

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3923ADA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/18/2010
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NAME OF PROVIDER OR SUPPLIER WESTCARE NEVADA WOMEN & CHILDRENS (STREET ADDRESS, CITY, STATE, ZIP CODE 5659 DUNCAN DRIVE LAS VEGAS, NV 89130
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(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
D 000	<p>Initial Comment</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>This Statement of Deficiencies was generated as a result of the State Licensure survey conducted at your facility on 8/18/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for 130 residential program beds for the treatment of abuse of alcohol and drugs. The census at the time of the survey was 70. Fifteen resident files and ten employee files were reviewed. Three discharged resident files were reviewed.</p>	D 000		
D 090	<p>NAC 449.114(9)(b) Employees</p> <p>9. A personnel record must be maintained for each employee. The record must contain: (b) Letters of recommendation</p> <p>This Regulation is not met as evidenced by: Based on record review on 8/18/10, the facility did not obtain letters of recommendation for 2 of 10 employees (Employee #2 and #10).</p> <p>Severity: 1 Scope: 1</p>	D 090		
D 091	<p>NAC 449.114(9)(c) Employees</p> <p>9. A personnel record must be maintained for each employee. The record must contain: (c) Reference investigation records</p>	D 091		

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TITLE

(X6) DATE

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

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D 091	Continued From page 1 This Regulation is not met as evidenced by: Based on record review on 8/18/10, the facility failed to conduct a reference investigation on 2 of 10 employees (Employee #3 and #5). Severity: 1 Scope: 1	D 091		
D 100	NAC 449.117 Physical Examinations All persons employed in a facility must have documentation showing that they are in compliance with any applicable provisions of chapter 441A of NAC concerning tuberculosis. This Regulation is not met as evidenced by: NAC 441A.375 Medical facilities, facilities for the dependent and homes for individual residential care: Management of cases and suspected cases; surveillance and testing of employees; counseling and preventive treatment. (NRS 441A.120) 1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed 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. 2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease	D 100		

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D 100	Continued From page 2 Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a: a: (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and (b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility 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 guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms	D 100			

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D 100	Continued From page 3 suggestive of tuberculosis. 5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis. 6. Counseling and preventive treatment must be offered to a 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 (g) of subsection 1 of NAC 441A.200. 7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis. (Added to NAC by Bd. of Health, eff. 1-24-92; A by R084-06, 7-14-2006) Based on record review on 8/18/10, the facility failed to ensure 2 of 10 employees met the requirements of NAC 441A.375 concerning tuberculosis (TB) (Employee #2 missing a copy of the chest x-ray, Employee #6 - missing a second step TB test). Severity: 2 Scope: 1	D 100		
D 103	NAC 449.1214 Social Model Detoxification Program 1. A facility that offers a social model detoxification program:	D 103		

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D 103	<p>Continued From page 4</p> <p>(a) Must have a physician, nurse practitioner, registered nurse or physician assistant conduct a physical assessment and a review of the general medical and drug history of a client within 24 hours after the client is admitted to the facility to ensure that a social model detoxification program is appropriate for the client.</p> <p>(b) Must not provide detoxification services for clients who exhibit life-threatening symptoms of withdrawal from alcohol and drug abuse.</p> <p>(c) Must develop and implement policies and procedures that protect the safety and health of clients. The facility must have these policies and procedures reviewed annually by a licensed physician who is familiar with the symptoms of withdrawal from alcohol and drug abuse.</p> <p>(d) Must ensure that the observation of a client during his treatment in the social model detoxification program is reflected in the records of the client as deemed necessary by the policies and procedures of that facility.</p> <p>2. The staff of a facility that offers a social model detoxification program must complete at least 6 hours of additional education in the detoxification of alcohol and drug abusers, as approved by the program of ongoing quality improvement pursuant to NAC 449.1218, every 2 years. Such education must include instruction in:</p> <p>(a) Acute withdrawal symptoms from alcohol and drug abuse; and</p> <p>(b) First-aid procedures for clients with seizures.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 8/18/10, the facility failed to ensure the facility policy</p>	D 103		

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D 103	<p>Continued From page 5</p> <p>regarding vital signs for detoxification services were followed for 3 of 3 discharged detoxification residents (Resident #16, #17 and #18); and 1 of 7 staff received at least 6 hours of training in the detoxification of alcohol and drug abusers (Employee #11).</p> <p>Findings include:</p> <p>The facility had a policy titled Adult & Adolescent Crisis Stabilization & Detoxification Services approved by the medical doctor 2/8/09. The policy documented the following regarding taking vital signs:</p> <ol style="list-style-type: none"> 1. CPI/CPC client's vital signs will be taken every two (2) hours when initially admitted, unless directed otherwise by medical staff. If the vitals are stable with the first three readings in the first six (6) hours, then staff is to proceed to take every four (4) hours for the remainder of the first 24 hour period of time. 3. After the initial 24 hour period of time up to 72 hours, vital signs will be taken every four (4) hours or a minimum of six (6) times daily. 4. Vital signs may need to be taken more or less frequently as directed by the medical staff, but in no circumstances will vital signs be taken less than every six (6) hours or four (4) times per day. <p>Resident #16 was admitted to the facility 6/17/10. The client flow chart for Resident #16 dated 6/17/10 documented the first vital reading at 5:00 PM, then again at 7:00 PM, 9:00 PM and midnight. The client flow chart for Resident #16 dated 6/18/10 documented the first vital reading at 3:00 AM, then again at 7:00 AM, 10:00 AM, a visual check at noon with no vital signs recorded, 2:00 PM and 11:15 PM. The facility failed to follow section (3) of their policy as the client was checked only 5 times on 6/18/10 instead of the</p>	D 103			

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D 103	Continued From page 6 required 6 vital sign checks. Resident #17 was admitted to the facility 4/24/10. The client flow chart for Resident #17 dated 4/24/10 documented the first vital check at 8:00 PM. The next documented vital sign check was documented at 11:00 PM. The client flow chart dated 4/25/10 documented the first vital reading at 5:00 AM as a visual check and 7:00 AM was a documented vital sign reading followed by one at 10:00 AM, and 2:00 PM. The facility failed to follow section (1) and section (3) of their policy as Resident #17 was not checked every two hours for the first six hours, or a minimum of six times from the first 24 hours of admission through 72 hours of admission. Resident #18 was admitted to the facility 7/11/10. The client flow chart for Resident #18 dated 7/11/10 documented the first vital check at 2:00 PM. The next vital checks were documented at 8:00 PM and 11:00 PM. The client flow chart dated 7/12/10 documented four checks at 1:00 AM, 4:00 AM, 7:00 AM and 10:00 AM. The facility failed to follow section (1) and section (3) of their policy as Resident #17 was not checked every two hours for the first six hours, or a minimum of six times from the first 24 hours of admission through 72 hours of admission. Severity: 2 Scope: 3	D 103		
D 216	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.	D 216		

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D 216	Continued From page 7 This Regulation is not met as evidenced by: 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 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	D 216		

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D 216	Continued From page 8 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 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	D 216		

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D 216	Continued From page 9 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 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	D 216		

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D 216	Continued From page 10 (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 8/18/10, the facility did not ensure that 10 of 15 residents met the requirements of NAC 441A.380 concerning tuberculosis (TB) (Resident #1, #4, #7, #8 and #11 - missing documentation of a two-step TB test; #3, #9 and #12 - missing documentation of a second step TB test; #5 and #6 - missing the reading of a second step TB test). Severity: 2 Scope: 3	D 216		
D 250	NAC 449.147(6)(a-d) Dietary Services 6. A facility with more than 10 clients must: (a) Comply with all applicable provisions of chapter 446 of NRS and the regulations adopted pursuant thereto; (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Health Division; (c) Maintain a report of each inspection concerning the sanitation of the facility for at least 1 year after the date of the inspection; and (d) Maintain a report of each corrective action taken to address a deficiency noted in a report described in paragraph (c) for at least 1 year after the date of the corrective action.	D 250		

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D 250	<p>Continued From page 11</p> <p>This Regulation is not met as evidenced by: Based on observation on 8/18/10, the facility failed to comply with chapter 446 of NRS.</p> <p>Findings include:</p> <p>The reach-in refrigerator on the serving line had an internal temperature of 60 degrees F.</p> <p>There was no hot water at the hand washing sink in the restroom used by kitchen staff.</p> <p>A soiled, wet wiping cloth was on the prep table, rather than stored in sanitizer solution.</p> <p>The sanitizer solution for the wiping cloths was too strong; greater than 500 ppm Quaternary Ammonium.</p> <p>The ice machine in the kitchen had a slimy build-up on the interior surface above the ice.</p> <p>The cutting board on the steam table in the kitchen had deep cuts on its surface.</p> <p>The cold water faucets on the hand washing sink and the mop sink were in disrepair in the storage room in the kitchen office.</p> <p>The ceiling exhaust cover in the staff restroom was soiled.</p> <p>The ceiling exhaust in the janitor closet was in disrepair.</p> <p>Severity: 2 Scope: 3</p>	D 250		

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NAME OF PROVIDER OR SUPPLIER WESTCARE NEVADA WOMEN & CHILDRENS (STREET ADDRESS, CITY, STATE, ZIP CODE 5659 DUNCAN DRIVE LAS VEGAS, NV 89130		
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DK999 DK999	Continued From page 12 Final Comments This Regulation is not met as evidenced by: NAC 449.123 General sanitary requirements. (NRS 449.037 <./NRS/NRS-449.html>) 4. Premises and equipment must be maintained in a sanitary condition: (b) Janitorial supplies, including aerosols, must be stored in areas separate from clean linen, food and other supplies. (c) The storage of dirty linen must be separate from the storage of clean linen, food and other supplies. 5. The facility shall establish a policy that prohibits clients from sharing items for personal use, such as combs, toothbrushes, towels or bar soap. 6. Restrooms or lavatories for the staff must be provided with soap dispensers and individual disposable towels. Based on observation and interview on 8/18/10, the facility failed to ensure janitorial supplies were not stored with food (In the journey unit family room a box of oatmeal was stored next to laundry soap and a bottle of bleach. In the women and family unit baby formula was stored next to laundry softener.); the facility failed to discard expired over-the-counter medications and biologicals (hydrogen peroxide, two bottles of sterile water, eye wash solution, individual packets of hydrocortisone cream, tube of hydrocortisone cream, A & D ointment, 5 bottles of isopropyl alcohol, stock bottle of acid reducer, glucose test strips and budesonide inhalation suspension.) Severity: 2 Scope: 3	DK999 DK999		

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