12 months. Findings include: The smoke detector in the hallway outside of bedroom #4 did not work when tested. The smoke detector in bedrooms #2, #4 and #9 did not work when tested. There was no smoke detector in bedrooms #8 and #11. The smoke detector log lacked documented evidence of smoke detectors being checked for the months of 7/08, 8/08, 9/08, 10/08, 11/08, 12/08 and 1/09. This was a repeat deficiency from the 2/28/07 and 5/30/08 annual state licensure surveys. Severity: 2 Scope: 3	Y 444		
Y 532 SS=F	449.260(1)(g)(1)(2) Activities for Residents NAC 449.260 1. The caregivers employed by a residential facility shall: (g) Post, in a common area of the facility, a calendar of activities for each month that notifies residents of the major activities that will occur in the facility. The calendar must be: (1) Prepared at least a month in advance. (2) Kept on file at the facility for not less than 6 months after it expires. This Regulation is not met as evidenced by: Based on observation and interview, the caregivers failed to 1) plan 10 hours worth of	Y 532		

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Y 532	Continued From page 11 activities a week; 2) prepare an activities schedule at least a month in advance; 3) post the schedule in a common area; and 4) maintain the schedules at least 6 months. Findings include: There was no activity schedule posted in the facility. On 2/18/09 at 1:15 PM, Employee #1 pointed to a daily schedule which read in part, "6:00 AM wake up, shower, dress . . . 7:00 AM breakfast . . . 8:00 AM clean rooms . . . 9:00 AM do laundry . . . 10:00 AM watch television . . . 12:00 PM lunch . . ." On 2/18/09 in the afternoon, Resident #5 who was admitted April of 2008, indicated there were no scheduled activities. Severity: 2 Scope: 3	Y 532		
Y 876 SS=B	449.2742(4) NRS 449.037 NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure an ultimate user agreement was obtained	Y 876		

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Y 876	Continued From page 12 for 4 of 13 residents. Severity: 1 Scope: 2	Y 876		
Y 896 SS=C	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. This Regulation is not met as evidenced by: Based on record review, the facility failed to document the time medications were administered for 13 of 13 residents. Severity: 1 Scope: 3	Y 896		
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:	Y 936		

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Y 936	Continued From page 13 (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: Based on record review, the administrator failed to ensure a complete file was maintained for 13 of 13 residents. Findings include: The records for three residents lacked documentation of current tuberculosis test results (#1, 6, 7). Severity: 2 Scope: 3	Y 936		

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