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
	423	A. BUILDING _____ B. WING _____	03/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THERESIANE ADULT GROUP CARE	6620 ELLERHURST DRIVE, LAS VEGAS, NEVADA ,89103

(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 03/20/18. 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 ten Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illnesses, chronic illnesses, and ten Category I residents. The census at the time of the survey was ten. Ten 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 deficiencies were identified:	0000		
0251 SS= F	449.217(2) - Storage of Food-Perishable foods refrigerated - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. 2. Perishable foods must be refrigerated at a temperature of 40 degrees Fahrenheit or less. Frozen foods must be kept at a temperature of 0 degrees or less. Inspector Comments: Based on observation and interviews, the facility failed to ensure proper food temperatures were maintained. Findings include: On 03/20/18 at approximately 9:30 AM, the thermometer inside the refrigerator read 55 degrees Fahrenheit. The refrigerator had various perishable foods inside of it. In the morning, Employee #3 confirmed the refrigerator thermometer read 55 degrees Fahrenheit. Severity: 2 Scope: 3	0251	A. The Administrator/Owner had the refrigerator replaced by a new one on 3/31/18 B. The Administrator/Owner will regularly check if the appliances are working properly. C. Accomplished 3/31/18 (Please see Attachment #1)	03/31/2018

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 REPRESENTATIVE'S SIGNATURE | Name: BELMA DIZON | Title: Administrator | Date: 03/31/2018

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0930 SS= F	449.2749(1)(a) - Resident File-Storage, Res Information - 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: (a) The full name, address, date of birth and social security number of the resident. Inspector Comments: Based on observation and interview, the facility failed to secure residents' health information. Findings include: On 03/20/18 at 9:24 AM, several residents' medical files were on top of a bookcase near the desk in a living room. At 9:26 AM, the Owners office was unlocked and had an unsecured file cabinet with Medication Administration Records inside. In the afternoon, Employee #3 confirmed the unsecured residents' health information on the bookcase near the desk in the living room and in the unsecured file cabinet in the Owners unlocked office. Severity: 2 Scope: 3	0930	A. The Administrator on the same day of the survey had the following: 1. Folder of Residents with Home Health Services were immediately locked 2. Old medication records inside the office were placed in a locked cabinet B. Nurse, Physical Therapist, Occupational Therapist and Social Workers were advised by the management that after each visit, folders will be turned over to the employee/s on duty for security purposes. Administrator/Owner will monitor. C. Accomplished 3/31/18	03/31/2018