

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2086	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/13/2011
NAME OF PROVIDER OR SUPPLIER B & B PARADISE RESIDENTIAL CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 9262 SNOW FLOWER AVE 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
Y 000	<p>Initial Comments</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 9/16/10 through 5/13/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for nine Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness.</p> <p>Complaint #NV00026461 - The allegation of resident neglect with no bed sore precautions taken by the facility was substantiated through document review, clinical record review and interviews with facility staff. See Tag 0823. The allegation regarding inappropriate level of care for the resident due to the facility not having an endorsement for Alzheimer's disease was not substantiated through document review, clinical record review and interviews with facility staff.</p> <p>#NV00026461: The complaint investigative process was initiated by the Bureau of Health Care Quality and Compliance on 9/16/11. The investigation for the unsubstantiated allegation included:</p> <ul style="list-style-type: none"> -Review of the the resident's admission record which noted 12/9/09 as the admission date to the facility. -Review of the physician statement dated 12/31/09 for admission to the facility indicated the primary diagnosis as failure to thrive and secondary diagnosis as delusional disorder. The 	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 physician assessed the resident as ambulatory (Category 1). The facility is licensed to care for ambulatory elderly and disabled person and/or persons with mental illness. -The resident's hospital clinical admission notes dated 8/7/10 and rehabilitation hospital admission medical notes dated 8/17/10 through 9/10/10 were reviewed during the investigation. The notes indicated the hospital physicians' impressions of the resident included an altered mental status due to psychiatric illness with underlying dementia. -The facility only had the 12/31/09 physician assessment of the resident at the time of his admission to the facility which did not include a diagnosis of Alzheimer's disease or dementia, therefore the allegation was unsubstantiated.	Y 000			
Y 823 SS=G	449.2734(2)(a) Pressure or Stasis Ulcers NAC 449.2734 2. If a person who has a pressure or stasis ulcer or who is at risk of developing a pressure or stasis ulcer is admitted to a residential facility or permitted to remain as a resident of a residential facility: (a) The condition must have been diagnosed by a physician. This Regulation is not met as evidenced by: Complaint #NVS00026461	Y 823			

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Y 823	Continued From page 2 Based on record review from 9/16/10 to 5/13/11, the facility failed to ensure pressure ulcer precautions were taken for 1 of 5 residents (Resident #1). Findings include: Resident #1 was admitted to the facility on 12/9/09. Upon admission, the facility documented the resident did not have subcutaneous ulcers, nor was the resident at risk of developing subcutaneous ulcers. Resident #1 was admitted into home health services on 7/24/09. A comprehensive nursing assessment, which included a pressure ulcer assessment, was conducted. The assessment documented there were no risks of developing pressure ulcers. The assessment also noted the resident did not have any stage I pressure ulcers, unhealed pressure ulcers at stage II or higher or designated as "unstageable". The assessment indicated the resident did not have a stasis ulcer, surgical wound, skin lesion or open wound; and the resident was not bedbound. Skilled nursing visit notes from the home health agency dated 7/26/10, 7/28/10, 7/31/10, 8/5/10 and 8/7/10 noted the resident was not bed or chair confined. A nursing note dated 8/5/10 indicated the facility caregiver informed the home health nurse Resident #1 scratched herself and caused a pinkish-red lesion on the left knee that measured 1.2 centimeters (cm) long by 1.0 cm wide by 0.1 cm deep. The home health nurse notified the resident's physician and received instructions for providing wound care. On 8/7/10, the facility transferred Resident #1 to the hospital for an elevated temperature of 101.5 degrees. Hospital clinical notes dated 8/7/10 included in the listed resident's diagnoses: decubitus ulcers and urinary tract infection.	Y 823			

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Y 823	Continued From page 3 According to the hospital records, the resident had stage II decubitus ulcer on the left lower extremity, medial and inferior to the knee, approximately 1 cm x 1 cm. The resident's left ankle also had a small 1.5 cm x 1.5 cm decubitus ulcer stage II on the lateral malleolus. The facility failed to take pressure sore precautions leading Resident #1 to develop a pressure ulcers. Severity: 3 Scope: 1	Y 823			

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