

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN5192AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/07/2010
NAME OF PROVIDER OR SUPPLIER BONAVENTURE OF SPARKS		STREET ADDRESS, CITY, STATE, ZIP CODE 2360 WINGFIELD HILLS DR SPANISH SPRINGS, NV 89436		
(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 10/18/10 to 12/7/10 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 80 Residential Facility for Group beds for elderly and disabled persons and 32 beds for persons with Alzheimer's disease, Category II residents. The census of the memory care unit at the time of the survey was 17.</p> <p>Complaint #NV00026716: The allegation regarding the administrator of the facility not possessing a valid license from the Board of Examiners for Long Term Care Administrators (B.E.L.T.C.A.) was substantiated with deficiencies. See Tag Y9999.</p> <p>The allegation regarding lack of protective supervision was substantiated with deficiencies. See Tag Y0972.</p>	Y 000		
Y 972 SS=G	<p>449.2754(5)(c)(6)(1)(II) Alzheimer's Policies</p> <p>NAC 449.2754 5. The administrator of such a facility shall prescribe and maintain on the premises of the facility a written statement which includes:</p>	Y 972		

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 972	<p>Continued From page 1</p> <p>(c) A description of: (6) The steps the members of the staff of the facility will take to: (I) Prevent residents from wandering from the facility. (II) Respond when a resident wanders from the facility; and</p> <p>This Regulation is not met as evidenced by: Complaint # NV00026716</p> <p>Based on observation and interview from 10/18/10 to 12/7/10, the facility failed to prevent 1 of 17 residents from leaving the Alzheimer facility unattended by not following the facility's procedure for ensuring all room windows had activated alarms.</p> <p>Findings include:</p> <p>On 10/12/10 at about 6:05 PM, after the dinner meal, facility staff noticed Resident #1 was not in the dining room area. Staff began a search of the facility and one of the caregivers went on a bike around the facility to look for Resident #1. When staff could not locate the resident, the police and family members were called. About 8:30 PM, a nearby gas station contacted the facility to let them know that Resident #1 was there waiting to be picked up.</p> <p>The facility staff reported they determined Resident #1 had gone into an unoccupied room (#24) located near the dining room and left the facility through the bedroom window. Staff members noticed the bedroom window was open</p>	Y 972			

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Y 972	Continued From page 2 and the screen was removed. The bedroom window opened to an unsecured area outside the facility. Staff reported the bedroom was used as a model showroom. They determined the window alarm had been disabled and the window screen was not secured which allowed the resident to leave the facility undetected. Severity: 3 Scope: 1	Y 972			
Y9999	Final Observations Complaint # NV00026716 Based on observation and interview from 10/18/10 to 12/7/10, the facility did not have an administrator licensed by the Board of Examiners for Long Term Care Administrators to provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services. Severity: 2 Scope: 3	Y9999			

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