

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4492ADA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/18/2011
NAME OF PROVIDER OR SUPPLIER SOLUTIONS RECOVERY - TENAYA		STREET ADDRESS, CITY, STATE, ZIP CODE 2975 TENAYA LAS VEGAS, NV 89117		
(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	Initial Comment 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 the State Licensure survey conducted at your facility on 4/18/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for ten residential program beds for the treatment of abuse of alcohol and drugs. The census at the time of the survey was six. Six resident files and ten employee files were reviewed. One discharged resident file was reviewed.	D 000		
D 035 SS=F	NAC 449.098(3)) Preparations for disaster 3. Each facility shall conduct a disaster drill at least annually, and a written record of each drill must be retained in the facility for not less than 12 months after the drill is conducted. This Regulation is not met as evidenced by: Based on record review and interviews on 4/18/11, the facility did not conduct an annual disaster drill for the past 1 of 1 years. Findings include: The fire drill log was reviewed, but did not contain any evidence the facility conducted an annual disaster drill. Staff persons reported they did not conduct disaster drills annually.	D 035		

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TITLE

(X6) DATE

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

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D 035	Continued From page 1 This is a repeat deficiency from the 10/28/09 State Licensure survey. Severity: 2 Scope: 3	D 035		
D 041 SS=B	NAC 449.102 Inventory of client's belongings If a facility holds or stores a client's belongings, there must be an inventory of the belongings on admission, made a part of the client's record, and updated as needed. These belongings must be returned to the client upon his exit. This Regulation is not met as evidenced by: Based on record review on 4/18/11, the facility failed to provide documentation of an inventory of belongings for 2 of 6 residents (Resident #1 and #4). This is a repeat deficiency from the 10/28/09 State Licensure survey. Severity: 1 Scope: 2	D 041		
D 066 SS=B	NAC 449.111(2)(a) Administrator Duties 2. The administrator shall: (a) Organize the administrative functions of the program, delegate duties and establish a formal means of accountability on the part of subordinates.	D 066		

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D 066	Continued From page 2 This Regulation is not met as evidenced by: Based on observation on 4/18/11, the administrator failed to ensure compliance with International Fire Code when 1 of 4 emergency lights did not illuminate when tested (main hallway emergency light). Severity: 1 Scope: 2	D 066		
D 090 SS=C	NAC 449.114(9)(b) Employees 9. A personnel record must be maintained for each employee. The record must contain: (b) Letters of recommendation This Regulation is not met as evidenced by: Based on record review on 4/18/11, the facility did not obtain letters of recommendation for 7 of 10 employees (Employee #1, #2, #3, #4, #7, #8 and #10). This is a repeat deficiency from the 10/28/09 State Licensure survey. Severity: 1 Scope: 3	D 090		
D 100 SS=E	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	D 100		

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D 100	Continued From page 3 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 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) 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	D 100			

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D 100	Continued From page 4 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 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.	D 100			

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D 100	Continued From page 5 of Health, eff. 1-24-92; A by R084-06, 7-14-2006) Based on record review on 4/18/11, the facility did not ensure that 3 of 10 employees met the requirements of NAC 441A.375 concerning tuberculosis (TB) (Employee #2 - failed to have evidence of a two-step TB test, Employee #7 - failed to have evidence of a positive TB test and Employee #8 - failed to have evidence of a second step TB test). This is a repeat deficiency from the 10/28/09 State Licensure survey. Severity: 2 Scope: 2	D 100		
D 168 SS=E	NAC 449.135(6) Safety from fire 6. A facility must conduct fire drills at least monthly and a written record of each drill conducted must be retained in the facility for not less than 12 months after the drill is conducted. This Regulation is not met as evidenced by: Based on record review and interviews on 4/18/11, the facility failed to ensure that fire drills were conducted monthly during the past 6 of 12 months (Fire drills were not conducted for May, June, July, August, September and October of 2010). This is a repeat deficiency from the 10/28/09 State Licensure survey. Severity: 2 Scope: 2	D 168		

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D 236	Continued From page 6	D 236		
D 236 SS=D	NAC449.144(5) Medication 5. All medication must be maintained in locked storage. Controlled substances must be maintained in a locked box within the locked storage. Medications requiring refrigeration must be kept in a locked box inside the refrigerator separated from food and other items. Disinfectants and medication for external use must be stored separately from medications for internal use and from medications that can be injected. All potent, poisonous or caustic drugs must be plainly labeled, stored and made accessible only to authorized persons. All medication storage must be maintained in accordance with the security requirements of federal, state and local laws. This Regulation is not met as evidenced by: Based on observation and interview on 4/18/11, the facility failed to ensure all medication was maintained in a locked storage. Two expired antacid packets, and three expired ibutab packets were found unlocked in the first aid kit. Folic acid, thiamine and multi-vitamin bottles were found unlocked in a cabinet in the house manager's office. This is a repeat deficiency from the 10/28/09 State Licensure survey. Severity: 2 Scope: 1	D 236		
D 246 SS=F	NAC 449.147(2) Dietary Services 2. Menus must be planned and followed to meet the nutritional needs of the residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the	D 246		

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D 246	Continued From page 7 National Research Council, National Academy of Sciences. This Regulation is not met as evidenced by: Based on observation and interview on 4/18/11, the facility failed to ensure planned menus were followed (staff reported the registered dietician planned menus, however the residents did not follow the menu they cooked meals of their choice). Severity: 2 Scope: 3	D 246		

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