

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS311AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/23/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>MY HOME CARE - AGC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4369 ADELPHI AVENUE LAS VEGAS, NV 89120</b>		
(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  Surveyor: 28380 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 9/23/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for five 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 two. Two resident files were reviewed and one employee file were reviewed. The facility received a grade of B.  The following deficiencies were identified:	Y 000		
Y 070 SS=F	449.196(1)(f) Qualifications of Caregiver-8 hours training  NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility.  This Regulation is not met as evidenced by: Surveyor: 28380 Based on record review on 9/23/09, the facility failed to ensure that 1 of 1 caregivers received eight hours of annual training (Employee #1).	Y 070		

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 070	Continued From page 1	Y 070		
	Severity: 2 Scope: 3			
Y 434 SS=E	449.229(3) Emergency Drills  NAC 449.229 3. A drill for evacuation must be performed monthly on an irregular schedule, and a written record of each drill must be kept on file at the facility for not less than 12 months after the drill.  This Regulation is not met as evidenced by: Surveyor: 28380 Based on record review on 9/23/09, the facility did not ensure that monthly evacuation drills were conducted on an irregular schedule for the past 4 of 12 months (February, March, May and June of 2009).  Severity: 2 Scope: 2	Y 434		
Y 444 SS=E	449.229(9) Smoke Detectors  NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility.  This Regulation is not met as evidenced by: Surveyor: 28380 Based on record review on 9/23/09, the facility	Y 444		

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Y 444	Continued From page 2  did not ensure smoke detectors were tested 4 out of the past 12 months (February, March, May and June of 2009).  Severity: 2 Scope: 2	Y 444		
Y 878 SS=E	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.  This Regulation is not met as evidenced by: Surveyor: 28380 Based on record review and interview on 9/23/09, the facility failed to ensure that 1 of 2 residents received medications as prescribed (Resident #2, the medication administration record indicated Lovastatin 10MG tab and medication on hand was Lovastatin 40MG).  Severity: 2 Scope: 2	Y 878		

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