Bureau of Health Care Quality & Compliance Acceptable PJG 8/6/09 DBague

PRINTED: 05/26/2009
FORM APPROVED

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN388AGC | (X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____ | (X3) DATE SURVEY COMPLETED 05/21/2009 |
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| NAME OF PROVIDER OR SUPPLIER ST JOSEPH CARE HOME-HIGHLAND | STREET ADDRESS, CITY, STATE, ZIP CODE 456 HIGHLAND AVE RENO, NV 89512 | | |

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| Y 000 | Initial Comments<br><br>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.<br><br>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 5/20/09 and 5/21/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received a grade of D.<br><br>The facility is licensed for 53 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 53. Fifteen resident files were reviewed and 9 employee files were reviewed. One discharged resident file was reviewed.<br><br>The following deficiencies were identified: | Y 000 | RECEIVED<br>JUN 30 2009<br>BUREAU OF LICENSURE AND CERTIFICATION CARSON CITY, NEVADA | |
| Y 105 SS=C | 449.200(1)(f) Personnel File - Background Check<br><br>NAC 449.200<br>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:<br>(f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.<br><br>This Regulation is not met as evidenced by:<br>Based on interview and record review on | Y 105 | -From now on, will strictly enforce background check requirement initiated within the 10 day time frame for compliance for newly hired. | OK DB |

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 105 | Continued From page 1<br><br>within the last 12 months had their background check initiated within the 10 day timeframe (Employee #6 - report negative).<br><br>Severity: 1 Scope: 3 | Y 105 | | |
| Y 178<br>SS=H | 449.209(5) Health and Sanitation-Maintain Int/Ext<br><br>NAC 449.209<br>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 well maintained.<br><br>This Regulation is not met as evidenced by:<br>Based on observation during the facility tour on 5/20/09, the administrator did not ensure the interior and exterior of the facility were clean and well maintained.<br><br>Findings include:<br><br>Bathrooms:<br>- Eight of the eight bathrooms used by residents needed deep cleaning. Shower stalls had mold growth in the calking between the tiles walls and the tubs/shower stalls. The walls and ceilings needed cleaning. All areas where the floor surface met the edges of tubs, showers, toilets, privacy stalls, and walls had build ups of grime. All covers on the air vents had layers of compacted dust.<br>- The bathroom in resident room #20 had only one bulb in the two bulb ceiling light fixture.<br>- The bath tub spout in the bathroom shared by resident rooms #17 and #18 was missing and an | Y 178 | -Deep cleaning of the eight bathrooms were immediately addressed, paying attention and care to the mold growths in the caulking between the tile walls and tubs/shower stalls. Build ups of grime on all areas mentioned around the floor surface in the bathrooms were also taken cared of for thorough cleaning.<br><br>-An additional light bulb was added to the two bulb ceiling fixture that had only one light bulb in Room # 20<br><br>-The defective bath tub spout in the bathroom shared by Room # 17 and # 18 was replaced. | |

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| Y 178 | Continued From page 2<br><br>exterior hose nozzle had been attached as a replacement.<br><br>Resident rooms:<br>- Resident room #7: The door to the room had a 2-inch open gap at the top of the door when it was closed in its frame.<br>- Resident room #15: The middle third of the door jam was missing from the door frame and there were exposed nail heads. The ceiling air vent was hanging 1 inch below the ceiling and two pieces of pink insulation were stuffed into the vent. The mattress and box spring of the bed in the northeast corner of resident room #15 was laying on top of a rectangular metal frame that contained two metal pipes positioned across the length of the frame. The ends of the pipes stuck out 2 - 3 inches beyond the edge of the frame and the bed at shin level.<br>- Resident room #18: Kleenex tissue was stuffed into a hole in the open side of the door. The latching mechanism of the door to resident room #18 was missing.<br><br>Hallways:<br>- A 4-5 inch length of electrical wires was hanging 1 1/2 inches down from the ceiling where a fixture had been removed in the corridor outside Resident room #9.<br><br>Exterior:<br>- Paint on the hand railings along the walkway outside resident rooms #17 and #18 was flaking away and the exposed wood was dry and rough in places.<br><br>Severity: 3 Scope: 2 | Y 178 | -The 2-inch open gap at the top of the door frame of Room # 7 was filled to a standard full door frame size. observed fixed on 7/20/09 DB<br><br>-Room # 15 door jam missing from the door frame where nail heads were exposed was repaired. Ceiling air vent hanging down was replaced and secured safely back in place.<br>-Bed frame with sticking out pipes disposed and replaced in Room # 15.<br>-A new door knob replaced the one without latching mechanism for Room # 18. OK DB<br><br>-The hanging down electrical wires from the hallway ceiling were tucked back up in place.<br><br>-Whole hand railings along the walkway outside Room # 17 and # 18 was replaced and painted over. | |
| Y 179<br>SS=E | 449.209(6) Health and Sanitation-Screens | Y 179 | | |

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| Y 179<br>SS=E | 449.209(6) Health and Sanitation-Screens<br><br>NAC 449.209<br>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.<br><br>This Regulation is not met as evidenced by:<br>Based on observation on 5/20/09, the administrator failed to ensure 6 of 17 resident room windows opened to provide ventilation were provided with a complete screen to prevent the entry of flies (Resident rooms #10, #11, #15, #18, #19 and #20).<br><br>Severity: 2 Scope: 2 | Y 179 | -All of Resident rooms # 10, #11, #15, # 18, # 19 and # 20 windows were completely screened and all other windows were also inspected for working screens. | |
| Y 255<br>SS=I | 449.217(6)(a)(b) Permits - Comply with NAC 446<br><br>NAC 449.217<br>6. A residential facility with more than 10 residents must:<br>(a) Comply with the standards prescribed in chapter 446 of NAC.<br>(b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division. | Y 255 | - The main double door commercial refrigerator was repaired and is now cooling properly registering 40 F reading according to the two refrigerator thermometers in the upper most and bottom most shelf.<br>To regularly monitor the ideal working temperature of the refrigerator, a Refrigerator/Freezer log check records temperature every shift each day-to check out of temperature immediately.<br>.... pls. see accompanying log sheet sample. | |

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| Y 255 | Continued From page 4<br>Based on record review, interview and observation on 5/21/09, the facility failed to comply with the standards prescribed in Chapter 446 of NAC.<br><br>Findings include:<br><br>Meat, eggs and other potentially hazardous foods were stored at 62 degrees Farenheit for several days.<br><br>A roach and rodent infestation was identified.<br><br>Staff failed to properly wash and sanitize dishes in the three-compartment sink.<br><br>The dishwasher malfunctioned due to rodents chewing through the chemical lines.<br><br>Unlabeled and uncovered toxic chemicals were stored in the kitchen area.<br><br>Staff and management demonstrated an overall inability to safely prepare food for the residents.<br><br>The kitchen microwave was not a commercial model certified to NSF International sanitation standards.<br><br>Dirt and debris was noted adjacent, behind and under the stove and spills were found in the freezers.<br><br>Insufficient lighting levels were noted in the main kitchen area which were estimated at only half the lighting level required by regulations.<br><br>Per NRS 446.880, the Food Establishment permit was summarily suspended. Meals for the residents are now being provided by a permitted | Y 255 | -A back up commercial refrigerator was also purchased (pls, see attached invoice) to guaranty non-disruption of food storage in the event of another appliances break down.<br>-Two local Pest Control companies were hired to address and guaranty complete extermination of the infestation. Pls. see attached work orders from the two firms commissioned to do the job.<br>-Proper technique/procedure for washing/ sanitation in kitchen using the three compartment sink is being followed. Posters are visibly placed as a reminder and reference for the strict observance of the steps.<br>-Old dishwasher was replaced with a brand new commercial low-temp dishwasher (Pls. see attached purchase invoice).<br>-All of cleaning aids previously stashed under the washing sink were put away in a cabinet for safe storage place<br>-My assistant (Employee # 4) and myself are scheduled to attend June 22-23 "Serv Safe Food Safety Schooling" with Barritone School Inc. – for additional knowledge and know how on safe food prep.<br>-Kitchen microwave is now a commercial grade. (Pls. see purchase invoice attached).<br>-Whole kitchen area including storage cabinet's stones, freezer and walls underwent deep cleaning for food/oil spills. | |

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| Y 255 | Continued From page 5<br><br>caterer in the vicinity of the group home. Once the facility's Food Establishment (FE) obtains full compliance with the regulations as specified in the Permit Suspension Notice and a follow-up inspection is conducted, the FE permit will be reinstated.<br>Severity: 3 Scope: 3 | Y 255 | Main kitchen light fixture was replaced with a higher ohm 4-bulb light fixture for better lighting required by regulation. | |
| Y 320<br>SS=D | 449.220(1) Bedroom Doors - Locks<br><br>NAC 449.220<br>1. A bedroom door in a residential facility which is equipped with a lock must open with a single motion from the inside unless the lock provides security for the facility and can be operated without a key or any special knowledge.<br><br>This Regulation is not met as evidenced by:<br>Based on observation on 5/20/09, the facility had double motion locks on 2 of 17 resident room doors (Rooms #10 and #17).<br><br>Severity: 2 Scope: 1 | Y 320 | Double motion door locks on Room #10 and Room # 17 were immediately replaced with single motion locks requiring no special mechanism to open and operated without key. | |
| Y 393<br>SS=I | 449.226(4)(a)-(c) Safety Requirements<br><br>NAC 449.226<br>4. In a residential facility with more than 10 residents:<br>(a) Each resident must be provided with, or the bedroom and bathroom of each resident must be equipped with, an auditory system that is monitored by a member of the staff of the facility.<br>(b) An auditory system must be available for use in the bathroom of each resident of the facility if the facility was issued its initial license on or after January 14, 1997, so that a resident needing | Y 393 | | |

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| Y 393 | Continued From page 6<br>assistance can alert a member of the staff of the facility of that fact from the toilet and the shower. (c) A bathroom that is located in a common area of the facility must be equipped with an auditory system that is monitored by a member of the staff of the facility.<br><br>This Regulation is not met as evidenced by: Based on observation and interview on 5/20/09, the administrator failed to ensure the auditory call system was operational in 12 of 17 resident rooms (Rooms #2, #3, #4, #5, #6, #7, #8, #9, #10, #16, #19 and #20) and in 7 of 8 resident bathrooms.<br><br>Findings include:<br><br>Resident bedrooms: The facility's emergency call system was tested during the survey. The call buttons did not send a signal to the call board from resident rooms #3, #4, #8 and #9. The call buttons in resident rooms #2, #5, #6, #10, #16 and #19 had been painted over and could not be pressed to initiate an emergency call. There were no call buttons available in resident rooms #7 and #20.<br><br>Resident bathrooms: The call buttons in the following bathrooms did not send a call signal to the call board - bathroom by resident rooms #3, two bathrooms by resident room #9, bathroom by resident room #15, and the bath room by the kitchen. The call button in the bathroom between resident rooms #17 and #18 was painted over. A call button was not provided in the bathroom in room #20. | Y 393 | A new wireless Call Button System will replace our present faulty, out-dated hard-wired call system.<br>It will be installed by C.E.I. Alarm (Pls. see attached work order proposal for details/specification and agreement contract)<br>The actual installation target date is 06/12/09. | OK |

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| Y 393 | Continued From page 7<br><br>Severity: 3 Scope: 3 | Y 393 | | |
| Y 430<br>SS=D | 449.229(1) Protection from Fire<br><br>NAC 449.229<br>1. The administrator of a residential facility shall ensure that the facility complies with the regulations adopted by the State Fire Marshal pursuant to chapter 477 of NRS and all local ordinances relating to safety from fire. The facility must be approved for residency by the State Fire Marshal.<br><br>This Regulation is not met as evidenced by: Based on observation on 5/20/09, the facility failed to ensure the exit sign in the corridor near resident room #16 was illuminated.<br><br>Severity: 2 Scope: 1 | Y 430 | - The non-illuminated exit sign near resident Room # 16 has been replaced with an illuminated type exit sign. | |
| Y 450<br>SS=C | 449.231(1) First Aid and CPR<br><br>NAC 449.231<br>1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an | Y 450 | - From this day on, I will make sure that newly hired caregiver submit their First Aid and CPR training certification within thirty days of employment. | |

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| Y 450 | Continued From page 8<br><br>equivalent certification will be accepted as proof of that training.<br><br>This Regulation is not met as evidenced by: Based on interview and record review on 5/20/09, the facility did not ensure that 1 of 1 caregivers hired within the last 12 months received first aid and cardiopulmonary resuscitation (CPR) training within thirty days of employment (Employee #6 hired on 9/24/08 and received training 2/2009).<br><br>Severity: 1 Scope: 3 | Y 450 | | |
| Y 936<br>SS=F | 449.2749(1)(e) Resident file<br><br>NAC 449.2749<br>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:<br>(e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.<br><br>This Regulation is not met as evidenced by: Based on record review on 5/20/09, the facility failed to ensure that 2 of 15 residents complied with NAC 441A.380 regarding tuberculosis testing which affected all residents (Resident #1 - no | Y 936 | I will carefully analyze and more thoroughly inspect pre-admission requirement records submitted for accuracy, completeness and validity of the documents. Will not accept less than actual positive TB work-up (signed, read and properly dated with the result) to warrant and validate chest x-ray request/result in ruling out TB. (Pls. see attached work-up for Resident #1and Resident # 2. | |

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| Y 936 | Continued From page 9<br><br>positive tuberculosis skin test and Resident #2 - 8/4/08 tuberculosis skin test not read).<br><br>This was a repeat deficiency from the 5/13/08 annual State Licensure survey.<br><br>Severity: 2 Scope: 3 | Y 936 | | |
| Y1010<br>SS=F | 449.2764(1) MI Training<br><br>NAC 449.2764<br>1. A person who provides care for a resident of a residential facility for persons with mental illnesses shall, within 60 days after he becomes employed at the facility, attend not less than 8 hours of training concerning care for residents who are suffering from mental illnesses.<br><br>This Regulation is not met as evidenced by:<br>Based on interview and record review on 5/20/09, the facility failed to ensure 1 of 1 caregivers hired within the last 12 months received at least 8 hours of training related to care concerns for residents with mental illness (Employee #6).<br><br>Severity: 2 Scope: 3 | Y1010 | The new caregiver Employee # 6 has started and will complete/pass a self study course put together on "Care Concerns for Residents with Mental Illness" equivalent to 8 hrs. of training to satisfy the BLC job requirement. Also to enable her to effectively serve and care for our clients. Pls. see accompanying topic/ overheads (8) comprising the said course (8 hour seminars) | |

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