Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	3643	A. BUILDING _____ B. WING _____	12/14/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HACIENDA HILL MANOR	**5544 SURREY STREET, LAS VEGAS, NEVADA ,89119**

(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) COMPLETION DATE
0000	Initial Comments - Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 12/14/17. This State Licensure survey was conducted by the authority of NRS 449.0307, Powers of the Division of Public and Behavioral Health. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons, and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was four. Four resident files were reviewed and four 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 regulatory deficiencies were identified:.	0000		

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0936 SS= D	449.2749(1)(e) - Resident file-NRS 441A Tuberculosis - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. 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. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 4 residents met the requirements concerning tuberculosis (TB) testing (Resident #4). Findings include: Resident #4 Resident #4 was admitted on 09/24/14. On 12/14/17, the resident file contained a negative two step TB test completed on 11/25/16. The file lacked documentation of a single step TB test completed in 2017. On 12/14/17 in the afternoon, Employee #4 acknowledged the deficiency and was unable to provide the missing documentation. Severity: 2 Scope: 1	0936	1)A 2 step TB was completed on 12/24/17. Prior to yearly TB test expiration date, administrator already told caregivers that this resident is due for her TB test and even wrote it in a paper so that they don't forget it. This is what the administrator does when something needs to get done and administrator has never had problem before. The problem was that the two caregivers left without informing the administrator or owner about this TB test not being done. 2)To prevent this from happening again, administrator will also inform owner and administrator will do the usual follow-ups to see if task was completed.	12/24/2017

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0991 SS= F	449.2756(1)(b) - Alzheimer's Fac door alarm - NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure two doors leading to the outside had operating audible alarms. Findings include: On 12/14/17 in the morning, the following was observed: - An alarm on the door leading to the outside from the front door of the the home did not sound when the door opened. - An alarm on the door leading to the outside in the back of the home did not sound when the door was opened. On 12/14/17 in the morning, Employee #4 acknowledged the door alarms were not on. They indicated the alarms were turned off at 6:00 AM that morning because they had been cleaning and going in/out the doors. Severity: 2 Scope: 3	0991	1)Caregiver turned on the alarms in the front and back doors when pointed out by inspector. Administrator told caregivers not to ever turn off alarms in the facility. 2)Administrator will be checking for compliance when visiting the facility.	12/14/2018
0999 SS= F	449.2756(1)(g) - Alzheimer's Facility-Toxic substances - NAC 449.2756 Residential facility which provides care to persons with Alzheimer's disease: Standards for safety; personnel required; training for employees. 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure toxic substances were not accessible to resident's with Alzheimer's disease. Findings include: On 12/14/17 in the morning, the following was observed: An unlocked cabinet under the kitchen sink storing chemical cleaners including bleach, dish soap and disinfectants. On 12/14/17 in the morning, Employee #3 acknowledged the observation and reported they had refilled the dish soap earlier in the morning and forgot to lock the cabinet. Severity: 2 Scope: 3	0999	1)Caregiver 3 locked the cabinet underneath the sink when pointed out by inspector. Administrator reminded caregivers to immediately lock the cabinet once they're done so as not to forget leaving the toxic substances accessible to patients when they get busy. 2)Administrator will be checking for compliance when visiting the facility.	12/14/2017