

Approved 5/3/11 NW OK

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2729AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/22/2010
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NAME OF PROVIDER OR SUPPLIER AEGIS OF LAS VEGAS	STREET ADDRESS, CITY, STATE, ZIP CODE 9100 W DESERT INN RD LAS VEGAS, NV 89117
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Y 000	<p>Initial Comments</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 an annual State Licensure survey conducted in your facility on 11/16/10 through 11/22/10. 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 72 Residential Facility for Group beds which provide care to elderly or disabled persons and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 66. Fifteen resident files were reviewed and 16 employee files were reviewed. One discharged resident file was reviewed.</p> <p>The facility received a grade of C.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 050 SS=F	<p>449.194(1) Administrator's Responsibilities-Oversight</p> <p>NAC 449.194 The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services</p>	Y 050		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Debra Moore* TITLE: Executive Director (X6) DATE: 12/17/10

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Y 050	<p>Continued From page 1</p> <p>and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.2766, inclusive, and chapter 449 of NRS.</p> <p>This Regulation is not met as evidenced by: NAC 449.27704 Placard: Issuance and display; failure to comply. (NRS 449.037)</p> <ol style="list-style-type: none"> 1. After the Bureau assigns a grade to a residential facility pursuant to NAC 449.27702, the Bureau shall issue a placard to the residential facility. 2. The administrator shall, within 24 hours after receipt of the placard, display or cause the placard to be displayed conspicuously in a public area of the residential facility. 3. If the placard is not displayed in accordance with the provisions of subsection 2, the Bureau will assess against the residential facility a deficiency with a severity and scope score equal to the highest severity and scope score indicated in the most recent survey of the facility conducted by the Bureau. (Added to NAC by Bd. of Health by R122-05, eff. 11-17-2005). <p>Based on observation on 11/16/10, the administrator failed to ensure the grading placard was displayed conspicuously in a public area (the placard was behind a flyer in a frame).</p> <p>Severity: 2 Scope: 3</p>	Y 050	<p>Y050</p> <p>The administrator has always displayed the "A" grade placard on the center table to be seen by all who enter the building At the time of survey the Menu for our Thanksgiving day dinner was placed in front of the grade. The administrator has spoken to all staff regarding the placement of the placard no matter what the circumstance</p> <p>The administrator will visually check placement of the placard daily to insure compliance.</p>	

*OK
CG*

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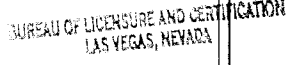
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Y 103	Continued From page 2	Y 103		
Y 103 SS=D	<p>449.200(1)(d) Personnel File - NAC 441A / Tuberculosis</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.</p> <p>This Regulation is not met as evidenced by: Based on record review on 11/16/10, the facility failed to ensure 1 of 15 employees complied with NAC 441A.375 (Employee #5 - No pre-employment physical).</p> <p>Severity: 2 Scope: 1</p>	Y 103 <i>OK CG</i>	<p>Y103</p> <p>The administrator has assured that all new employees have a pre-employment physical and that said physical is easily located at all times As evidenced in Attachment #1 Employee # 5 had her physical in 2004 upon employment.</p> <p>Regular quarterly audits will occur with Business office manager and Administrator to make sure nothing gets misplaced in employee files</p>	
Y 105 SS=D	<p>449.200(1)(f) Personnel File - Background Check</p> <p>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: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.</p> <p>This Regulation is not met as evidenced by: Based on record review on 11/16/10, the facility failed to ensure 2 of 16 employees met background check requirements of NRS 449.176</p>	Y 105	<p>RECEIVED DEC 21 2010 BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NEVADA</p>	

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Y 105	Continued From page 3 to 449.188 (Employee #5 - No State and FBI results and Employee #8 - No follow up to undecided FBI results). This was a repeat deficiency from the 11/3/09 State Licensure survey. Severity: 2 Scope: 1	Y 105	Y105 The administrator has assured that all employees have met the background check requirement Employee #5 was fingerprinted on 12/29/09 as shown in Attachment #2	
Y 255 SS=F	449.217(6)(a)(b) Permits - Comply with NAC 446 on Food Service NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division. This Regulation is not met as evidenced by: Based on observation, interview and record review on 11/16/10, the facility failed to ensure the kitchen complied with the standards of NAC 446. Findings include: 1 Critical Violations:	Y 255	The fingerprints where sent electronically and results were not returned to us at all. She was fingerprinted again (Attachment #3) and results are negative from both State and FBI (Attachments #4and #5) Attachment #6 shows she was fingerprinted on her 5 th year of employment and we were billed for the electronic transmission Employee #8 received an "undecided" from the FBI By NRS 449.180 it is acceptable to hire an "undecided" We have followed up and as evidenced in Attachment # 8,9,10 and 11, the employee has challenged the ruling and the fingerprints are now cleared.	  

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Y 255 Continued From page 4

a. The person in charge of the kitchen at the time of the inspection was not food safety certified.

b. There was an open cup of coffee on the shelf under the prep table on the cook's line in the kitchen.

2. Cleaning and Sanitation Issues:

a. The cook was preparing food without wearing a hair restraint.

b. The wash temperature on the dishmachine in the kitchen was 93 degrees F., and the wash temperature on the dishmachines in the units were 136 (A unit), 140 (B unit), and 140 (C unit) degrees F.

c. The wiping cloths were stored in a solution with an excessive amount of sanitizer.

d. There were mops stored in the janitor closet that were excessively soiled.

Severity 2: Scope: 3

Y 255

Y255
The administrator has and will continue to monitor the Culinary Service Director to assure that these issues are consistently addressed

a. All kitchen personnel must be Safety certified and have the certification in the kitchen.

b. No personal cups or food are allowed in kitchen

c. All kitchen personell are to be wearing hairnets at all times

d. Wiping cloth solution will be checked for strength daily and documented

e. All dish machines will be temped and logged daily

f. See attachments #12,13,14and #15

Y 430 SS=F 449.229(1) Protection from Fire

Y 430

NAC 449.229
1. The administrator of a residential facility shall ensure that the facility complies with the regulations adopted by the State Fire Marshal pursuant to chapter 477 of NRS and all local ordinances relating to safety from fire. The facility must be approved for residency by the State Fire Marshal.

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Y 430	Continued From page 5 This Regulation is not met as evidenced by: Based on observation on 11/16/10 the emergency lighting systems were not fully operational (5 of 8 emergency lights tested did not work). Severity: 2 Scope: 3	Y 430	Y430 As referenced in Attachment #16, All batteries are replaced and we are adding 18 new combo lights The administrator is adding semi annual emergency light checks to the regular Simplex Grinnell contract to ensure that the batteries are checked regularly.	
Y 450 SS=D	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: Based on record review on 11/16/10, the facility did not ensure that 2 of 15 caregivers received first aid and cardiopulmonary resuscitation (CPR) training within thirty days of employment (Employee #2 and #4).	Y 450	Y450 All Caregivers and Ancillary personnel must be CPR and First Aid certified within 30 days of hire Both Employee #2 and #4 were trained in accordance of the statute and are in compliance now See Attachment s #17 - !7c The administrator will conduct quarterly file audits top make sure the files are orderly and the items are easy to locate. Administrator will continue to make sure that training is implemented in as timely manner	

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Y 450	Continued From page 6 Severity: 2 Scope: 1	Y 450		
Y9999	Final Observations NAC 654.190 Display of license. Each person licensed as a nursing facility administrator or an administrator of a residential facility for groups shall conspicuously display his original license in a public place within the facility of which he is the administrator of record. Based on observation on 11/16/10, the facility did not post the license for the administrator in a conspicuous place. Severity: 1 Scope: 1	Y9999	<p>OK CG</p> <p>Y9999 For 4 years the licenses for the building have been on the wall in the office, readily viewed through the window that looks from lobby into the office. This was done because the residents in a dementia community tend to move things and this seemed to be the best solution. At the request of the surveyors , I have moved the all of the licenses out to the top of the piano See attachment #18 and #18A I will take them to be reframed and mount them on a lobby wall somewhere in the next month.</p>	<p>RECEIVED DEC 21 2010 BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NEVADA</p>

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