

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN4941ADA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2011
NAME OF PROVIDER OR SUPPLIER STEP 1, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 1015 NORTH SIERRA STREET RENO, NV 89503		
(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 6/16/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for twenty residential program beds for the treatment of abuse of alcohol and drugs. The census at the time of the survey was seventeen. Ten resident files and seven employee files were reviewed. The following deficiencies were identified:	D 000		
D 100 SS=F	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 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	D 100		

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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D 100	Continued From page 1 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 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	D 100			

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D 100	Continued From page 2 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. of Health, eff. 1-24-92; A by R084-06, 7-14-2006) Based on record review on 6/16/11, the facility did not ensure that 2 of 7 employees met the requirements of NAC 441A.375 concerning tuberculosis (TB) (Employee #6 and #7 - missing	D 100		

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D 100	Continued From page 3 physical examinations). Severity: 2 Scope: 3	D 100		
D 215 SS=D	NAC 449.141(7) Health Services 7. There must be one staff person in the facility who is capable of providing cardiopulmonary resuscitation at all times. Staff members providing cardiopulmonary resuscitation must be qualified by the American Red Cross or another recognized agency. This Regulation is not met as evidenced by: Based on record review on 6/16/11, the facility did not ensure that 1 of 7 assistant resident managers had evidence of cardiopulmonary resuscitation training (CPR) (Employee #7). Severity: 2 Scope: 3	D 215		
D 250 SS=F	NAC 449.147(6)(a-d) Dietary Services 6. A facility with more than 10 clients must: (a) Comply with all applicable provisions of chapter 446 of NRS and the regulations adopted pursuant thereto; (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Health Division; (c) Maintain a report of each inspection concerning the sanitation of the facility for at least 1 year after the date of the inspection; and (d) Maintain a report of each corrective action taken to address a deficiency noted in a report described in paragraph (c) for at least 1 year after	D 250		

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D 250	Continued From page 4 the date of the corrective action. This Regulation is not met as evidenced by: Based on observation, interview and record review on 6/16/11, the facility failed to ensure the kitchen complied with the standards of NAC 446. Findings include: 1. Critical Violations: a. Raw eggs were stored over ready-to-eat vegetables in the kitchen reach-in refrigerator. 2. Cleaning and Sanitation Issues: a. Wet wiping cloths were improperly stored in empty containers near the 3-compartment sink. b. The dining room microwave interior was soiled with food debris. c. Paper towels were not provided at the kitchen hand washing sink. Severity: 2 Scope: 3	D 250		

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