PRINTED: 06/29/2010
FORM APPROVED

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4715ADC	(X2) MULTIPLE CONSTRUCTION A. BUILDING ___ B. WING ___	(X3) DATE SURVEY COMPLETED 06/24/2010
NAME OF PROVIDER OR SUPPLIER NEVADA ADULT DAY HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2008 SOUTH JONES BLVD LAS VEGAS, NV 89146	Acceptable POC 7/27/10 DW	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDE 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	INITIAL COMMENTS This Statement of Deficiencies was generated as a result of the State Licensure survey conducted at your facility on 6/24/10. 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. The facility was licensed for 120 total day care clients. The census at the time of the survey was 87. Twenty-one resident files were reviewed and ten employee files were reviewed. 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. The following regulatory deficiencies were identified:	U 000		
U 56 SS=E	449.4072 DIRECTOR AND EMPLOYEES 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. This Regulation is not met as evidenced by: Based upon record review on 6/24/10, the facility failed to ensure 3 of 10 sampled employees had a pre-employment physical examination (Employee #6, #7, and #8).	U 56	a) Employees #6, 7, 8 all had a PE on 6/28/10 – see attached. ok ok ok b) Completed 6/28/10 c) Program Director or Admin. will review all emp. files to ensure all preemployment requirements met ok DW 7/26/10	

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: 7/23/10

STATE FORM — 6899 — Continuation sheet 1 of 3

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U 56	Continued From page 1 Severity: 2 Scope :2	U 56		
U 57 SS=E	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 6/24/10, the facility failed to ensure 5 of 10 sampled employees had a current two-step Tuberculin skin test (Employee #1 - missing the second step TB test, #2 - missing a two-step TB test, #3 - chest x-ray but missing evidence of a positive TB test, #4 - missing a two-step TB test and #6 - missing a two-step TB test). Severity: 2 Scope: 3	U 57	ok Dw 7/26/10 a) Emp. #1 - ch 2nd step done ~~on~~ 7/14/10 + read on 7/16/10 ok Emp #2 - 1st step given on 6/28/10 showing (+) result, 2nd step deferred CXR done on 5/18/09 (-). ok Emp #3 - 2 steps TB skin test given, both (-). ok Emp #4 - 2 steps TB given, both (-). ok Emp #6 - 1st step given on 6/28/10 showing (+) result, 2nd step deferred CXR (-) on 2/4/09. b) Completed on 7/6/10 c) Admin / P.D. will ensure all TB requirement completed for pre employment.	
U 72 SS=F	449.40725 Orientation and Training of Employees All employees and volunteers at the facility: 3. Must receive training at the facility on a regular basis, but not less than 12 hours per year. This Regulation is not met as evidenced by: Based on record review and interview on 6/24/10, the facility failed to ensure 10 of 10 employees received not less than 12 hours of training per year (Employee #1, #2, #3, #4, #5, #6, #7, #8, #9 and #10). Severity: 2 Scope: 3	U 72	Due Need sample of certificate / sample of training a) Annual Staff Training to date. OK - 4 hrs. Staff development - 1 hr. Care for Alzheimers / Dementia - 1 hr. Body Mechanics Due - 1 hr. Transferring & Ambulating 7/26/10 - 1 hr. monthly staff mtng - 2 hrs every other yr. CPR - 4 hrs driver training b) At least 12 hrs / annual training to be completed by Dec. ea yr. 2010. c) Admin. to monitor completion of 12° annual training. * Each employee will be given certificate of attendance for ea training classes w/ # of hrs. indicated on certif. Attendance on staff mtng agendas will be shown on sign in sheet.	

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

STATE FORM 6899 RY0S11 continuation sheet 2 of 3

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U9999	Continued From page 2	U9999	a) #1 2 step TB done on 6/29 + Read 7/6/10 ⊖ result. 2nd step deferred.	7/27/10
U9999	Final Comment	U9999	#4 same as #1	
	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. Based upon record review on 6/24/10, the facility failed to ensure 14 of 21 sampled clients had a current Tuberculin skin test (Client #1, #4, #7 - missing evidence of a positive TB test; Client #3, #5, #8, #9, #15, #18 - missing evidence of a two-step TB test; Client #6, #13, #14, #16, #21 - missing a second step TB test). Severity: 2 Scope: 3		#7 same as #1 #3 2 step given + completed 7/8/10 #5 Has had 2 step TB in 11/07 + 2/09 (see attached) #8 Physician indicated had a ⊕ PPD and ⊖ CXR on 10/2008. 2 step done on 6/29 + 7/6. #9 1 step TB given on 6/29 ⊕. 2nd step deferred CXR ⊖ on 5/5/10. #15 Hx TB meningitis - skin test deferred CXR on 9/15/09 ⊖. See MD Report. #18 2 step given + completed on 7/7/10 #6 Had 2 step on record - see PPD attached #13 Had 2 step on 6/07 + 7/07 then annually thereafter - see attached. #14 Had 2 step on 4/23 + 4/30/09 per MD - see attached #16 2 step given on 6/29 + completed 7/8/10 #21 2 step given " " b) All of above completed by 7/8/10 some clients were compliant & TB requirements prior to survey. c) Nursing will ensure all clients are compliant & TB requirements annually + & 2 step upon admission	

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STATE FORM 6699 RY0S11 If continuation sheet 3 of 3

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