

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2725AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/20/2011
NAME OF PROVIDER OR SUPPLIER AGAPE LOVE FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE 1211 NORTH H STREET LAS VEGAS, NV 89106		
(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 an annual State Licensure survey and complaint investigation conducted in your facility from 7/19/11 through 7/20/11. 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 four Residential Facility for Group beds for elderly and disabled persons and or persons with mental illnesses, Category I residents. The census at the time of the survey was four. Four resident files were reviewed and three employee files were reviewed.</p> <p>The facility received a grade of C.</p> <p>Complaint #NV00028838 was substantiated. See TAG's Y0525 and Y0592.</p> <p>The allegation regarding quality of care and treatment, a resident was not allowed to sleep during the day, was substantiated. See TAG Y0525.</p> <p>The allegation regarding physical environment - no hot water, was not substantiated based on interviews, and observation.</p> <p>- Observations of the facility's kitchen sink were made and it was noted that the facility had hot</p>	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 water and the plumbing was working properly. - Interviews were conducted with residents to determine if the hot water was working. The allegation regarding resident verbal abuse was substantiated. See TAG Y0592 Additional deficiencies were identified and cited:	Y 000		
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 7/19/11, the facility failed to ensure that 1 of 3 caregivers received eight hours of annual training (Employee #1 did not have eight hours of annual caregiver training). Severity: 2 Scope: 2	Y 070		
Y 105 SS=E	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include:	Y 105		

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Y 105	Continued From page 2 (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review on 7/19/11, the facility failed to ensure 1 of 3 employees met background check requirements of NRS 449.176 to 449.188 (Employee #2 was missing fingerprints, State of Nevada and FBI Background Checks, and a Criminal History Statement). Severity: 2 Scope: 2	Y 105		
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 Regulation is not met as evidenced by: Based on observation on 7/19/11, the facility failed to ensure the premises was clean and well maintained (Clothing and other items were piled up behind the washer and dryer in the laundry room). Severity: 2 Scope: 3	Y 178		

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Y 525	Continued From page 3	Y 525		
Y 525 SS=E	449.259(3)(b) Supervision of Residents NAC 449.259 3. The employees of a residential facility shall: (b) Respect each resident's independence and ability to make decisions on his own, whenever possible. This Regulation is not met as evidenced by: See complaint # NV00028838 Based on interviews from 7/19/11 to 7/20/11, the facility failed to ensure 1 of 4 residents (Resident #1) was allowed to make decisions on her own (Resident #1 was not allowed to sleep when she wanted to during the day). Severity: 2 Scope: 2	Y 525		
Y 592 SS=E	449.268(1)(c) Resident Rights NAC 449.268 1. The administrator of a residential facility shall ensure that: (c) The residents are treated with respect and dignity.	Y 592		

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Y 592	Continued From page 4 This Regulation is not met as evidenced by: See Complaint # NV00028838 Based on observation and interview from 7/19/11 to 7/20/11, the facility failed to ensure 2 of 4 residents was treated with respect and dignity (Resident #1 and Resident #2 were being called lazy by a caregiver). Severity: 2 Scope : 3	Y 592		
Y 876 SS=C	449.2742(4) Medication Administration NRS 449.037 NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met. This Regulation is not met as evidenced by: Based on record review on 7/19/11, the facility failed to ensure an ultimate user agreement was obtained for 3 of 4 residents (Residents #1, #2, and #3). Severity: 1 Scope: 3	Y 876		
Y 936 SS=E	449.2749(1)(e) Resident file-NRS 441A Tuberculosis NAC 449.2749	Y 936		

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Y 936	Continued From page 5 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Based on record review on 7/19/11 to 7/20/11, the facility failed to ensure 1 of 4 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #1 was missing a two step tuberculosis test). Severity: 2 Scope: 2	Y 936		

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