

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS110AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/16/2009
NAME OF PROVIDER OR SUPPLIER HEALTH LIFE, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 5220 RANCHER AVE LAS VEGAS, NV 89108		
(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	<p>Initial Comments</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>This Statement of Deficiencies was generated as a result of an annual State Licensure survey and bed increase conducted in your facility on 4/16/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for six Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was five. Five resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of B.</p>	Y 000		
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 interview and record review on 4/16/09, the facility failed to ensure 2 of 3 caregivers</p>	Y 103		

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

TITLE

(X6) DATE

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

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Y 103	Continued From page 1 complied with NAC 441A.375 regarding obtaining a pre-employment physical (Employee #2 and #3). Severity: 2 Scope: 3	Y 103		
Y 273 SS=D	449.2175(4) Service of Food - Special Diets NAC 449.2175 4. A resident who has been placed on a special diet by a physician or dietitian must be provided a meal that complies with the diet. The administrator of the facility shall ensure that records of any modification to the menu to accommodate for special diets prescribed by a physician or dietitian are kept on file for at least 90 days. This Regulation is not met as evidenced by: Based on observation and record review on 4/16/09, the facility failed to modify the menu for a renal diet for 1 of 5 residents (Resident #4). Severity: 2 Scope: 1	Y 273		
Y 783 SS=D	449.2726(2)(a)(b) Diabetes NAC 449.2726 2. A caregiver employed by a residential facility may assist a resident in the administration of the medication prescribed to the resident for his diabetes if: (a) The resident's physical and mental condition is stable and following a predictable course. (b) The amount of the medication prescribed to	Y 783		

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Y 783	Continued From page 2 the resident for his diabetes is at a maintenance level and does not require a daily assessment. This Regulation is not met as evidenced by: Based on record review on 4/16/09, the facility failed to ensure medication prescribed did not require a daily assessment for 1 of 5 residents (Resident #4). Severity: 2 Scope: 1	Y 783		
Y 791 SS=D	449.2726(3)(b) Diabetes NAC 449.2726 3. The caregivers employed by a residential facility with a resident who has diabetes shall ensure that: (b) Syringes and needles are disposed of appropriately in a sharps container which is stored in a safe place. This Regulation is not met as evidenced by: Based on observation and interview on 4/16/09, the facility failed to ensure syringes and needles were disposed of appropriately in a sharps container for 1 of 5 residents (Resident #4). Severity: 2 Scope: 1	Y 791		

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Y 966	Continued From page 3	Y 966		
Y 966 SS=D	449.2754(5)(b) Alzheimer's Policies NAC 449.2754 5. The administrator of such a facility shall prescribe and maintain on the premises of the facility a written statement which includes: (b) Evidence that the facility has established interaction groups within the facility which consist of not more than six residents for each caregiver during those hours when the residents are awake. This Regulation is not met as evidenced by: Based on observation on 4/16/09, the facility failed to ensure evidence a caregiver would be available to care for not more than six residents during the hours when the residents are awake. Severity: 2 Scope: 3	Y 966		
Y 992 SS=F	449.2756(1)(c) Alzheimer's Fac awake staff NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (c) At least one member of the staff is awake and on duty at the facility at all times. This Regulation is not met as evidenced by: Based on interview and record review on 4/16/09, the facility failed to ensure a caregiver was awake	Y 992		

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Y 992	Continued From page 4 and on duty at all times. Severity: 2 Scope: 3	Y 992		

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