PRINTED: 02/08/2011
FORM APPROVED

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3675AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED 02/08/2011
NAME OF PROVIDER OR SUPPLIER HELPING HANDS CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2757 GALLANT HILLS DRIVE LAS VEGAS, NV 89135		

(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 2/8/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for six 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 six. Six resident files were reviewed and six employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of A. The following deficiencies were identified:	Y 000	2/28/11 APOC [illegible] RECEIVED FEB 24 2011 BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NEVADA	
Y 994 SS=F	449.2756(1)(e) Alzheimer's facility - Dangerous items NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents.	Y 994 ✓ [illegible] 2/28/11	**Y994** **1. Administrator immediately locked the shed at the backyard and placed the razor in a cabinet and locked it during said survey.** **2. Administrator had a staff meeting and reiterated that all dangerous items must be locked at all times and not accessible to all Residents. Administrator/Staff will regularly monitor to insure that said shed and cabinets are locked at all times in compliance with BHCQC.** **3. 02/08/11**	

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 [illegible] TITLE /ADMINISTRATOR (X6) DATE 2/23/11

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3675AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED 02/08/2011
NAME OF PROVIDER OR SUPPLIER HELPING HANDS CARE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2757 GALLANT HILLS DRIVE LAS VEGAS, NV 89135		

(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 994	Continued From page 1 This Regulation is not met as evidenced by: Based on observation on 2/8/11, the facility failed to ensure dangerous items were not accessible to 6 of 6 residents (the shed in the back yard was unlocked, a razor was found unlocked in Bathroom #1). Severity: 2 Scope: 3	Y 994		
Y 995 SS=E	449.2756(1)(f)(1) Alzheimer's Facility yard NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (f) The facility has an area outside the facility or a yard adjacent to the facility that: (1) May be used by the residents for outdoor activities; All gates leading from the secured, fenced area or yard to an unsecured open area or yard must be locked and keys for gates must be readily available to the members of the staff of the facility at all times. This Regulation is not met as evidenced by: Based on observation on 2/8/11, the facility failed to ensure 1 of 2 gates leading from the back yard was properly secured. Severity: 2 Scope: 2	Y 995 KB 2/28/11	**Y995** **1. Administrator immediately locked the gate leading from the backyard during said survey.** **2. Administrator had a staff meeting and reiterated that all gates leading from the backyard be locked at all times. Administrator/Staff will regularly monitor said gate to insure it's locked at all times in compliance with BHCQC.** **3. 02/08 /2011** RECEIVED FEB 24 2011 BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NEVADA	

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