

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3847AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/29/2010
NAME OF PROVIDER OR SUPPLIER BETTER DAYS GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 261 E ELDORADO LANE LAS VEGAS, NV 89114		
(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 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 3/29/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons, three beds Category I, and seven beds Category II residents. The census at the time of the survey was nine. Nine resident files were reviewed and five employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of D.	Y 000		
Y 026 SS=D	449.190(3) Contents of License-Multiple Types NAC 449.190 3. A residential facility may be licensed as more than one type of residential facility if the facility provides evidence satisfactory to the bureau that it complies with the requirements for each type of facility and can demonstrate that the residents will be protected and receive necessary care and services. This Regulation is not met as evidenced by: Based on record review and interview on 3/29/10, the facility was caring for 1 of 10 persons with a	Y 026		

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 026	Continued From page 1 mental illness and chronic illness without an endorsement and failed to obtain the necessary training to care for such persons. Severity: 2 Scope: 1	Y 026		
Y 103 SS=E	449.200(1)(d) Personnel File - NAC 441A / Tuberculosis 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: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Based on record review on 3/29/10, the facility failed to ensure 5 of 5 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing for the protection of all residents (Employee #1, #2, #3, #4 and #5). Findings include: Employee #1, Employee #2 and Employee 5 did not have an initial TB test. Employee #3 and Employee #4 did not have an annual TB test in 2009. Severity: 2 Scope: 3	Y 103		
Y 105 SS=E	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2,	Y 105		

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Y 105	Continued From page 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 Regulation is not met as evidenced by: Based on record review on 3/29/10, the facility failed to ensure 4 of 5 employees met background check requirements (Employee #1, Employee #2, Employee #3 Employee #4). This was a repeat deficiency from the 3/25/09 State Licensure survey. Severity: 2 Scope: 3	Y 105		
Y 106 SS=E	449.200(2)(a) Personnel File - 1st aid & CPR NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation. This Regulation is not met as evidenced by: Based on record review on 3/29/10, the facility failed to ensure 3 of 5 employees (Employee #3, Employee #4 and Employee #5) renewed training in first aid and cardiopulmonary resuscitation (CPR).	Y 106		

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Y 106	Continued From page 3 Severity: 2 Scope: 3	Y 106		
Y 320 SS=E	<p>449.220(1) Bedroom Doors - Locks</p> <p>NAC 449.220 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.</p> <p>This Regulation is not met as evidenced by: NRS 449.220 Bedroom Doors. 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. 2. A bedroom door must not be equipped with a deadbolt lock or a chain stop unless the door opens directly to the outside of the facility,. The doors of a bedroom and the doors of the closet in the bedroom may be quipped with locks for use by residents if: (a) The doors may be unlocked with a single motion from the inside other bedroom or closet without the use of a key; and (b) The doors of the bedroom may be unlocked from outside the room and the keys are readily available at all time.</p> <p>Based on observation on 3/29/10, the 1 of 4 resident bedrooms was equipped with a double motion and a sliding latch lock.</p> <p>This was a repeat deficiency from the 3/25/09 State Licensure survey.</p>	Y 320		

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Y 320	Continued From page 4 Scope: 2 Severity: 2	Y 320		
Y 434 SS=D	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: Based on record review on 3/29/10, the facility did not ensure that monthly evacuation drills were conducted on an irregular schedule for the past 1 of 12 months (February 2010). Severity: 2 Scope: 1	Y 434		
Y 444 SS=D	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: Based on record review on 3/29/10, the facility did not ensure smoke detectors were tested 2 out of the past 12 months (January 2010 and February 2010). Severity: 2 Scope: 1	Y 444		

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Y 450 SS=E	449.231(1) First Aid and CPR NAC 449.231 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 equivalent certification will be accepted as proof of that training. This Regulation is not met as evidenced by:	Y 450		
Y 698 SS=D	Residents Requiring use of Oxygen-Storage 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (b) ensure that: (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; This REQUIREMENT is not met as evidenced by: Based on observation on 3/29/10, the facility failed to secure an oxygen tank in a rack or to the wall.	Y 698		

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Y 698	Continued From page 6 Severity: 2 Scope: 1	Y 698		

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