STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	NVS395AGC		07/09/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JOSEPH GROUP CARE 7	1748 MINER WAY LAS VEGAS, NV 89104

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Y 000	Initial Comments	Y 000		
	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 7/9/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness. The census at the time of the survey was six. Six resident files were reviewed and two employee files were reviewed. One discharged resident file was reviewed and one non-admitted resident file was reviewed. The facility received a grade of D. The following deficiencies were identified:		Y105- a. Employee #1 requested BELTCA for the proof of FBI Background check. b. Administrator will utilize a personnel checklist to ensure that all employees file are accurate and up-dated. c. The Administrator will monitor for compliance. d. July 15, 2009 Attachment #1 - Employee #1 Background Check	7/20/09 DS
Y 105 SS=E	449.200(1)(f) Personnel File - Background Check 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. This RULE: is not met as evidenced by: Based on record review on 7/9/09, the facility	Y 105	Y 177- a. The exterior part of the facility was clean from refuse and dispose all trash after the survey. b. The caregiver was tasked by the Administrator to always maintain the clean-liness of the exterior and interior property of the facility.	

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if deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Marietta Narciso	Administrator	7/16/09

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Y 105	Continued From Page 1 failed to ensure 1 of 2 caregivers had 2 sets of fingerprints or proof of FBI background checks on file from 1/24/06 fingerprinting (Employee #1). Severity: 2 Scope: 2	Y 105	Y177- c.The Administrator will monitor the cleanliness during her regular walk thru.	7/20/09 DS
Y 177 SS=C	449.209(4)(d) Health and Sanitation-Dirt, Garbage, Refuse NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (d) Accumulations of dirt, garbage and other refuse.	Y 177	d.07-09-09 Attachment #2 - PIcture of the Exterior Part of the Facility	
	This RULE: is not met as evidenced by: Based on observation, the facility failed to ensure the exterior was kept clean from refuse (Eleven partially filled paint cans sitting in the back yard in the sun). Severity: 2 Scope: 3		Y223- a.After the survey, the Administrator purchased the hose for the dryer and contacted maintenance guy for replacement of the hose. -The bottles of clorox were kept by the caregiver in a lock cabinet. -The caregiver cleaned all the lint in the dryer and will ensure that lint are cleaned after every used. b.The Administrator calls the attention of the caregiverthat inspection will be made regularly.	
Y 223 SS=F	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.	Y 223		

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Y 223	Continued From Page 2 If a washer or dryer is located outside the residential facility, the washer or dryer must be in a room or enclosure. This RULE: is not met as evidenced by: Based on observation on 7/9/09, the facility failed to ensure the dryer was maintained in a sanitary manner (two clorox plastic bottles and large amout of lint behind the dryer and no dryer hose found on the dryer). Severity: 1 Scope: 3	Y 223	Y223- c.The Administrator will monitor for compliance. d.07/10/09 Attachment #3 - Receipt of Home Depot for Duct Y253-	7/20/09 DS
Y 253 SS=C	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. This RULE: is not met as evidenced by: Based on observation on 7/9/09, the facility failed to ensure there was at least 2 day supply of fresh food or a 1 week supply of canned food. Severity: 1 Scope: 3	Y 253	a.The Administrator purchased enough supply of fresh foods and canned goods in the facility. b.The caregiver will make a list of low supply of fresh foods and canned goods every week to ensure that enough supplies are available in the facility. c.The Administrator will monitor the corrective action to ensure that the deficient practice is being corrected and will not recur in the future. d.07/10/09	7/20/09 DS
Y 566 SS=F	449.267(2)(a)-(c) Money and Property of Residents	Y 566		

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Y 566	Continued From Page 3 NAC 449.267 2. An accurate record must be kept of all money deposited with the facility for use by the resident, including withdrawals. The record must include: (a) A separate accounting of the money held by the facility on behalf of the resident. (b) Receipts for expenditures made by the facility on behalf of the resident; and (c) Written acknowledgement by the resident for each withdrawal of his money. This RULE: is not met as evidenced by: Based on observation, interview and record review from 7/9/09, the facility failed to provide separate and accurate record keeping for 6 of 6 residents for whom the administrator was designated as representative payee (Resident #1, #2, #3, #4, #5 and #6). Severity: 2 Scope: 3	Y 566	Attachment #4 - Copy of Receipts of Food Supplies Y878- a. Resident #3 took his meds that morning and his refill was scheduled for pick up that day of survey. Resident #4 has an appointment with the doctor to get his presciption refill. Resident #6 medication refill was already been ordered and schedule for pick up. b. The Administrator instructed the caregiver to request the refills 5 days in advance to ensure that meds will be administered as prescribed. c. The Administrator will monitor to ensure that the deficient practice will be corrected. d. 07/10/09	1/20/09 DS
Y 878 SS=F	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order.	Y 878		

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Y 878	Continued From Page 4	Y 878		
	This RULE: is not met as evidenced by: Based on record review and interview on 7/9/09, the facility failed to ensure 3 of 6 residents received medications as prescribed (Resident #3, #4 and #6). Severity: 2 Scope: 3		Y883- a.The corrective action will be accomplished for the residents affected by the deficient practice by notifying immediately the physician for the missed medication of the residents. 7/20/09 DS b.The Administrator head an in house meeting to discuss the responsibilities of the caregiver which included this deficiencies.	
Y 883 SS=F	449.2742(7) Medication / Resident Refusal NAC 449.2742 7. If a resident refuses, or otherwise misses, and administration of medication, a physician must be notified within 12 hours after the dose is refused or missed.	Y 883	c.The Administrator will monitor for compliance. d.07/10/09	
	This RULE: is not met as evidenced by: Based on interview and record review, the facility failed to ensure the physician was notified for missed medications for 3 of 6 residents ((Resident ##3, #4 and #6). Severity: 2 Scope: 3		Y885- a.After the survey, the Administrator prepared the necessary destruction log for the proper documentation. The bottles of prescriptionmedication that are discontinued, expired and unclaimed after the residents discharged were destroyed in an acceptable method of destruction.	
Y 885 SS=D	449.2742(9) Medication / Destruction NAC 449.2742 9. If the medication of a resident is discontinued, the expiration date of the medication of a	Y 885		

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Y 885	Continued From Page 5 resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Flushing contents of vials, bottles or other containers into a toilet shall be deemed to be an acceptable method of destruction of medication. This RULE: is not met as evidenced by: Based on observation and interview on 7/9/09, the facility failed to destroy medications after they were discontinued, had expired or after a resident had been transferred. Severity: 2 Scope: 1	Y 885	Y885- b.The Administrator shall conduct an in-house training among caregivers on the proper manner of disposing discontinued or unused medication and and its proper documentation. c.The Administrator will be responsible and will regularly check for completeness and appropriateness of medication disposal and its documentation. d.07/10/09 Attachment #5 - Medication Destruction Log Form	7/20/09
Y 890 SS=C	449.2744(1)(a)(1)-(4) Medication / Receipt Log NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (a) A log for each medication received by the facility for use by a resident of the facility. The log must include: (1) The type and quantity of medication received by the facility. (2) The date of its delivery; (3) The name of the person who accepted the delivery;	Y 890	Y890- a.A medication log form was provided for each medication received by the facility. b.The Administrator instructed the caregiver to log in the medication received for each resident.	

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Y 890	Continued From Page 6 (4) The name of the resident for whom the medication is prescribed; and (5) The date on which any unused medications is removed from the facility or destroyed. This RULE: is not met as evidenced by: Based on observation and interview on 7/9/09, the facility failed to provide a log for each medication received by the facility for use by a resident of the facility for 6 of 6residents (Resident #1, #2, #3, #4, #5 and #6). Severity: 1 Scope: 3	Y 890	Y890- c.The Administrator will monitor for compliance. d.07/10/09 Attachment # 6- Medication Log Form Y898-	7/20/09 DS
Y 898 SS=C	449.2744(1)(b)(4) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician. This RULE: is not met as evidenced by: Based on record review on 7/9/09, the facility failed to ensure the medication administration	Y 898	a.After the survey, the corrective actions were accomplished for those residents found or have been affected by the deficient practice. b.The Administrator call the attention of the caregiver and emphasizes the importance of charting the medication administered by initialing on the space provided immediately after medication administration. The Administrator will monitor its corrective action to ensure that the deficient practice being corrected and will not recur. d.07/09/09	7/20/09 DS

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Y 898	Continued From Page 7 record (MAR) was accurate for 6 of 6 residents (Resident #1, #2, #3, #4, #5 and #6). Severity: 1 Scope: 3	Y 898	Y566- a.Resident 1,3,4,5,6 received their monthly stipend every month. Resident #2 handles his own allowance.	
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 RULE: is not met as evidenced by: Based on record review on 7/9/09, the facility failed to ensure 2 of 6 residents complied with NAC 441A.380 regarding tuberculosis (Resident #2 and #4) which affected all residents. This was a repeat deficiency from the 9/9/08 State Licensure survey. Severity: 2 Scope: 3	Y 936	b.Due to the caregiver's transition, the stipend log was not up dated but the clients are getting their money regularly as per the policy stated. The Administrator will make a proper endorsement every time a new caregiver are hired. Everyone will be trained on dispensing the client's stipend every month with their initials. c.The Administrator will monitor for compliance to ensure that this deficient practice will not happen again. d.07/10/09 Attachment #7 - Copies of Client's Stipend Log	7/20/09
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	Y 944	Y936- a.Resident #2 had his 2 step Mantoux skin test on 4/17/09 and read on 4/24/09; 2nd step on 4/24/09	

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Y 944	Continued From Page 8 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 RULE: is not met as evidenced by: Based on record review and interview on 7/9/09, the facility failed to provide complete documentation regarding a resident who had been discharged. Severity: 1 Scope: 3	Y 944	Y936- and read on 4/27/09 as negative and was administered by Dr. Villaluz. Resident #4 1st step TB skin test was given on 07/10/09 and was read positive by Dr. b.The Administrator will review files every six months to ensure that files are updated and documentations are current. c.Administrator will monitor for compliance. d.07/10/09 Attachment #8 -Residents 2 & 4 TB Skin Test Y944= a.Resident #7 discharge form was made on 11/01/08 but was not made available during the survey. b.The Administrator will ensure that proper documentation of discharge client will be done.	7/20/09 DS 7/20/09 DS

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Y944-

b. The Administrator will instruct the caregiver to always make a discharge form filled up every time a client moves out of the facility.

c. Administrator will monitor for compliance.

d. 11/01/08

Attachment # 9 - Resident # 7 - Discharge Form

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