

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2456AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/24/2011
NAME OF PROVIDER OR SUPPLIER CLIMBING ROSE CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3848 CLIMBING ROSE ST 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	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 an annual State Licensure survey conducted in your facility on 5/24/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 6 Residential Facility for elderly and disable persons with mental illness, category II residents. The census at the time of the survey was four. Four resident files were reviewed, four employee files were reviewed. The facility received a grade of B. The following deficiencies were identified:	Y 000	<i>Acceptable PoC</i> <i>6/8/11</i>	
Y 070 SS=E	449.196(1)(f) Qualifications of Caregiver-8 hours training NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. This Standard is not met as evidenced by: Based on record review on 5/24/11, the facility failed to ensure that 1 of 4 caregivers received eight hours of annual training (Employee #2).	Y 070 <i>ok</i> <i>6/8/11</i>	1) Employee #2 has completed a caregiver course training on Feb.26,2011 Refer to Attachment# 1 Tag # Y070 Copyof Certificate. He is hired as a part time caregiver at Climbing Rose Care Home on May 7, 2011, Refer to Attachment#2 Tag #2 Tag # Y 070 . Copy of Employment Application.	

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If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

Francesca C. Inabada

TITLE

Administrator

(X6) DATE

6-7-2011

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Y 070	Continued From Page 1 Severity: 2 Scope: 2	Y 070	2) Employees file will be reviewed regularly to know if caregivers training is current and a checklist will be utilized to determine if a re-certification is needed and will be secured before the expiration. Refer to Attachment #3. Employees Checklist Tag Y070B) The administrator will monitor for compliance. 3) 5-26-2011	
Y 178 SS=F	449.209(5) Health and Sanitation-Maintain Int/Ext NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. This RULE: is not met as evidenced by: Based on observation on 5/24/11, the facility failed to ensure the premises was well maintained (door handle missing on caregiver room, baseboard plaster damaged with an exterior opening, and emergency backup light not functioning). Severity: 2 Scope: 3	Y 178		
Y 624 SS=D	449.2702(5) Admission Policy NAC 449.2702 5. A person may not reside in a residential facility if the person's physician or the Bureau determines that the person does not comply with the requirements for eligibility. This RULE: is not met as evidenced by: NAC 449.2702 6. As used in this section: (b) "Restraint" means:	Y 624	1) The door handle missing on caregivers room was replaced with one motion lock Refer to Attachment#4, Tag Y178.The baseboard plaster was fixed and covered the exterior opening. Refer to Attachment #5, TagY178-A The emergency back-up light was fixed and replaced with new batteries. Refer to Attachment#6, Tag Y178-B. 2) The interior exterior premises of the facility will be checked and inspected regularly to ensure that doors, rooms, walls and lights are functioning and organized being well maintained at all times. The administrator is responsible for compliance. 3) 6-3-2011	

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Y 624	Continued From Page 2 (1) A psychopharmacologic drug that is used for discipline or convenience and is not required to treat medical symptoms; (2) A manual method for restricting a resident's freedom of movement or his normal access to his body; or (3) A device or material or equipment which is attached to or adjacent to a resident's body that cannot be removed easily by the resident and restricts the resident's freedom of movement or his normal access to his body. Based on observation and interview on 5/24/11, the facility failed to ensure 1 of 6 residents were not restrained with the use of full side bed rails. Severity: 2 Scope: 1	Y 624	1) The administrator immediately removed the full bed rails during the survey and instructed the caregivers about the regulation regarding Residents Restraints, and emphasized that the implementation is a must. Attachment#7 Y624 2) Residents beds and rails will be checked every now and then to ensure that there will be no act of restraints on the residents. The administrator will monitor for compliance. 3) 5-24-2011	
Y 698 SS=F	Residents Requiring use of Oxygen-Storage 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (b) ensure that: (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; This Requirement is not met as evidenced by: Based on observation on 5/24/11, the facility failed to secure four oxygen tanks in a secure rack or to the wall. Severity: 2 Scope: 3	Y 698 <i>OK 5/24/11</i>	1) The administrator has ordered the oxygen rack and all the necessary equipment to secure the oxygen tanks. Refer to Attachment #8 Y698 2) Security and protection of oxygen tanks will be properly implemented and be checked at all times. The administrator will monitor for compliance. 3) 6-6-2011	
Y 920 SS=F	449.2748(1) Medication Storage NAC 449.2748 1. Medication, including, without limitation, any over-the-counter medication,	Y 920 <i>OK 5/24/11</i>	1) A memorandum was issued to the caregivers that the lock of the Medication Storage is a must. Future offense will result to fut-	

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Y 920	Continued From Page 3 stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key. This RULE: is not met as evidenced by: Based on observation on 5/24/11, the facility failed to ensure medication cabinet was locked at all times. Severity: 2 Scope 3	Y 920	cont. ure sanctions on their part. Refer to Attachment#9, Y920 2) Medication Storage will be checked at all times to be sure as assigned, as self-responsibility to each of the caregivers to ensure that Medication Storage is locked all the time. The administrator will monitor for compliance. 3) 6-01-2011	

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