Accepted 7/7/09 Stance

Bureau of Health Care Quality & Compliance

PRINTED: 06/10/2009
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN3893HIC	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED 04/22/2009
NAME OF PROVIDER OR SUPPLIER HOPE HOME CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3315 BARBARA CIRCLE RENO, NV 89503		

(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
H 000	Initial Comments	H 000		
	This Statement of Deficiencies was generated as a result of a State Licensure survey conducted in your facility on April 22, 2009.			
	This State Licensure survey was conducted by authority of NAC 449, Homes for Individual Residential Care, adopted by the State Board of Health on November 29, 1999.			
	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.		RECEIVED JUN 29 2009 BUREAU OF LICENSURE AND CERTIFICATION CARSON CITY, NEVADA	
	The census at the time of the survey was zero.			
	Two employee files were reviewed.			
	The following deficiencies were identified:.			
H 050	Tuberculosis-Employees	H 050		
	NAC 441A.375 Medical facilities, facilities for the dependent and homes for individual residential care: Management of cases and suspected cases; surveillance and testing of employees; counseling and preventive treatment. 1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility		RECEIVED JUL 06 2009 BUREAU OF LICENSURE AND CERTIFICATION CARSON CITY, NEVADA	

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 Caregiver/owner — (X6) DATE 6-22-09

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	NVN3893HIC	A. BUILDING B WING	04/22/2009
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE	
HOPE HOME CARE		3315 BARBARA CIRCLE RENO, NV 89503	

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H 050	Continued From page 1 or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a: (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and (b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.	H 050		

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	NVN3893HIC		04/22/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPE HOME CARE	3315 BARBARA CIRCLE RENO, NV 89503

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H 050	Continued From page 2	H 050		
	4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis. 5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis. 6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200. 7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis. (Added to NAC by Bd. of Health, eff. 1-24-92; A 3-28-96; R084-06, 7-14-2006)			
	This Regulation is not met as evidenced by: Based on record review on 4/22/09 and interview, the facility failed to ensure that 1 of 2 caregivers complied with NAC 441A.375 regarding tuberculosis (TB) testing. Findings include:			

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	Two employee files were reviewed. The file for Employee #2 did not have documentation of a physical examination as required by NAC441A.375.		EMPLOYEE #2 IS IN compliance as of June 16, 2009. ADMINISTRATOR WILL MONITOR FOR COMPLIANCE YEARLY. ATTACHED IS A NOTE FROM my FAMILY PHYSICIAN of MY TB MANTOUX 1ST + 2ND TESTS WHICH WAS DONE LAST 02-17-2009 + 02-25-2009 RESPECTIVELY. ADMINISTRATOR OR I WILL MONITOR FOR COMPLIANCE YEARLY.	

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