

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 09/28/2011
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	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 9/28/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. 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 114. Nine resident files were reviewed and nine employee files were reviewed. The facility received a re-survey grade of C. The following deficiencies were identified:	Y 000		
Y 050 SS=F	449.194(1) Administrator's Responsibilities-Oversight NAC 449.194 The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.2766, inclusive, and chapter 449 of NRS.	Y 050		

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 050	Continued From page 1 This Regulation is not met as evidenced by: NAC 449.27704 Placard: Issuance and display; failure to comply. (NRS 449.037) 1. After the Bureau assigns a grade to a residential facility pursuant to NAC 449.27702, the Bureau shall issue a placard to the residential facility. 2. The administrator shall, within 24 hours after receipt of the placard, display or cause the placard to be displayed conspicuously in a public area of the residential facility. 3. If the placard is not displayed in accordance with the provisions of subsection 2, the Bureau will assess against the residential facility a deficiency with a severity and scope score equal to the highest severity and scope score indicated in the most recent survey of the facility conducted by the Bureau. (Added to NAC by Bd. of Health by R122-05, eff. 11-17-2005). Based on observation on 9/28/11, the administrator failed to ensure the grading placard was displayed conspicuously in a public area (grade placard was partially hidden from public view in the receptionist area). Severity: 2 Scope: 3	Y 050		
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2,	Y 105		

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Y 105	Continued From page 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 on 9/28/11 the facility failed to ensure 5 of 9 employees met background check requirements of NRS 449.176 to 449.188 (Employee #1, #6, and #9 - no State background checks, #8 - no FBI background check, #4 - No State or FBI background checks). This was a repeat deficiency from the 5/6/11 State Licensure survey. Severity: 2 Scope: 3	Y 105		
Y 178 SS=F	449.209(5) Health and Sanitation-Maintain Int/Ext 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 on 9/28/11, the facility failed to ensure the premises was clean and well maintained. (women's restroom on 2nd floor had a strong sewer gas odor permeating into the	Y 178		

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Y 178	Continued From page 3 hallway; the boiler pressure relief valve was leaking onto the driveway with a mold buildup). This was a repeat deficiency from the 5/6/11 annual State Licensure Survey. Severity: 2 Scope: 3	Y 178		
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 interview and record review on 9/28/11, the facility failed to maintain resident money in excess of \$400 in a financial bank account separate from the facility's operating accounts. This was a repeat deficiency from the 5/6/11 annual State Licensure Survey. Severity: 2 Scope: 3	Y 569		
Y 920 SS=F	449.2748(1) Medication Storage NAC 449.2748 1. Medication, including, without limitation, any	Y 920		

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Y 920	<p>Continued From page 4</p> <p>over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key.</p> <p>This Regulation is not met as evidenced by: Based on observation on 9/28/11, the facility failed to ensure all medications were stored in a locked area. Medications were observed in an unlocked cabinet in the medication storage room.</p> <p>This was a repeat deficiency from the 5/6/11 annual State Licensure survey.</p> <p>Severity: 2 Scope 3</p>	Y 920		

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