

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2807	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/29/2019
NAME OF PROVIDER OR SUPPLIER RUNAMAR HOME HEALTH INC		STREET ADDRESS, CITY, STATE, ZIP CODE 7907 MOUNTAIN MAN WAY, LAS VEGAS, NEVADA ,89113		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 07/29/19. This State Licensure survey was conducted by the authority of NRS 449.0307, Powers of the Division of Public and Behavioral Health. The facility was licensed for eight Residential Facility for Group beds for elderly and disabled persons and/or persons with chronic illnesses and/or persons with mental illnesses, Category I & II residents. The census at the time of the survey was eight. Eight resident files were reviewed and seven employee files were reviewed. The facility received a grade of A. The findings and conclusions of any investigation by the Division of Public and Behavioral Health 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. The following deficiencies were identified:			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER Name: DOROTHY DOMINGO Title: Administrator
REPRESENTATIVE'S SIGNATURE

Date: 08/01/2019

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NAME OF PROVIDER OR SUPPLIER RUNAMAR HOME HEALTH INC		STREET ADDRESS, CITY, STATE, ZIP CODE 7907 MOUNTAIN MAN WAY, LAS VEGAS, NEVADA ,89113		
(X4) ID PREFIX TAG 0178 SS= F	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 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. Inspector Comments: Based on observation and interview the facility failed to ensure the interior premises were maintained. Findings include: On 07/29/19 at 9:30 AM, during a tour of the facility the following was observed: -In the hallway adjacent to living room, a hole was in the wall next to electrical outlet. -In the hallway adjacent to living room, electrical outlet was cracked. - In bathroom, sink fixture was loose and fell off, exposing jagged piece of metal. On 07/29/19 at 9:35 AM, the Facility Designee confirmed sink fixture was loose and acknowledged that it should be repaired. . On 07/29/19 at 4:15 PM, the Facility Designee confirmed the hole in the wall and broken electrical outlet and verbalized they should be repaired. Severity: 2 Scope: 3	ID PREFIX TAG 0178	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 1. The employee in-charge calls maintenance repair during the day of the annual survey. See exhibit A (Electrical outlet & wall), and exhibit B (Faucet). 2. The Administrator and Employee Staff shall routinely check the interior and exterior of the facility are well maintained. 3. Accomplished July 29, 2019.	(X5) COMPLETION DATE 08/01/201 9