

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS52AGZ</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/18/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>ALZHEIMERS &amp; MEMORY CARE OF LV</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>9708 ENNISKEEN AVE LAS VEGAS, NV 89129</b>		
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Y 000	<p><b>Initial Comments</b></p> <p>Surveyor: 27469 This Statement of Deficiencies was generated as a result of the annual state licensure survey conducted at your facility on 2/18/09.</p> <p>The 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 is licensed for 6 total beds, classified as Category 2 beds.</p> <p>The facility has the following endorsement: Residential facility which provides care to persons with Alzheimer's disease</p> <p>The census at the time of the survey was 6. Six sample resident files were reviewed and 5 employee files were reviewed.</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 at the time of the survey.</p>	Y 000	<p><i>Acceptable POC 3/17/09</i> <i>Deegern</i></p> <p><b>Y070 Qualifications of Caregiver-8-hours of Training.</b></p> <ol style="list-style-type: none"> <li>Employee # 1 on the day of the survey had completed three (3) hours of <u>Risk management in Practice</u> presented by _____ on 29<sup>th</sup> of May 2008 and three and one half (3.5) hours on <u>Plan to Care</u> presented by Nevada Geriatric Education Center on June 11, 2008 and balance of training was after survey with "Report Cards are Coming Prepare for your survey" presented by Wendy Simons on February 18, 2009 for three hours and forty-five minutes (3.75) on</li> <li>Employees # 2 and 3 will take a class on March 10 and March 12, 2009.</li> <li>Employee #4 had training for Alzheimer's before starting her job on December 10, 2008. Date of Employment 12-12-08 See Attachment #2</li> <li>The facility will use the checklist provided by Bureau of Health Quality and Compliance.</li> <li>The administrator of the facility will check the files of all employees at least every 6 months to ensure that the regulation is met.</li> <li>The Administrator is the person responsible for monitoring the corrections.</li> <li>The date of correction will be March 12, 2009</li> <li>See Attachment 1,</li> </ol>	
Y 070	<p><b>449.196(1)(f) Qualifications of Caregiver-8 hours training</b></p> <p>NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing</p>	Y 070	<p><b>Y072 Qualifications of Caregiver-Medication Re-training</b></p> <ol style="list-style-type: none"> <li>It is the responsibility of the Administrator to ensure that each employee who passes medication to the resident receive every three (3)</li> </ol>	

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

TITLE \_\_\_\_\_ (X6) DATE **3-13-09**

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Y 070	Continued From page 1  for the needs of the residents of a residential facility.  This Regulation is not met as evidenced by: Surveyor: 27469 Based on record review on 2/18/09, the facility failed to ensure that 4 of 5 caregivers received eight hours of annual training (Employee #1, #2, #3 and #4).  Severity: 2 Scope: 3	Y 070		
Y 072	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 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: Surveyor: 27469 Based on record review on 2/18/09, the facility	Y 072	<p>years at least three (3) hours of training in the management of medication.</p> <ol style="list-style-type: none"> <li>2. The Administrator must show satisfactory evidence of the content of the training and his attendance at the training and at least every 3 years, pass an examination relating to the management of medication training approved by the Bureau.</li> <li>3. Employee #4 had her training on February 21, 2009 and past a test approved by the Bureau of Health Quality and Compliance. See Attachment #2</li> <li>4. Employee's #2 had training on February 21, 2009. See Attachment # 3</li> <li>5. Employee #3 had his training on March 3, 2009.</li> <li>6. Employee # 1 has a training class on April 28, 2009 with Gladys Perry.</li> <li>7. The Administrator has calendared the next training in her computer and noted in the employees file the next time they need to renew their credentials.</li> <li>8. It is the Administrators responsibility to see that this deficiency does not reoccur.</li> <li>9. This deficiency will be completed on April 28, 2009.</li> </ol> <p><b>Y 103 449.200 (1) (d) Personnel File-NAC 441-A</b></p> <ol style="list-style-type: none"> <li>1. A separate personnel file must be kept for each member of the staff at the facility and must include             <ol style="list-style-type: none"> <li>1.1. The name, address, telephone number and social security number of the employee;</li> <li>1.2. Proof that the employee is not less than 18 years of age;</li> </ol> </li> </ol>	

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Y 072	Continued From page 2 failed to ensure that 4 of 5 caregivers had completed the required three hour medication management refresher and/or initial training every three years (Employee #1, #2, #3 and #4).  Severity: 2 Scope: 3	Y 072	1.3. The date on which the employee began his employment at the residential facility; 1.4. Records relating to the training received by the employee; 1.5. The health certificates required pursuant to <u>chapter 441A of NAC</u> for the employee; 1.6. Evidence that the references supplied by the employee were checked by the residential facility; and 1.7. Evidence of compliance with <u>NRS 449.176 to 449.185</u> , inclusive.	
Y 103	449.200(1)(d) Personnel File - NAC 441A  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each 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: Surveyor: 27469 Based on record review on 2/18/09, the facility failed to ensure that 2 of 5 caregivers complied with NAC 441A.375 regarding tuberculosis testing (Employee #2 and #5) for the protection of 6 of 6 residents (Resident #1, #2, #3, #4, #5 and #6).  Severity: 2 Scope: 3	Y 103	2. Employee #2 was in compliance on the day of the survey. See Attachment # 5 3. Employee #5 had a positive skin test on November 7, 2008 and had a negative chest x-ray on November 14, 2008 was in compliance on the day of survey. See Attachment #6 4. The Administrator will use the "Employee Checklist" that was provided to our facility by the Health Care Quality and Compliance. 5. The Administrator is the person who needs to ensure that this deficiency does not occur again. 6. See Attachment 7, 8 and 9	
Y 105	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.	Y 105	<b>Y 105 Personnel File Background Check.</b> 1. It is the responsibility of the Administrator to maintain an employee file. The employee's personnel file must have: 1.1. 1 copy of the fingerprint cards with date of mailing 1.2. A written statement from the employee stating whether he has been convicted of the crimes listed in NRS 449.188 1.3. A verification letter from the state repository that they have received the fingerprints of a certified mail	

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Y 105	Continued From page 3  This Regulation is not met as evidenced by: Surveyor: 27469 Based on record review on 2/18/09, the facility failed to ensure 3 of 5 caregivers met background check requirements (Employee #3, #4 and #5).  Severity: 2 Scope: 3	Y 105	receipt indicating that they were delivered to the repository or the letter of response from the repository indicating whether the employee has a conviction  1.4. The fingerprint cards should be mailed to the Dept. of Public Safety within 10 days of hire.  2. Employee No 3 was in compliance on the day of the survey. See Attachment #7  3. Employee No. 4 is now in compliance. See Attachment #8  4. Employee No. 5 is now in compliance. See Attachment #9  5. The Administrator is responsible for this deficiency.  6. The Nevada Department of Public Safety Records and Technology Division received the fingerprints on March 9, 2009	
Y 272	449.2175(3) Service of Food - Menus  NAC 449.2175 3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days.  This Regulation is not met as evidenced by: Surveyor: 27469 Based on observation and interview on 2/18/09, the facility failed to ensure a planned, dated and posted menu was available.  Severity: 1 Scope: 3	Y 272	<b>Y 272 MENUS</b>  1. The facility must write menus, have them planned a week in advance, dated, posted and kept on file for 90 days.  2. The facility has written nine months of menus in advance. Exhibit No. 1  3. The facility has place a new policy into effective that states that the person who is on the evening shift will ensure that the menu, activities schedule and work schedule is correct and posted when appropriate every Saturday night.  4. The deficiency was corrected February 25, 2009.	
Y 274	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.	Y 274	<b>Y 274 NAC 449.2175 Service of Food-Substitution</b>  1. It is the responsibility of the administrator to ensure that menus	

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Y 274	Continued From page 4  This Regulation is not met as evidenced by: Surveyor: 27469 Based on observation and interview on 2/18/09, the facility failed to ensure menu substitutions were documented and retained for at least 90 days.  Severity: 1      Scope: 3	Y 274		
Y 859	449.274(5) Periodic Physical examination of a resident  NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician.  This Regulation is not met as evidenced by: Surveyor: 27469 Based on record review on 2/18/09, the facility failed to ensure that 2 of 6 residents received an annual and/or physical (Resident #1 and #6).  Severity: 2      Scope: 2	Y 859	<p>advance, dated, posted and kept on file for 90 days.</p> <ol style="list-style-type: none"> <li>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 serving of the meal.</li> <li>The administrator will have an in-service and explained to all employees that they must document all food substitutions as stated on number two (2) above. See Attachment #11</li> <li>The administrator is the person responsible to ensure that all employees understand the regulations.</li> <li>The deficiency will be corrected on March 12, 2009.</li> </ol> <p><b>Y859 Periodic Physical Examinations of a Resident.</b></p> <ol style="list-style-type: none"> <li>The Administrator has change the facility policy to ensure that a potential resident before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident; the facility shall obtain the results of a general physical examination of the resident by his physician.</li> <li>The Administrator will have an in-service with staff and owners of the facility to address the fact that all potential residents must have a physical before admission to the facility.</li> <li>The administrator is the person responsible to ensure that any new resident has their physical before entering the facility.</li> </ol>	
Y 870	449.2742(1)(a)(1)(2)(b)(c) 449.2742(1)(a)(1) Medication Administration	Y 870		

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Y 870	Continued From page 5  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: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident. (2) Provides a written report of that review to the administrator of the facility; (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a).  This Regulation is not met as evidenced by: Surveyor: 27469 Based on record review on 2/18/09, the facility did not ensure that a medication profile review was performed by a physician, pharmacist or registered nurse at least once every six months for 3 of 3 residents residing in the facility for longer than six months (Resident #1, #3 and #6).	Y 870	4. The deficiency will correct on March 12, 2009. 5. See Attachment 12-Resident #6  <b>Y 870 Medication Management</b> 1. The Administrator shall ensure that the facility that provides assistance to residents in the administration of medications shall: 1.1. Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: 1.2. Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident. 2. The Administrator will calendar the event to ensure that the reviews are completed on time 3. Resident No. 1 had medication reviews on 03-05, 8-05, 3-06, 10-06, 3-07-03-08, and 12-08. 4. Resident #3 and #6 had their medication review completed on 12-30-08 5. It is the responsibility of the administrator, to work with the family, physician and pharmacy regarding change orders. 6. February 19, 2009 this deficiency was completed.  <b>Y 899 MEDICATION ADMINISTRATION</b> 1. The administrator shall keep a log of caregivers assigned to administer medications that indicates the shifts during which each caregiver was	

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Y 870	Continued From page 6 Severity: 2 Scope: 3	Y 870		
Y 899	449.2744(2) Medication Administration  NAC 449.2744 2. The administrator of the facility shall keep a log of caregivers assigned to administer medications that indicates the shifts during which each caregiver was responsible for assisting in the administration of medication to a resident. This requirement may be met by including on a resident's medication sheet an indication of who assisted the resident in the administration of the medication, if the caregiver can be identified from this indication.	Y 899	<p>responsible for assisting in the administration of medication to a resident.</p> <ol style="list-style-type: none"> <li>The administrator had a list on the work schedule that indicated each shift that an employee was responsible for passing medication.</li> <li>In the regulation it says, "<i>This requirement may be met by including on a resident's medication sheet an indication of who assisted the resident in the administration of the medication, if the caregiver can be identified from this indication</i>"</li> <li>We use the work schedule and payroll reports to verify the initial on the MAR.</li> <li>We keep an ADL with the MAR which the employees print their names, give their signatures and initials.</li> <li>It is the responsibility of the administrator not to repeat this deficiency.</li> <li>The date of completion was February 19, 2009</li> </ol>	
Y 936	This Regulation is not met as evidenced by: Surveyor: 27469 Based on interview and record review on 2/18/09, the facility failed to ensure a log of caregivers assigned to assist in the administration of medications to a resident were available.  Severity: 1 Scope: 3  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	Y 936	<p><b>Y 936 Resident File</b></p> <ol style="list-style-type: none"> <li>It is the responsibility of the administrator when a person is admitted, within 5 days after the patient is admitted, that 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.</li> <li>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</li> </ol>	

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Y 936	Continued From page 7  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: Surveyor: 27469 Based on record review on 2/18/09, the facility failed to ensure that 3 of 6 residents complied with NAC 441A.380 regarding tuberculosis (Resident #1, #4 and #6) which affected all residents.  Severity: 2 Scope: 3	Y 936	his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination.  3. Unfortunately, the RN who gave the test in August 2008 is present on a 6 week cruise around South American and is unable to sign the documents she forgot to sign on August 5, 2008.  4. Therefore we started on March 13, 2009, a new two-step Mantoux screen test for each resident and staff member who can take the Tuberculosis screening.  5. The Administrator will make her calendar to ensure that the annual testing is completed before March 13, 2010.  6. The Administrator will review the documents to make sure that the person doing the testing has sign and dated the document appropriately.  7. The deficiency will be completed on or before March 31, 2000	
Y 938	449.2749(1)(g)(1) Resident file  NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident.	Y 938	<b>Y 938 Resident File</b>  1. When a new resident is admitted or a previous resident is re-admitted to the facility the administrator a needs assessment or plan-of-care needs to be complete at the time of admission or re-admission  2. If a change has occurred the mental or physical condition of the resident that may significantly affect his ability to perform the activities of daily living; and new assessment or plan-of-care needs to be completed.	

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Y 938	Continued From page 8  This Regulation is not met as evidenced by: Surveyor: 27469 Based on record review on 2/18/09, the facility did not perform an evaluation on 2 of 6 residents for their abilities to perform the activities of daily living (ADL) upon admission to the facility (Resident #2 and #6).  Severity: 1 Scope: 2	Y 938	3. Every year the administrator or the house manager needs to complete a new assessment whether or not any change has occurred in the mental or physical condition of the resident. 4. Resident No 3 See Attachment #14 5. It is the responsibility of the administrator not to repeat this deficiency. 6. The date of completion was February 19, 2009	
Y 940	449.2749(1)(g)(3) Resident file  NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation: (3) In any event, not less than once each year.	Y 940	<b>Y 940 Resident File</b> 1. It is the responsibility of the Administrator to ensure that 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. 2. The administrator or House Manager shall prepare such care plan of ADL's upon the admission of the resident. 3. 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 it is the responsibility of the house manager or administrator to create a new plan of care. 4. At minimum the House Manager and/or Administration shall complete a "Plan of Care" for each resident yearly, or sooner if their condition changes. 5. It is the administrator responsibility to ensure that the deficiency does not reoccur. 6. This deficiency will be completed on March 12, 2009	

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

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS52AGZ</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/18/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>ALZHEIMERS &amp; MEMORY CARE OF LV</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>9708 ENNISKEEN AVE LAS VEGAS, NV 89129</b>		
(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 940	Continued From page 9  This Regulation is not met as evidenced by: Surveyor: 27469 Based on record review on 2/18/09, the facility did not perform an annual evaluation of a resident's ability to perform the activities of daily living on 3 of 6 residents residing in the facility longer than a year (Resident #1, #3 and #6).  Severity: 1 Scope: 3	Y 940	<b>Y 994 NAC 449.2756 Alzheimer's Knives</b> <ol style="list-style-type: none"> <li>1. The administrator will hold an in-service to explain to all the employees about leaving knives, matches, firearms, tools, and other items that could constitute a danger to our residents</li> <li>2. The employee that was observed and all other employees were verbally told about this deficiency when the surveyor explained her finding to the administrator the next day after the survey.</li> <li>3. The administrator will have an in-service with all the employees. See Attachment</li> <li>4. The administrator is the person to ensure that this deficiency does not happen again</li> <li>5. This deficiency will be completed on or before March 31, 2009.</li> </ol>	
Y 994	449.2756(1)(e) Alzheimer's fac knives  NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents.  This Regulation is not met as evidenced by: Surveyor: 27469 Based on observation and interview on 2/18/09, the facility failed to ensure knives and other items that could constitute a danger to the residents of the facility are inaccessible to the residents.  Severity: 2 Scope: 1	Y 994		

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