

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS2725AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/27/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>AGAPE LOVE FACILITY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1211 NORTH H STREET LAS VEGAS, NV 89106</b>		
(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 required grading re-survey conducted in your facility on 9/27/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received a re-survey grade of C.  The facility is licensed for four Residential Facility for Group beds for elderly or disabled persons and/or persons with mental illness, Category I residents. The census at the time of the survey was three. Three resident files were reviewed and three employee files were reviewed.  The following deficiencies were identified:	Y 000		
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A / Tuberculosis  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: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.	Y 103		

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 103	Continued From page 1  This Regulation is not met as evidenced by: Based on record review on 9/27/11, the facility failed to ensure 2 of 3 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing and physical examinations (Employee #1-missing 2 step TB test and Employee #3-missing pre-employment physical and annual 2011 TB test).  Severity: 2 Scope: 3	Y 103		
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: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.  This Regulation is not met as evidenced by: Based on record review and interview on 9/27/11, the facility failed to ensure 1 of 3 employees met background check requirements of NRS 449.176 to 449.188 (Employee #3-missing State and FBI background results).  This was a repeat deficiency from the 8/24/10 and 7/20/11 annual State Licensure survey.  Severity: 2 Scope: 2	Y 105		
Y 178 SS=F	449.209(5) Health and Sanitation-Maintain Int/Ext	Y 178		

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Y 178	Continued From page 2  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 and interview on 9/27/11, the facility failed to ensure the premises was clean and well maintained (Clothing, lint and debris was piled up behind and around the washer, dryer and hot water heater. A large sheet of cut glass was leaned against the wall near the entrance to the laundry room).  This was a repeat deficiency from the 7/20/11 annual State Licensure survey.  Severity: 2 Scope: 3	Y 178		
Y 253 SS=F	449.217(4) Adequate Supplies of Food  NAC 449.217 4. The administrator of a residential facility shall ensure that there is at least a 2-day supply of fresh food and at least a 1-week supply of canned food in the facility at all times.  This Regulation is not met as evidenced by: Based on observation and interview on 9/27/11, the facility failed to provide at least a 2-day	Y 253		

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Y 253	Continued From page 3  supply of fresh food in the facility for 3 residents (no fruit, bread, milk, juice or vegetables found in the kitchen and the refrigerator had a minimal amount of food).  This was a repeat deficiency from the 8/24/10 annual State Licensure and 1/4/11 State Licensure resurvey.  Severity: 2      Scope: 3	Y 253		
Y 936 SS=E	449.2749(1)(e) Resident file-NRS 441A Tuberculosis  NAC 449.2749 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 9/27/11, the facility failed to ensure 1 of 3 residents complied with NAC 441A.380 regarding tuberculosis testing and physical exams (Resident #3-missing 2011 physical examination).  This was a repeat deficiency from the 7/20/11 annual State Licensure survey.	Y 936		

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Y 936	Continued From page 4 Severity: 2 Scope: 2	Y 936		
Y1010 SS=E	449.2764(1) Mental Illness Endorsement  NAC 449.2764 1. A residential facility which offers or provides care and protective supervision for a resident with mental illness must obtain an endorsement on its license authorizing it to operate as a residential facility for persons with mental illnesses. The Health Division may deny an application for an endorsement or suspend or revoke an existing endorsement based upon the grounds set forth in section 2 or 3 of this regulation.  This Regulation is not met as evidenced by: Based on record review on 9/27/11, the facility failed to ensure 1 of 3 employees had received 8 hours of training concerning care for residents who are suffering from mental illnesses (Employee #3).  Severity: 2 Scope: 2	Y1010		

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