

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4961AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/29/2011
NAME OF PROVIDER OR SUPPLIER 7TH HEAVEN		STREET ADDRESS, CITY, STATE, ZIP CODE 1205 PONCE DE LEON AVE LAS VEGAS, NV 89123		
(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 a required grading re-survey conducted in your facility on 3/29/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received a re-survey grade of A. The facility is licensed for seven Residential Facility for Group beds which provides care to persons with Alzheimer's Disease, Category II residents. The census at the time of the survey was three. Three resident files were reviewed and two employee files were reviewed. The following deficiencies were identified:	Y 000		
Y 876 SS=E	449.2742(4) Medication Administration NRS 449.037 NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met. This Regulation is not met as evidenced by:	Y 876		

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 876	Continued From page 1 Based on record review and interview on 3/29/11, the facility failed to comply with subsection 6 of NRS 449.037 as 1 of 3 residents medications were not at a maintenance level and required a medical assessment before administering (Resident #3-prescription for Benicar 10 milligrams (mg) and Carvedilol 3.125 mg read to hold if systolic blood pressure was less than 100; which required daily blood pressure checks by the caregivers). Severity: 2 Scope: 2	Y 876		
Y 990 SS=F	449.2756(1)(a) Alzheimer's facility pools NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (a) Swimming pools and other bodies of water are fenced or protected by other acceptable means. This Regulation is not met as evidenced by: Based on observation on 3/29/11, the facility failed to ensure the gate leading to the backyard pond was locked (the gate was left wide open). Severity: 2 Scope: 3	Y 990		
Y 991 SS=F	449.2756(1)(b) Alzheimer's Fac door alarm NAC 449.2756 1. The administrator of a residential facility which	Y 991		

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Y 991	Continued From page 2 provides care to persons with Alzheimer's disease shall ensure that: (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility. This Regulation is not met as evidenced by: Based on observation on 3/29/11, the facility failed to ensure 2 of 3 exit doors had installed alarms that operated when the exit door was opened (back patio exit door and exit door across from the kitchen area leading to the back patio area had alarms but were not working). This is a repeat deficiency from the 12/7/10 grading State Licensure resurvey. Severity: 2 Scope: 3	Y 991			

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