

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS56AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/07/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>ADMIRED GROUP HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2353 MOONLITE DR. LAS VEGAS, NV 89115</b>		
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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 of an annual State Licensure survey conducted in your facility on 4/7/09 and completed on 4/15/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received an annual survey grade of D.  The facility is licensed for 6 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 5. Five resident files were reviewed and 3 employee files were reviewed. Two discharged resident files were reviewed.	Y 000		
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 4/7/09, the facility failed to ensure 3 of 3 caregivers received eight hours of annual training (Employee #1, #2 and #3).	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  This was a repeat deficiency from the 6/5/08 State Licensure survey.  Severity: 2 Scope: 3	Y 070		
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 relating to the management of medication approved by the Bureau.  This Regulation is not met as evidenced by: Based on record review on 4/7/09, the facility failed to ensure 2 of 2 caregivers had completed the required three hour medication management refresher training every three years (Employee #2 and #3).  Severity: 2 Scope: 3	Y 072		

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Y 103 SS=F	<p>449.200(1)(d) Personnel File - NAC 441A</p> <p>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.</p> <p>This Regulation is not met as evidenced by: Based on record review on 4/7/09, the facility failed to ensure 1 of 3 caregivers complied with NAC 441A.375 regarding tuberculosis testing (Employee #1) for the protection of 5 of 5 residents (Resident #1, #2, #3, #4 and #5).</p> <p>This was a repeat deficiency from the 6/5/08 State Licensure survey.</p> <p>Severity: 2      Scope: 3</p>	Y 103		
Y 105 SS=F	<p>449.200(1)(f) Personnel File - Background Check</p> <p>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.</p> <p>This Regulation is not met as evidenced by: Based on record review on 4/7/09, the facility failed to ensure 2 of 3 caregivers had current, at</p>	Y 105		

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Y 105	Continued From page 3  least once every 5 years, criminal history background checks completed (Employee #2 and #3).  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 on 4/7/09, the facility failed to ensure 2 of 3 caregivers were trained in first aid and cardiopulmonary resuscitation (Employee #1 and #3).  This was a repeat deficiency from the 6/5/08 State Licensure survey.  Severity: 2    Scope: 3	Y 106		
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	Y 178		

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Y 178	Continued From page 4  well maintained.  This Regulation is not met as evidenced by: Based on observation and interview on 4/7/09, the facility failed to ensure the premises were kept clean and well maintained (2 broken unusable automobiles sitting in the front and back yard, stack of tires in the back yard, stove, cabinets, broken bike, gates and miscellaneous articles stacked in the corner of the facility).  This was a repeat deficiency from the 6/5/08 State Licensure survey.  Severity: 2      Scope: 3	Y 178		
Y 179 SS=B	449.209(6) Health and Sanitation-Screens  NAC 449.209 6. All windows that are capable of being opened in the facility and all doors that are left open to provide ventilation for the facility must be screened to prevent the entry of insects.  This Regulation is not met as evidenced by: Based on observation on 4/7/09, the facility failed to ensure the all windows or doors left open for ventilation were screened. ( Living Room and Kitchen)  Severity: 1      Scope: 2	Y 179		

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Y 223	Continued From page 5	Y 223		
Y 223 SS=C	449.213(3) Laundry-Linen - Equipment, Venting  NAC 449.213 3. The laundry room in a residential facility must be situated in an area which is separate from an area where food is stored, prepared or served. The laundry must be adequate in size for the needs of the facility and maintained in a sanitary manner. The laundry room must contain at least one washer and at least one dryer. All the equipment must be kept in good repair. All dryers must be ventilated to outside the building. If a washer or dryer is located outside the residential facility, the washer or dryer must be in a room or enclosure.  This Regulation is not met as evidenced by: Based on observation on 4/7/09, the facility failed to ensure the dryer was in good repair (dry hose cracked and 9 inch by 7 inch area of insulation exposed above the dryer).  Severity: 1      Scope: 3	Y 223		
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.	Y 434		

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Y 434	Continued From page 6  This Regulation is not met as evidenced by: Based on interview and record review on 4/7/09, the facility failed to ensure monthly evacuation drills were conducted on a regular schedule for the past 10 of 12 months (June, July, August, September, October, November, December of 2008 and January, February and March of 2009).  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 interview and record review on 4/7/09, the facility failed to ensure smoke detectors were tested 2 out of the past 12 months (April and May of 2008).  Severity: 2 Scope: 3	Y 444		
Y 859 SS=D	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	Y 859		

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Y 859	Continued From page 7  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 4/7/09, the facility failed to ensure that 1 of 5 residents received a physical prior to admission (Resident #1).  Severity: 2 Scope: 1	Y 859		
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: (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 4/7/09, the facility failed to ensure 4 of 7 residents complied with NAC 441A.380 regarding tuberculosis (Resident #3, #5, #6 and #7) which affected all residents.  This was a repeat deficiency from the 6/5/08 State Licensure survey.	Y 936		

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Y 936	Continued From page 8  Severity: 2    Scope: 3	Y 936		
Y 944 SS=C	449.2749(2) Resident File / Discharge  NAC 449.2749 2. The document required pursuant to paragraph (j) of subsection 1 must indicate the location to which the resident was transferred or the person in whose care the resident was discharged. If the resident dies while a resident of the facility, the document must include the time and date of the death and the dates on which the person responsible for the resident was contacted to inform him of the death.  This Regulation is not met as evidenced by: Based on record review and interview on 4/7/09, the facility failed to provide complete documentation regarding a resident who had been discharged for 2 of 2 residents (Resident #6 and #7).  Severity: 1    Scope: 3	Y 944		

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