

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS33ADC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/08/2011
NAME OF PROVIDER OR SUPPLIER ADULT DAYCARE CENTER OF LAS VEGAS		STREET ADDRESS, CITY, STATE, ZIP CODE 901 N JONES LAS VEGAS, NV 89108		
(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
U 000	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of the State Licensure survey conducted at your facility on 8/8/11.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Facilities For Care Of Adults During The Day, regulations adopted by the Nevada State Board of Health on June 23, 1986.</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>The facility was licensed for 80 total day care clients. The census at the time of the survey was 53. Twenty five client files were reviewed and twelve employee and volunteer files were reviewed.</p> <p>The following regulatory deficiencies were identified:</p>	U 000		
U 56 SS=F	<p>449.4072 DIRECTOR AND EMPLOYEES</p> <p>3. Every employee of the facility: (b) Shall provide the division: (1) upon his initial employment, with the results of a physical examination conducted within the preceding 6 months, or with a copy of his medical records for the preceding 3 years, certified by a physician.</p>	U 56		

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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U 56	Continued From page 1 This Regulation is not met as evidenced by: Based upon record review on 8/8/11, the facility failed to ensure 7 of 10 sampled employees had a pre-employment physical examination (Employee #1, #2, #3, #4, #8, #9 and #10). This is a repeat deficiency from the 2/23/10 State Licensure survey. Severity: 2 Scope :3	U 56		
U 57 SS=F	449.4072 DIRECTOR AND EMPLOYEES 3. Every employee of the facility: (b) Shall provide the division: (2) Upon his initial employment, with a negative report of a tuberculin test conducted within the preceding 6 months. If the report of the tuberculin test is positive, he shall provide an X-ray film of his chest. 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. 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	U 57		

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U 57	Continued From page 2 (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 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. Based upon record review on 8/8/11, the facility failed to ensure 7 of 10 sampled employees complied with NAC 441A regarding tuberculosis testing (Employee #1, #3, #5, #6, #7 and #8- no 2 step TB skin test and Employee #1 and #10- no annual 2011 TB test completed). This is a repeat deficiency from the 2/23/10 State Licensure survey. Severity: 2 Scope: 3	U 57		
U 67 SS=F	449.40723 SUPERVISION OF CLIENTS; VOLUNTEERS	U 67		

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U 67	Continued From page 3 3. A volunteer shall conform to the same standards and requirements as a paid employee who performs a similar function, except that a volunteer is only required to provide the results of a tuberculin test and not the results of a complete physical examination. This Regulation is not met as evidenced by: Based upon record review on 8/8/11, the facility failed to ensure 2 of 2 volunteers had results of their TB skin tests on site (Volunteer #1 and #2- missing annual 2011 TB skin tests). This is a repeat deficiency from the 2/23/10 State Licensure survey. Severity: 2 Scope :3	U 67		
U 72 SS=F	449.40725 Orientation and Training of Employees All employees and volunteers at the facility: 3. Must receive training at the facility on a regular basis, but not less than 12 hours per year. This Regulation is not met as evidenced by: Based on record review on 8/8/11, the facility failed to ensure 12 of 12 employees and volunteers received not less than 12 hours of training per year. Severity: 2 Scope: 3	U 72		
U 88 SS=C	449.4073 Files Concerning Employees A separate file must be maintained and kept current on each employee. The file must include the following: 4. Reports of periodic evaluations of the employee.	U 88		

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U 88	Continued From page 4 This Regulation is not met as evidenced by: Based upon record review and interview on 8/8/11, the facility failed to ensure 10 of 10 sampled employees had periodic evaluations (Employee #1, #2, #3, #4, #5, #6, #7, #8, #9 and #10). This is a repeat deficiency from the 2/23/10 State Licensure survey. Severity: 1 Scope:3	U 88		
U140 SS=D	449.4078 Requirements for Admission 1. Each client shall, before he is admitted to the facility, provide the facility with: (a) The results of a physical examination conducted by a physician, physician's assistant or advanced practitioner of nursing, within the preceding 6 months. This Regulation is not met as evidenced by: Based upon record review on 8/8/11, the facility failed to ensure 1 of 25 sampled clients had an initial physical examination (Client #11). Severity: 2 Scope:1	U140		
U155 SS=F	449.4079 Required Services The facility must: 6. Have at least one employee on the premises at all times who is trained to administer first aid and cardiopulmonary resuscitation. This Regulation is not met as evidenced by: Based on record review and interview on 8/8/11, the facility failed to ensure 9 of 10 employees were trained to administer first aid and cardiopulmonary resuscitation (Employee #1, #2, #3, #4, #5, #6, #7, #8 and #9).	U155		

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U155	Continued From page 5 Severity: 2 Scope: 3	U155		
U170 SS=F	449.4082 Service of Food; Dietary Consultants 1. Adequate facilities and equipment for the preparation, service and storage of food must be provided and meet the standards of the division. This Regulation is not met as evidenced by: Based on observation, interview and record review on 8/8/11, the facility failed to ensure the kitchen complied with the standards of NAC 449.4082 Findings include: 1 Critical Violations: a. There were two containers of cottage cheese that had expired on 7/29/11 in the reach-in refrigerator. 2. Cleaning and Sanitation Issues: a. There was an undated container of tuna salad and a mis-dated container of soup in the reach-in refrigerator. b. There was no thermometer in one reach-in refrigerator. c. Scoops were in the flour, sugar, and ground coffee storage containers with the scoop handles laying in the food products. d. The following were soiled: a food storage shelf in the kitchen, the interior of one reach-in freezer, the fan cover of one reach-in	U170		

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U170	Continued From page 6 refrigerator, and the lids of the flour and sugar storage containers. e. There were no paper towels at the handsink in the kitchen. f. There was no covered waste receptacle at the handsink in the kitchen. g. Single-use containers, such as empty cottage cheese and pudding containers, were being re-used for the storage of other foods, such as coconut and syrup. 3. Equipment and Maintenance Issues: a. There was a household-grade food processor in the kitchen. b. The ceiling grid in the kitchen was rusted. c. One set of ceiling lights in the kitchen was not shielded. d. A mop bucket that contained soiled water and a mop was stored in the kitchen. Severity 2: Scope: 3	U170		

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