

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3004AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/20/2011
NAME OF PROVIDER OR SUPPLIER BETTER LIVING CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 706 LACY LANE LAS VEGAS, NV 89107		
(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 a complaint investigation conducted in your facility from 8/1/11 to 9/20/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for ten (10) Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness. Complaint #NV00028996: The allegation regarding resident rights was substantiated. See TAG Y577. The allegation regarding medications was substantiated. See Tag Y876.	Y 000		
Y 577 SS=D	449.267(6) Money and Property of Residents NAC 449.267 6. Except as otherwise provided in subsection 7, an operator or employee of a residential facility shall not accept appointment as a guardian or conservator of the estate of any resident, become a substitute payee for any payments made to any resident or accept an appointment as attorney in fact for any resident.	Y 577		

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 577	Continued From page 1 This Regulation is not met as evidenced by: Complaint #NV00028996 Based on record review and interview from 8/25/11 to 9/20/11, the facility failed to ensure that an employee did not accept an appointment as a guardian of the estate, attorney in fact or substitute payee for any resident (Resident #1). Findings include: Resident #1 had been a resident of the facility for approximately five years and was transferred to the hospital. Employee #1 reported due to the length of time the resident lived in the facility, she wanted to have input in where the resident lived. Employee #1 stated she obtained a copy of power of attorney documents from a home health agency. Resident #1 reported Employee #1 asked her to sign the documents, however she refused. During an interview Employee #1 stated she was aware she was not allowed to obtain power of attorney for any residents. Although documents were not signed, Employee #1 attempted to obtain power of attorney for Resident #1. Severity: 2 Scope: 1	Y 577			
Y 876 SS=D	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	Y 876			

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Y 876	Continued From page 2 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: Complaint #NV00028996 Based on record review and interviews from 8/1/11 to 9/20/11, the facility failed to comply with subsection 6 of NRS 449.037 (d) as 1 residents medications were administered intravenously (Resident #1). Severity: 2 Scope: 1	Y 876			

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