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
	432	A. BUILDING _____ B. WING _____	04/10/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
V. NICHOLAS ADULT CARE HOME #2	4304 EL CAMINO AVENUE, LAS VEGAS, NEVADA ,89102

(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 a annual initiated at your facility on 04/10/18. This State Licensure Complaint Survey was conducted by the authority of NRS 449.0307, Powers of the Division of Public and Behavioral Health and in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for six Residential Facility for Group beds which provide assisted living services for elderly and disabled persons, Category I residents. The census at the time of the survey was six. Six resident files were reviewed and two 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		

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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 6 residents met the requirements concerning tuberculosis (TB) testing (Resident #3). Findings include: Resident #3 was admitted on 01/27/17. The resident file revealed a two-step TB test with a read date of 01/24/17 and 02/02/17. The file lacked documented evidence of a 2018 TB test. On 04/10/18 in the morning, the Caregiver could not provide the requested missing documentation. Severity: 2 Scope: 1	0936	Immediately after the survey of April 10, 2018; Administrator went to Resident #3 Physician's office to request for a copy of the annual TB testing which was done on December 08, 2017 during a follow up visit of said resident. A copy of said document is hereto attached and marked as Exhibit "A" TAG 0936. Administrator should review resident's files regularly so corrective action are done immediately to avoid deficiencies. Monitor for compliance. Person Responsible: Administrator Completion Date: April 10, 2018	04/10/2018