

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS33ADC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/23/2010
NAME OF PROVIDER OR SUPPLIER ADULT DAYCARE CENTER OF LAS VEGAS		STREET ADDRESS, CITY, STATE, ZIP CODE 901 N JONES LAS VEGAS, NV 89108		
(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
U 000	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of the State Licensure survey conducted at your facility on 2/23/10.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Facilities For Care Of Adults During The Day, regulations adopted by the Nevada State Board of Health on June 23, 1986.</p> <p>The facility was licensed for 80 total day care clients. The census at the time of the survey was 49. Twenty resident files were reviewed and ten employee files were reviewed.</p> <p>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.</p> <p>The following regulatory deficiencies were identified:</p>	U 000		
U 56 SS=F	<p>449.4072 DIRECTOR AND EMPLOYEES</p> <p>3. Every employee of the facility: (b) Shall provide the division: (1) upon his initial employment, with the results of a physical examination conducted within the preceding 6 months, or with a copy of his medical records for the preceding 3 years, certified by a physician.</p> <p>This Regulation is not met as evidenced by: Based upon record review on 2/23/10, the facility failed to ensure 7 of 10 sampled employees had a pre-employment physical examination (Employee #1, #2, #3, #6, #7, #8, and #10).</p>	U 56		

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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U 56	Continued From page 1 Severity: 2 Scope :3	U 56		
U 57 SS=F	449.4072 DIRECTOR AND EMPLOYEES 3. Every employee of the facility: (b) Shall provide the division: (2) Upon his initial employment, with a negative report of a tuberculin test conducted within the preceding 6 months. Thereafter, a tuberculin test must be completed every 2 years. If the report of the tuberculin test is positive, he shall provide an X-ray film of his chest. This Regulation is not met as evidenced by: Based upon record review on 2/23/10, the facility failed to ensure 4 of 10 sampled employees had a current two-step Tuberculin skin test (Employee #2, #5, #6 and #10). Severity: 2 Scope :3	U 57		
U 67 SS=F	449.40723 SUPERVISION OF CLIENTS; VOLUNTEERS 3. A volunteer shall conform to the same standards and requirements as a paid employee who performs a similar function, except that a volunteer is only required to provide the results of a tuberculin test and not the results of a complete physical examination. This Regulation is not met as evidenced by: Based upon record review on 2/23/10, the facility failed to ensure volunteers had a results of their TB skin tests on site. Severity: 2 Scope :3	U 67		
U 88 SS=C	449.4073 Files Concerning Employees	U 88		

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U 88	Continued From page 2 A separate file must be maintained and kept current on each employee. The file must include the following: 4. Reports of periodic evaluations of the employee. This Regulation is not met as evidenced by: Based upon record review on 2/23/10, the facility failed to ensure 6 of 10 sampled employees had periodic evaluations(Employee #1, #2, #5, #6, #7, and #9). Severity: 1 Scope:3	U 88		
U123 SS=F	449.4075 Plan for Emergencies; Drill for Evacuation 2. A drill for evacuation must be conducted at least once every 3 months. Fire extinguishers must be inspected periodically and training must be provided for employees of the facility in procedures to be followed in case of a fire or other emergency. This Regulation is not met as evidenced by: Based on observation and interview on 2/23/10, the facility failed to conduct an evacuation drill every 3 month (1st Quarter 2009, 2nd Quarter 2009, 3rd Quarter 2009, and 4th Quarter 2009). Two of six fire extinguishers required recharging. Severity: 2 Scope: 3	U123		
U9999	Final Comment Final Comment The facility must show evidence of compliance with the provisions of chapter 441A of NRS regarding tuberculin testing and the regulations adopted pursuant thereto.	U9999		

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U9999	Continued From page 3 Based upon record review on 2/23/10, the facility failed to ensure 8 of 20 sampled clients had a current Tuberculin skin test (Client #2, #5, #11, #12, #14, #15, #16, and #20). Severity: 2 Scope: 3	U9999		

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