

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS108AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/25/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>CHARLESTON RESIDENTIAL CARE HOTEL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2121 W CHARLESTON BLVD LAS VEGAS, NV 89102</b>		
(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	<p><b>Initial Comments</b></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 a complaint investigation conducted on your facility from 1/21/11 through 2/25/11. This investigation was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for 129 Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illnesses, Category I residents. The census at the time of the survey was 118. One resident file was reviewed and zero employee files were reviewed.</p> <p>The allegation regarding patient medications not being given as prescribed, was not substantiated through record review and interview.</p> <p>The allegation regarding residents were only served water during meals, was not substantiated through interviews with residents, and observations of food service operations.</p> <p>Complaint #NV00027405:</p> <p>#NV00027405: The investigative process was initiated by the Bureau of Health Care Quality and Compliance on 1/21/11.</p> <p>The investigation regarding quality of care, Resident #1 was not given his medications as prescribed included:</p>	Y 000			

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

TITLE

(X6) DATE

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

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Y 000	Continued From page 1  - The Resident's files, including medication administration records were reviewed and it was determined that the facility had properly documented that it had administered medications to the resident as prescribed.  - The resident's social worker was interviewed and it was revealed that the resident routinely complains about group home care and that this was the resident's third group home.  The investigation regarding dietary services, residents were only given water, was not substantiated through interviews and observations.  - Three residents were interviewed regarding beverage services and none indicated that the facility only served water for a period of several days.  - Food service operations were observed and it was noted that the facility was serving residents water, milk, juice and tea.  - The facility food storage and kitchen areas were inspected and it was observed that the facility had adequate beverage supplies on hand to serve its residents	Y 000		

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