

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3847AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/25/2009
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NAME OF PROVIDER OR SUPPLIER BETTER DAYS GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 261 E ELDORADO LANE LAS VEGAS, NV 89114
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(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
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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 an annual State Licensure survey conducted in your facility on March 25, 2009. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 8 Residential Facility for Group beds for elderly and disabled persons, Category I: 3 residents and Category II: 5 residents. The census at the time of the survey was 7. Seven resident files were reviewed and 5 employee files were reviewed. Complaint #21421 was unsubstantiated.	Y 000	<i>Acceptable PoC 4/10/09 (Seeger)</i>	
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: Based on record review on 3/25/09, the facility failed to ensure 5 of 5 caregivers received eight hours of annual training (Employee #1, #2, #3, #4 and #5).	Y 070	<i>Y070 a) Employees #1, 2, 4 and 5 are all enrolled in 8 hrs caregiving classes to be held on 5/26+27 and 7/21-22. b) All employee files will be reviewed quarterly with forms of Employee Checklists posted for more accuracy. (Attachment #1.) The Administrator will monitor for compliance. c) 7/22/09 all employees will have completed all courses. (Attachment # 2 d) employee # 3 is no longer employed with us.</i>	

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 4/5/09
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Y 105 Y 105 SS=F	Continued From page 2 449.200(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 on 3/25/09, the facility failed to ensure 4 of 5 caregivers had proof of a negative criminal history background checks on file (Employee #1, #2, #3 and #4). Severity: 2 Scope: 3	Y 105 Y 105	Y105 a) Employee #1, 2, 3 and 4 have Resubmitted fingerprints on 04/06/09. b) all employee files will be reviewed quarterly with forms of employee check list posted for more accuracy (Attachment #1) The Administrator will monitor for compliance. c) Spoke with State of Nevada Dept. of Public Safety Records Division. They will follow up on our acct. Hopefully it will be here within a month.	
Y 320 SS=C	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: Based on observation and interview on 3/25/09, the facility failed to ensure all bedroom doors maintained single motion locks. Severity: 1 Scope: 3	Y 320	Y320 a) Bedroom locks were changed on 04/04/09 b) Need to be more aware of rules and regulations. Will always refer to the NRS. Administrator will monitor for compliance. c) 04/04/09 (Attachment #4)	
Y 878 SS=E	449.2742(6)(a)(1) Medication / Change order	Y 878		

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LAS VEGAS, NEVADA

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Y 878	Continued From page 3 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 on 3/25/09, the facility failed to ensure 3 of 7 residents received medications as prescribed (Resident #5, #6 and #7). Severity: 2 Scope: 2	Y 878	Y878 a) Resident # 5, 6 and 7 have stopped receiving meds not as prescribed. b) Whenever a resident visit's their physician, the physicians instructions and prescriptions will be reviewed and all rx will be followed as ordered. The administrator will monitor for compliance. c) 04/03/09.	
Y 923 SS=F	449.2748(3)(b) Medication Container 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.	Y 923	Y923 a) Residents # 1-7 will no longer use any medication containers. b) When the prescribed meds are given to us. We will ensure that they remain in their original bottles until they are to be given at their instructed time. c) 04/03/09	

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Y 923	Continued From page 4 This Regulation is not met as evidenced by: Based on observation on 3/25/09, the facility failed to keep medications belonging to 7 of 7 residents in their original container (Resident #1, #2, #3, #4, #5, #6 and #7). 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. This Regulation is not met as evidenced by: Based on record review on 3/25/09, the facility failed to ensure 1 of 7 residents complied with NAC 441A.380 regarding tuberculosis (Resident #5) which affected all residents. Severity: 2 Scope: 1	Y 936	Y936 a) Resident #5 has had chest xray, which was given on 11/10/08 (Attachment #5) b) all resident files will be checked and reviewed quarterly. A resident file checklist will be utilized. (Attachment #6) Administrator will monitor for compliance. c) 04/04/09	

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