

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS5080AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/02/2009</b>
NAME OF PROVIDER OR SUPPLIER <b>A NEU BEGINNING RESIDENTIAL CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1900 ELIMINATOR DR LAS VEGAS, NV 89146</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 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 in your facility on 4/2/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was 10. Ten resident files were reviewed and 5 employee files were reviewed. One discharged resident file was reviewed.	Y 000	A) Employee # 2 & 3 had TB test done on 6/2/08 which should have been done prior to hiring. Employee # 4 has positive TB test negative x-ray, but needs to do an annual TB symptom check; attached is a copy of the annual symptom check done on 4/3/09.  B) All employees files will be reviewed every 6 months to ensure that all employees have TB tests or annual symptom check, and when due. A personal file check list, an annual TB symptom check is attached; this will be utilized for all employees for their annual TB test and recertification, if needed. The administrator will monitor the compliance and in the future the administrator will make sure that prior to hiring TB tests are done and annual symptom check is done for employees who have positive x-ray.	
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 RULE: is not met as evidenced by: Based on record review and interview on 4/2/09, the facility failed to ensure 3 of 5 caregivers complied with NAC 441A.375 regarding tuberculosis testing (Employee #2, #3 and #4) for the protection of 10 of 10 residents (Resident	Y 103	C) 4/4/09	

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

*Theresa del Rosario*

TITLE

*Administrator*

(X6) DATE

*4/13/09*

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Y 103	Continued From Page 1  #1, #2, #3, #4, #5, #6, #7, #8, #9 and #10).  Severity: 2    Scope: 3	Y 103	Y105 A) Employee # 2 & 3 had fingerprinting done on 6/16/08 which should have been done within 10 days after hiring. In the future fingerprinting will be done within 10 days after hiring.	
Y 105 SS=D	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 RULE: is not met as evidenced by: Based on record review on 4/2/09, the facility failed to ensure 2 of 5 caregivers had criminal history background checks completed (Employee #2 and #3).  Severity: 2    Scope: 1	Y 105	B) All employees should have an employee checklist that will utilized to determine if it was completed and when they need recertification, attached is the employee checklist. The administrator will monitor that the employees are in compliance with the employee checklist.  C) 4/3/09  Y 878 A) The physician was called to write the prescription with the correct dosage and the days that each should be taken, attached is the copy of the prescriptions for patient # 3 & 8. In the future caregivers and administrator will make sure that the patients will have the correct prescription, changes, and new orders.	
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.	Y 878	B) Whenever there are changes in the medications the physician should have a written instruction and must keep a copy in the file and make sure that the caregiver checks the dosage and days each should be given. Always have documentation. Caregiver and administrator should monitor that the prescription is correct, with the seven rights.  C) 4/9/09	

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Y 878	Continued From Page 2  This RULE: is not met as evidenced by: Based on record review and interview on 4/2/09, the facility failed to ensure 2 of 10 residents received medications as prescribed (Resident #3 and #8).  Severity: 2      Scope: 1	Y 878	Y936 A) Resident # 3 & 6 had TB test prior to admission, but never received copies except for resident # 6, copy attached. Both residents had TB tests done after admission which should have been done prior to admission.  B) All residents files will be reviewed every month to ensure that all residents have proper documentations needed, attached is a checklist for each resident. The administrator will monitor that we're on compliance. In the future we will request for copies of TB test prior to admission and use the checklist.  C) 4/3/09	
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 RULE: is not met as evidenced by: Based on record review on 4/2/09, the facility failed to ensure 3 of 10 residents complied with NAC 441A.380 regarding tuberculosis (Resident #3 and #6) which affected all residents.  Severity: 2      Scope: 1	Y 936		

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