

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2669AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/25/2009
NAME OF PROVIDER OR SUPPLIER NEVADA FAMILY PRACT RES PROG		STREET ADDRESS, CITY, STATE, ZIP CODE 5763 W OAKEY LAS VEGAS, NV 89102		
(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	Initial Comments 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. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 2/24/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility was licensed for 10 Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness. The census at the time of the survey was 10. Ten resident files were reviewed and 5 employee files were reviewed. The following deficiencies were identified:	Y 000		
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 satisfactory evidence of the content of the training and his attendance at the training; and (b) At least every 3 years, pass an examination	Y 072		

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TITLE

(X6) DATE

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

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Y 072	Continued From page 1 relating to the management of medication approved by the Bureau. This Regulation is not met as evidenced by: Based on record review on 2/25/09, the facility failed to ensure 4 of 5 caregivers had completed the required three hour medication management refresher training every three years (Employee #1, #2, #3, and #4). Severity: 2 Scope: 3	Y 072		
Y 103 SS=E	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 on 2/25/09, the facility failed to ensure 2 of 5 caregivers complied with NAC 441A.375 regarding tuberculosis testing (Employee #1, & #3).	Y 103		

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Y 103	Continued From page 2 Severity: 2 Scope: 2	Y 103		
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 on 2/25/09, the facility failed to ensure 5 of 5 caregivers were currently trained in first aid and cardiopulmonary resuscitation (Employee #1, #2, #3, #4 & #5). Severity: 2 Scope: 3	Y 106		
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:	Y 434		

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Y 434	Continued From page 3 Based on record review on 2/25/09, the facility failed to ensure monthly evacuation drills were conducted on an irregular schedule for the past 2 of 12 months (12/2008 & 01/2009). This was a repeat deficiency from the 8/24/2007 State Licensure survey. Severity: 2 Scope: 3	Y 434		
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 record review on 2/25/09 the facility failed to ensure smoke detectors were tested 6 out of the past 12 months (08/08, 09/08, 10/08, 11/08, 12/08 & 01/09). This was a repeat deficiency from the 8/2/4/07 State Licensure survey. Severity: 2 Scope: 3	Y 444		
Y 859 SS=F	449.274(5) Periodic Physical examination of a resident NAC 449.274 5. Before admission and each year after	Y 859		

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Y 859	Continued From page 4 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: Based on record review on 02/25/09, the facility failed to ensure 6 of 10 residents received an annual physical (Resident #2, #4, #5, #6, #7 and #10). Severity: 2 Scope: 3	Y 859		
Y 870 SS=E	449.2742(1)(a)(1)(2)(b)(c) 449.2742(1)(a)(1) Medication Administration NAC 449.2742 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (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	Y 870		

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Y 908	Continued From page 7 This Regulation is not met as evidenced by: Based on record review on 02/25/09, the facility failed to ensure the medication administration record (MAR) was accurate for 2 of 10 residents receiving as needed (PRN) medications (Resident #5 and #6). Findings include: Resident #5: Physician's order stated Meclizine HCl 25mg two tablets as needed up to three times a day for dizziness. The MAR documented Meclizine HCl 25mg three tablets as needed up to three times a day for dizziness. Resident #6: Physician's order stated Lamictal 100mg one tablet orally nightly at bedtime for mood swings. The MAR documented Lamictal 100mg one tablet in AM. Severity: 2 Scope: 1	Y 908		
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	Y 936		

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Y 936	Continued From page 8 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: Based on record review on 02/25/09, the facility failed to ensure 7 of 10 residents complied with NAC 441A.380 regarding tuberculosis screening (Resident #1, #3, #4, #5, #7, #9 and #10). This was a repeat deficiency from the 08/24/07 State Licensure survey. Severity: 2 Scope: 3	Y 936		
Y1010 SS=F	449.2764(1) MI Training NAC 449.2764 1. A person who provides care for a resident of a residential facility for persons with mental illnesses shall, within 60 days after he becomes employed at the facility, attend not less than 8 hours of training concerning care for residents who are suffering from mental illnesses. This Regulation is not met as evidenced by: Based on record review on 2/25/09 the facility failed to ensure a minimum of 8 hours of annual training related to mental illness by 5 of 5 employees (Employee #1, #2, #3, #4 & #5).	Y1010		

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Y1010	Continued From page 9 This is a repeat deficiency from the 8/24/07 annual State Licensure survey. Severity: 2 Scope: 3	Y1010		

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