

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS16ADA</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/30/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>THE SALVATION ARMY, LV, - WOMENS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>39 WEST OWENS N LAS VEGAS, NV 89030</b>		
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D 000	Initial Comment  Surveyor: 28276 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 the State Licensure survey conducted at your facility on 12/30/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for 32 residential program beds for the treatment of abuse of alcohol and drugs. The census at the time of the survey was 10. Ten resident files and three employee files were reviewed. One discharged resident file was reviewed.	D 000		
D 035 SS=F	NAC 449.098(3)) Preparations for disaster  3. Each facility shall conduct a disaster drill at least annually, and a written record of each drill must be retained in the facility for not less than 12 months after the drill is conducted.  This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review and interviews on 12/30/09, the facility failed to conduct an annual disaster drill for the past 1 of 1 years.  Findings include:  Staff persons reported they were unaware they needed to conduct disaster drills annually in the	D 035		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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D 035	Continued From page 1 Women's location. Severity: 2 Scope: 3	D 035		
D 132 SS=F	NAC 449.129(3) Construction Standards 3. Facilities housing 17 or more clients must meet the requirements of the chapter entitled " New Hotels and Dormitories, " of the edition of NFPA 101: Life Safety Code, adopted by reference pursuant to NAC 449.0105. Those facilities housing not more than 16 clients must meet the requirements of the chapter entitled " Lodging or Rooming Houses, " of the edition of NFPA 101: Life Safety Code, adopted by reference pursuant to NAC 449.0105.  This Regulation is not met as evidenced by: Surveyor: 28276 National Fire Protection Association (NFPA) Life Safety Code 101  Chapter 26 Lodging or Rooming Houses  26.3.4.5 Smoke Alarms  26.3.4.5.3 Existing battery-powered smoke alarms, rather than house electric-powered smoke alarms, shall be permitted where the facility has demonstrated to the authority having jurisdiction that the testing, maintenance, and battery replacement programs will ensure reliability of power to the smoke alarms.	D 132		

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D 132	<p>Continued From page 2</p> <p>Based on record review and interview on 10/22/09, the facility did not ensure that smoke detector testing was documented for the past 12 of 12 months (From October 2008 to November 2009). Staff stated the smoke detectors were checked, however a log documenting the checks was not completed.</p> <p>Severity: 2 Scope: 3</p> <p>National Fire Protection Association 101 Life Safety Code 2006 edition</p> <p>Chapter 26 Lodging or Rooming Houses.</p> <p>26.3.6 Extinguishment Requirements.</p> <p>26.3.6.3 Where an automatic sprinkler system is required or is used as an alternative method of protection, either for total or partial building coverage, the system shall be in accordance with Section 9.7 and 26.3.6.3.1 through 26.3.6.3.6.</p> <p>9.7 Automatic Sprinklers and Other Extinguishing Equipment.</p> <p>9.7.5 Maintenance and Testing. All automatic sprinkler and standpipe systems required by this Code shall be inspected, tested, and maintained in accordance with NFPA 25.</p> <p>NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water -Based Fire Protection Systems requires an annual certification by a person qualified.</p> <p>Based on observation and record review on 12/30/09, the facility failed to comply with the National Fire Protection Association (NFPA) 101</p>	D 132		

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D 132	Continued From page 3  Life Safety Code (LSC) 2006 edition regarding the automatic sprinkler system.  Findings include:  The facility's automatic sprinkler system could not be inspected, as the facility was unable to locate the riser room.  Severity: 2 Scope: 3	D 132		
D 168 SS=F	NAC 449.135(6) Safety from fire  6. A facility must conduct fire drills at least monthly and a written record of each drill conducted must be retained in the facility for not less than 12 months after the drill is conducted.  This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review on 12/30/09, the facility failed to ensure that fire drills were conducted monthly during the past 12 of 12 months.  Findings include:  Staff reported fire drills were not conducted in the facility.  Severity: 2 Scope: 3	D 168		
D 215 SS=F	NAC 449.141(7) Health Services  7. There must be one staff person in the facility who is capable of providing cardiopulmonary resuscitation at all times. Staff members providing cardiopulmonary resuscitation must be qualified by the American Red Cross or another	D 215		

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D 215	Continued From page 4  recognized agency.  This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review on 12/30/09, the facility failed to ensure that 2 of 3 assistant resident managers (Employee #2 and #3) had evidence of cardiopulmonary resuscitation training (CPR).  Severity: 2 Scope: 3	D 215		
D 216 SS=F	NAC 449.141(8) Health Services  8. Clients of residential programs must undergo a tuberculin skin test that meets the requirements specified in chapter 441A of NAC.  This Regulation is not met as evidenced by: Surveyor: 28276 NAC 441A.380 Admission of persons to certain medical facilities, facilities for the dependent or homes for individual residential care: Testing; respiratory isolation; medical treatment; counseling and preventive treatment; documentation. (NRS 441A.120). 1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility. 2. Except as otherwise provided in this section, the staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing or intermediate care shall: (a) Before admitting a person to the facility or	D 216		

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D 216	Continued From page 5  home, determine if the person: (1) Has had a cough for more than 3 weeks; (2) Has a cough which is productive; (3) Has blood in his sputum; (4) Has a fever which is not associated with a cold, flu or other apparent illness; (5) Is experiencing night sweats; (6) Is experiencing unexplained weight loss; or (7) Has been in close contact with a person who has active tuberculosis. (b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless there is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner. (c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a single tuberculosis screening test annually thereafter, unless the medical director 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	D 216		

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D 216	Continued From page 6  guidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. A person with a documented history of a positive tuberculosis screening test is exempt from skin testing and routine annual chest radiographs, but the staff of the facility or home shall ensure that the person is evaluated at least annually for the presence or absence of symptoms of tuberculosis. 4. If the staff of the facility or home determines that a person has had a cough for more than 3 weeks and that he has one or more of the other symptoms described in paragraph (a) of subsection 2, the person may be admitted to the facility or home if the staff keeps the person in respiratory isolation 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 until a health care provider determines whether the person has active tuberculosis. If the staff is not able to keep the person in respiratory isolation, the staff shall not admit the person until a health care provider determines that the person does not have active tuberculosis. 5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility or home shall not admit the person to the facility or home or, if he has already been admitted, shall not allow the person to remain in the facility or home, unless the facility or home keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a health care provider determines that the person does not have active tuberculosis or certifies that, although the person has active tuberculosis, he is no longer infectious. A health care provider shall not certify that a person with active tuberculosis is not infectious unless the health care provider has obtained not less than three consecutive negative	D 216		

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D 216	Continued From page 7  sputum AFB smears which were collected on separate days. 6. If a test indicates that a person who has been or will be admitted to a facility or home has active tuberculosis, the staff of the facility or home shall ensure that the person is treated for the disease in accordance with the recommendations of the Centers for Disease Control and Prevention for the counseling of, and effective treatment for, a person having active tuberculosis. The recommendations are set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200. The staff of the facility or home shall ensure that counseling and preventive treatment are offered to each 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 (h) of subsection 1 of NAC 441A.200. 8. The staff of the facility or home shall ensure that any action carried out pursuant to this section and the results thereof are documented in the person ' s medical record. (Added to NAC by Bd. of Health, eff. 1-24-92; A 3-28-96; R084-06, 7-14-2006)  Based on record review on 12/30/09, the facility did not ensure that 7 of 10 residents met the requirements of NAC 441A.380 concerning tuberculosis (TB).  Findings include:  Resident #1, #2, #3, #4, #6, #7, and #8 - The resident's file did not contain evidence of any TB skin testing. Severity: 2 Scope: 3	D 216		

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D 217	Continued From page 8	D 217		
D 217 SS=F	NAC 449.141(9) Health Services  9. Each facility shall maintain and have readily available first-aid supplies. Staff members shall have evidence that they have received training on the use of first-aid supplies.  This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review on 12/30/09, the facility failed to ensure that 2 of 3 assistant resident managers (or caregivers) had evidence of first aid training (Employee #2 and #3).  Severity: 2      Scope: 3	D 217		
D 265 SS=E	NAC 449.150(4)(c) Records of Clients  4. Clients' records must contain: (c) Copies of initial and periodic examinations;  This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review on 12/30/09, the facility failed to ensure 4 of 10 resident files (Resident #1, #3, #7 and #8) contained a copy of an initial physical examination.  Severity: 2      Scope: 2	D 265		

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