

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS108AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/23/2011
NAME OF PROVIDER OR SUPPLIER CHARLESTON RESIDENTIAL CARE HOTEL		STREET ADDRESS, CITY, STATE, ZIP CODE 2121 W CHARLESTON BLVD LAS VEGAS, NV 89102		
(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 a complaint investigation conducted in your facility from 3/3/11 through 9/23/11. 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 129 Residential Facility for Group beds for elderly and disabled persons, Category I residents. The census at the time of the survey was 124.</p> <p>Complaint #NV00027640:</p> <p>The allegation regarding misappropriation of resident trust fund money was substantiated. See TAG Y0569 and Y0579.</p> <p>The allegation regarding inappropriate level of care was substantiated. This situation was cited in the State Licensure Survey conducted on 5/6/11.</p> <p>The allegation regarding administration/personnel was substantiated. See TAG Y9999.</p> <p>The allegation regarding quality of care and treatment, residents not given medications according to physician's instructions was not substantiated through review of residents medication records to determine if medications</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 were given as ordered and interviews with facility staff. The allegation regarding roaches in the facility was not substantiated through observation of the facilities common areas and resident rooms, interviews with residents and staff, and review of pest control documents. #NV00027640 - The complaint investigative process was initiated by the Bureau of Health Care Quality and Compliance on 3/3/11. The investigation for the allegation that medications were not given according to physician's instructions included: - Medication administration records were reviewed and it was documented that residents had received their medications as prescribed by their physicians. - Employees were interviewed to determine if they accepted medication change orders from physicians by phone. The employees indicated that they were not allowed to accept physician orders by phone. - The Administrator stated that medication technicians and other employees are not allowed to accept telephone orders for medication changes by phone. The investigation for the allegation of roaches in the facility included: - The facilities common areas including the dining room, lobby, and lounge area was searched for evidence of roaches and no evidence was found. - Rooms that were reported to have roaches	Y 000		

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Y 000	Continued From page 2 were surveyed for evidence of roaches and no evidence was found. - The kitchen was surveyed for evidence of roaches and no evidence was found. - Employees and residents were questioned about problems with roaches	Y 000		
Y 569 SS=F	449.267(3) Money and Property of Residents NAC 449.262 3. Unless a resident otherwise requests in writing, all money in excess of \$400.00 held by the facility on behalf of the resident must be maintained in a financial institution in an account separate from the facility's operating accounts and must be clearly designated as such. This Regulation is not met as evidenced by: Based on record review and observation from 3/30/11 to 9/23/11, the facility failed to maintain 105 of 122 resident's money in excess of \$400.00, in a financial institution in an account separate from the facility's operating account (The facility only had one general bank account and had closed the resident's Trust Fund Account). Severity 2 Scope: 3	Y 569		
Y 579 SS=G	449.267(8) Money and Property of Residents	Y 579		

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Y 579	<p>Continued From page 3</p> <p>NAC 449.267</p> <p>8. Money that is held by a residential facility on behalf of a resident must be returned to the resident or his representative within 30 days after the resident is discharged from the facility.</p> <p>This Regulation is not met as evidenced by: Based on interviews and record review from 3/3/11 through 9/23/11, money that was held by the facility on behalf of 1 of 122 residents was not returned to the resident or the resident's representative within 30 days after the resident's discharge from the facility (Resident #1).</p> <p>Findings include:</p> <p>Resident #1 was an 83 year old female admitted to the facility on 5/4/08 with a diagnosis of hypertension, renal failure, and atherosclerosis. Upon admission the resident signed a Resident 's Money Policy. On 8/19/10, the resident transferred \$14,396.00 into the facility trust account. Between 8/19/10 and 10/20/10 at the facility, the resident spent a total of\$5359.00 leaving a balance of \$9037.00. Discharge documents show the resident moved out of the facility and into another group home on 10/20/10. A review of the resident's trust account statement indicated that on 3/30/11, the facility continued to maintain cash balance for Resident #1 of \$9037.00. During an interview, Employee #1 stated that the facility had closed the Resident Trust Fund Bank Account on 2/24/11 and was maintaining all of the resident's trust fund money in the facility's general bank account.</p> <p>On 4/9/11, an interview was conducted with Employee #3 who stated that Resident #1 expired on 4/9/11. At that time, the facility was</p>	Y 579		

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Y 579	Continued From page 4 still holding the resident's money. The facility failed to return \$9037.00 to Resident #1 within 30 days after her discharge. Severity: 3 Scope: 1	Y 579		

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