7/15/10

PRINTED: 06/22/2010
FORM APPROVED

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	NVS4993AGZ		C 06/04/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHWEST GROUP HOME	4611 STARTRAIN DR NORTH LAS VEGAS, NV 89031

(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 a complaint investigation conducted in your facility on 6/4/10. This complaint investigation was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 6 Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 6. Complaint #NV00025488 was substantiated. See Tag Y9999. The following deficiencies were identified:	Y 000	RECEIVED JUL 06 2010 BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NEVADA	
Y9999	Final Observations NRS 449.03555 Residential facility for groups and homes for individual residential care prohibited from providing accommodations to persons not meeting requirements for admission; exception. 1. Except as otherwise provided in subsection 2, a residential facility for groups which is authorized to have 10 or fewer beds or a home for individual residential care shall not provide accommodations for a person who does not meet the requirements for admission to the facility or home. 2. A residential facility for groups which is authorized to have 10 or fewer beds or a home	Y9999	Resident #2 (alleged boarder) left the following week. She was informed that if she comes back she can visit only during daytime. No overnight stay will be allowed	6/10/10

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: administrator — (X6) DATE: 7-6-10

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NAME OF PROVIDER OR SUPPLIER NORTHWEST GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 4611 STARTRAIN DR NORTH LAS VEGAS, NV 89031		

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Y9999	Continued From page 1 for individual residential care may provide accommodations for a person who is related within the third degree of consanguinity to a resident of the facility or home regardless of whether the person meets the requirements for admission to the facility or home. Based on record review, observation and interview on 6/4/10, the facility was allowing one boarder to reside in the facility. The boarder was not related to any residents. Findings include: Record review: During a site visit to the facility on 6/4/10, a duplicate copy of a check for $1200 was obtained from the alleged boarder (Resident #2). The check was made out to Employee #1. Observations: During the site visit, the boarder was observed in the living room of the facility talking with her friend (Resident #1). Clothes were observed in the bedroom where the boarder said she was staying. Interviews: The boarder was interviewed by the surveyor on 6/4/10. She stated that she had been staying at the facility for about a month. She said she had been staying there to help her friend (Resident #1) adjust to living at the facility but she was leaving for San Diego next week to live with her daughter. A rental contract for her stay was not made, according to the boarder. The boarder provided a duplicate copy of a check for $1200 to the investigator. The boarder stated this money was her rent for her time staying at the group home.	Y9999	Resident contract modified to state that visiting hours are from 9am - 7pm only. Administrator/owner to monitor compliance. RECEIVED JUL 06 2010 BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NEVADA	7/15/10 LC

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Y9999	Continued From page 2 On 6/4/10, Employee #1, stated that the boarder was staying at the group home for about a month to help to her friend adjust to living at the facility. Employee #2, said the boarder had been staying at the facility. Based on the above information, the complaint was substantiated. Severity: 3 Scope: 3	Y9999	RECEIVED JUL 06 2010 BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NEVADA	

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