

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS108AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/24/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>CHARLESTON RESIDENTIAL CARE HOTEL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2121 W CHARLESTON BLVD LAS VEGAS, NV 89102</b>		
(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 complaint investigation conducted in your facility on 8/2/10 and completed on 6/24/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for 129 Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness.  Complaint #NV00026020 was substantiated. See Tag Y661.	Y 000		
Y 661 SS=D	449.2706(1)(b) Transfer of Resident  NAC 449.2706 1. If a resident's condition deteriorates to such an extent that: (b) The resident no longer complies with the requirements for admission to the facility, the facility shall plan for the transfer of the resident pursuant to NRS 449.700 and 449.705 to another facility that is able to provide the services necessary to treat the resident properly.	Y 661		

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 661	Continued From page 1  This Regulation is not met as evidenced by: Based on record review, interview and observation from 8/2/10 to 6/24/11, the facility failed to transfer 1 of 1 residents after the facility could not longer provide services necessary for the resident's deteriorated health (Resident #1).  Findings include:  Resident #1 was a 71 year old male admitted to the facility on 2/26/04. The resident was admitted into the facility as a Category 1 (ambulatory) resident with a diagnosis of dementia and a history of a brain tumor.  - On 2/28/10, Resident #1's physician documented in a physical examination that the resident was not aware of what city he was in and what year it was.  - Facility Progress Notes dated from 2/12/09 to 4/10/10 were reviewed and the facility documented that Resident #1 was showing declines in his cognitive mental status. In later notes staff described the resident as being "confused", "noticeably becoming incontinent" and that the resident had begun to eating anything he could with an inability to distinguish edible from inedible objects.  - Facility Progress notes dated 3/28/10 and interview with Employee #1 revealed Resident #1 left the facility for a walk and he did not return. The facility later received a call from an office building next door as the resident could not recall how to get back to the facility. A staff member of the facility assisted the resident in returning to the facility. The notes in the	Y 661		

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Y 661	<p>Continued From page 2</p> <p>resident's file indicated caregivers were directed to watch the resident closer and that the resident needed daily assistance.</p> <p>- Facility Progress Notes dated 4/10/10 indicated the facility began looking for placement for Resident #1. Notes through 7/23/10 documented facility was having difficulty placing a resident due to financial constraints and they were working with a state agency to get Medicaid benefits reestablished.</p> <p>- On 7/23/10, the bureau received a referral related to Resident #1's cognitive status and that there was concern that he was not appropriate for living at the facility.</p> <p>- Resident #1 was discharged from the facility on 8/6/10. The "Summary of Circumstances" listed on the form indicated the resident was discharged because his memory was not intact for a Category 1 facility and the resident was a possible elopement risk. The resident was transferred to a facility endorsed to care for residents with Alzheimer's disease and related dementias that would accept the resident on the Medicaid Waiver program. The transfer occurred approximately five months after the resident was assessed as having cognitive impairment and getting lost after leaving the facility.</p> <p>Severity : 2 Scope: 1</p>	Y 661		

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