

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS1932AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/02/2011
NAME OF PROVIDER OR SUPPLIER CNC ALZHEIMER'S HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 7765 CLEARWOOD AVE LAS VEGAS, NV 89123		
(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 conducted in your facility on 8/2/11. 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 (9) Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was six. Six resident files were reviewed and four employee files were reviewed.</p> <p>The facility received a grade of A.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 250 SS=C	<p>449.217(1) Kitchens-Equipment works; Clean and Sanitary</p> <p>NAC 449.217 1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition.</p>	Y 250		

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 250	Continued From page 1 This Regulation is not met as evidenced by: Based on observation and interview on 8/2/11, the food preparation area was not clean allowing for the sanitary preparation of food (area above stove greasy, microwave not clean). Severity: 1 Scope: 3	Y 250		
Y 690 SS=D	449.2712(1)(a)(b)(1)(2) Oxygen - Resident capable of operating NAC 449.2712 1. A person who requires the use of oxygen must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless he: (a) Is mentally and physically capable of operating the equipment that provides the oxygen. (b) Is capable of; (1) determining his need for oxygen; and (2) Administering the oxygen to himself with assistance. This Regulation is not met as evidenced by: Based on observation on 8/2/11, the facility did not ensure oxygen canisters were secured in a rack or to the wall in 1 of 6 resident rooms in which oxygen was being used (two oxygen	Y 690		

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Y 994	Continued From page 3	Y 994		
Y 994 SS=F	449.2756(1)(e) Alzheimer's facility - Dangerous items NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. This Regulation is not met as evidenced by: Based on an observation during a survey conducted on 8/2/11, the facility failed to ensure dangerous items were not accessible to 6 of 6 residents (open container of sharp objects on the back porch). Severity: 2 Scope: 3	Y 994		

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