Acceptable Plan of Correction MN 6/13/11

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS5757ADC	A. BUILDING _____ B. WING _____	04/26/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NV ADULT DAY HLTHCARE CTNR AT CAMBEIF	330 N 13TH ST LAS VEGAS, NV 89101

(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
U 000	INITIAL COMMENTS This Statement of Deficiencies was generated as a result of the State Licensure survey conducted at your facility on 4/26/11. The survey was conducted using Nevada Administrative Code (NAC) 449, Facilities For Care Of Adults During The Day, regulations adopted by the Nevada State Board of Health on June 23, 1986. The facility was licensed for 60 total day care clients. The census at the time of the survey was 43. Fifteen client files were reviewed and ten employee files were reviewed. 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. The following regulatory deficiencies were identified:	U 000		
U 56 SS=E	449.4072 DIRECTOR AND EMPLOYEES 3. Every employee of the facility: (b) Shall provide the division: (1) upon his initial employment, with the results of a physical examination conducted within the preceding 6 months, or with a copy of his medical records for the preceding 3 years, certified by a physician. This Regulation is not met as evidenced by: Based upon record review on 4/26/11>, the facility failed to ensure 5 of 10 sampled employees had a pre-employment physical examination ([redacted])	U 56	OK MN a) Employees # 2, 4, 5 & 9 Physical exams performed on 5/2/11 (see attached copies). # 7 PE was present in file since DOH & was overlooked during review. (See attached) b) NAHC Admin will ensure all emp. provide a PE within prescribed time of hire. c) Correction completed on 5/2/11.	

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 — TITLE: Administrator — (X6) DATE: 5/2/11

RECEIVED MAY 11 2011 BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS NEVADA

Acceptable Plan of Correction MN 6/13/11

PRINTED: 04/26/2011
FORM APPROVED

Bureau of Health Care Quality and Compliance

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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

TITLE

(X6) DATE

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BUREAU OF LICENSURE AND CERTIFICATION
LAS VEGAS, NEVADA

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U 56	Continued From page 1 Severity: 2 Scope : 2	U 56		
U 57 SS=D	449.4072 DIRECTOR AND EMPLOYEES 3. Every employee of the facility: (b) Shall provide the division: (2) Upon his initial employment, with a negative report of a tuberculin test conducted within the preceding 6 months. Thereafter, a tuberculin test must be completed every 2 years. If the report of the tuberculin test is positive, he shall provide an X-ray film of his chest. This Regulation is not met as evidenced by: Based upon record review on 4/26/11, the facility failed to ensure 2 of 10 sampled employees had a current two-step Tuberculin skin test ([redacted] Severity: 2 Scope: 1	U 57	OK a) #7 has had previous allergic reaxn to TB sol'n that caused entire arm to be reddened. Emp. advised to get blood test in lieu of skin test since refusing to be retested. Located in file a signed document by physician attesting allergic reax. (See attached) #8 2010 CXR located in file during review + was overlooked by reviewer. (See attached) b) Program Director to strive to perform annual file review for compliance in order to identify any missing required info per regulations. c) 5/5/11	
U173 SS=F	449.4082 Service of Food; Dietary Consultants 4. Meals must be served by employees who have received training in the sanitary preparation and handling of food. This Regulation is not met as evidenced by: Based on record review on 4/26/11, the facility failed to ensure a kitchen staff member was Serve Safe Certified (Employee #9). Severity: 2 Scope: 3	U173	OK a) #9 has taken the course approved by BHCQC but has failed exams X3 w/ Exam #3 being in Spanish and still failed exam. Discussed this issue w/ Vincent (reviewer) who will look into other options or courses to take in order to pass exam for Serve Safe Certification. b) Awaiting info from Vincent Valiente on other exam info. c) 7/26/11	

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