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
	3729	A. BUILDING _____ B. WING _____	04/18/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING VALLEY ALZHEIMERS CARE	5310 SHARON MARIE COURT, LAS VEGAS, NEVADA ,89118

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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 04/18/18. This State Licensure survey was conducted by the authority of NRS 449.0307, Powers of the Division of Public and Behavioral Health and NAC 449, Residential Facility for Groups. The facility is licensed for eight 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 five 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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0074 SS= D	NRS 449.093 - Elder Abuse Training - NRS 449.093 Training to recognize and prevent abuse of older persons: Persons required to receive; frequency; topics; costs; actions for failure to complete 4. An administrator or other person in charge of a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the facility, agency or home provides care to a person and annually thereafter. 5. An employee who will provide care to a person in a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the employee provides care to a person in the facility, agency or home and annually thereafter. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 5 employees completed the training on recognition and prevention of elder abuse before start of work (Employee #4). Findings include: Employee #4 was hired on 02/24/17, as Caregiver. The employee's file lacked documented evidence of an initial elder abuse training before providing services to residents. On 04/18/18, the Administrator acknowledged the finding. Severity: 2 Scope: 1	0074	1) Employee #4 has two certificates of elder abuse prior to date of hire, (Ex. A,B) Plus current year (C) 2) Verification with BHCQC requirements on elder abuse training prior to hiring. 3) When attending annual training, the administrator shall question instructor if there are any updates on credit requirements. 4 & 5) The administrator located the certificates Employee #4 received for training. Completed on 4/18/18 6) attachments included.	04/18/2018

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0105 SS= C	449.200(1)(f) - Personnel File - Background Check - NAC 449.200 Staffing requirements; limitations on number of residents; written schedule required for each shift. 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. Inspector Comments: Based on record review and interview, the facility failed to ensure 4 of 5 employees completed the self-disclosure of criminal history (Employees #2, #3, #4 and #5). Findings include: Employee #2 Employee #2 was hired on 03/04/03, as Caregiver. Review of personnel records revealed the employee received a clearance letter from the National Automated Background Check System (NABS) on 04/13/18. The employee's file lacked documented evidence of a signed self-disclosure of criminal history. Employee #3 Employee #3 was hired on 03/04/03, as Caregiver. Review of personnel records revealed the employee received a clearance letter from NABS on 03/30/16. The employee's file lacked documented evidence of a signed self-disclosure of criminal history. Employee #4 Employee #4 was hired on 02/24/17, as Caregiver. Review of personnel records revealed the employee received a clearance letter from NABS on 02/24/17. The employee's file lacked documented evidence of a signed self-disclosure of criminal history. Employee #5 Employee #5 was hired on 01/14/17, as Caregiver. Review of personnel records revealed the employee received a clearance letter from NABS on 02/28/17. The employee's file lacked documented evidence of a signed self-disclosure of criminal history. On 04/18/18, in the morning, the Administrator acknowledged the findings. Severity: 1 Scope: 3	0105	1) All employees shall fill out and sign the disclosure of criminal history forms. 2) The signed forms shall remain in the employees files. 3) And will be a required form to be signed by new hires. 4) The administrator will be in charge of filling up the forms and having them signed. 5) Forms were completed and signed on 4/17/18 6) Attachment included: D-I	04/17/2018

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0859 SS= D	449.274(5) - Periodic Physical examination of a resident - NAC 449.274 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 4 residents completed the annual physical examination (Resident #1). Findings include: Resident #1 was admitted on 02/08/15, with diagnoses including Alzheimer's disease. Review of resident' records revealed the resident's last physical examination was on 02/06/17. The resident's filed lacked documented evidence of an annual physical examination in 2018. On 04/18/18, in the morning, the Administrator acknowledged the finding. Severity: 2 Scope: 1	0859	1) Resident # 1 completed his annual physical on 4/25/18 2) The latest date of the resident's physical will be noted on the MAR as to serve as a reminder when the next physical is due. 3 & 4) The administrator will be monitoring due dates while setting up the MAR's each month. At least 2 months before the physical is due, family and/or doctor will be notified. 5) Completed 4/25/18 6) Attachment J & K	04/25/2018

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1036 SS= D	449.2768(1)(a)(2) - Dementia Training - 449.2768 Residential facility which provides care to persons with dementia: Training for employees. 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that: (a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, successfully completes: (2) In addition to the training requirements set forth in subparagraph (1), within 3 months after such an employee is initially employed at the facility, at least 8 hours of training in providing care to a resident with any form of dementia, including, without limitation, Alzheimer's disease. Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 5 employees completed ten hours of Alzheimer's training within the three months from hire date (Employees #4 and #5). Findings include: Employee #4 Employee #4 was hired on 02/24/17, as Caregiver. Review of personnel records revealed the employee completed eight hours of Alzheimer's training on 01/10/17. The employee's file lacked documented evidence of additional two hours of training before 05/24/17. Employee #5 Employee #5 was hired on 01/14/17, as Caregiver. Review of personnel records revealed the employee completed eight hours of Alzheimer's training on 01/10/17. The employee's file lacked documented evidence of additional two hours of training before 04/14/17. On 04/18/18, in the morning, the Administrator acknowledged the findings. Severity: 2 Scope: 1	1036	1) Employee #4 has taken 2 hours of credit (ex. L& M) Employee #5 has taken 2 hours of credit (ex N &O) 2) Verification on BHCQC requirements for caregiver training credits for new hires. 3) When attending annual training, the administrator shall question instructor if there are any updates on credit requirements. 4) The administrator will be responsible for all corrective actions. 5) date completed 5/2/18	05/02/2018