

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN73AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/16/2009
NAME OF PROVIDER OR SUPPLIER AQUARIUS GRP CARE HOME INC #2		STREET ADDRESS, CITY, STATE, ZIP CODE 580 STEWART ST RENO, NV 89502		
(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 a complaint investigation 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. The facility is licensed for four 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 four. Complaint #NV00021534 was substantiated. See Tags Y085 and Y253	Y 000		
Y 085 SS=F	449.199(1) Staffing-CG on duty all times NAC 449.199 1. The administrator of a residential facility shall ensure that a sufficient number of caregivers are present at the facility to conduct activities and provide care and protective supervision for the residents. There must be at least one caregiver on the premises of the facility if one or more residents are present at the facility. This Regulation is not met as evidenced by: Based on interviews and observation on 4/16/09, the administrator failed to ensure that a caregiver	Y 085		

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 085	Continued From page 1 was on duty in the facility at all times affecting 4 of 4 residents (Resident #1, #2, #3 and #4). Severity: 2 Scope: 3	Y 085		
Y 250 SS=F	449.217(1) Kitchens-Equipment works; Clean and Sanitary NAC 449.217 1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition. This Regulation is not met as evidenced by: Based on observations on 4/16/09, the food preparation area was not clean allowing for the sanitary preparation of food (excessive food debris in the stove burner spill-pans, oven and refrigerators). Severity: 2 Scope: 3	Y 250		
Y 253 SS=F	449.217(4) Adequate Supplies of Food NAC 449.217 4. The administrator of a residential facility shall ensure that there is at least a 2-day supply of fresh food and at least a 1-week supply of canned food in the facility at all times.	Y 253		

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Y 253	Continued From page 2 This Regulation is not met as evidenced by: Based on observations and interviews on 4/16/09, the administrator failed to ensure there was at least a two day supply of fresh vegetables and at least a one-week supply of canned food in the facility at all times for 4 of 4 residents (Resident #1, #2, #3 and #4). Severity: 2 Scope: 3	Y 253			

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