

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 432	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2019
NAME OF PROVIDER OR SUPPLIER V. NICHOLAS ADULT CARE HOME #2		STREET ADDRESS, CITY, STATE, ZIP CODE 4304 EL CAMINO AVENUE, LAS VEGAS, NEVADA ,89102		
(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 04/15/19, 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 regulatory 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: MARIA T ACOBA Title: Administrator Date: 04/30/2019
REPRESENTATIVE'S SIGNATURE

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(X4) ID PREFIX TAG 0065 SS= D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0065	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE 04/17/2019
	Qualifications of Caregivers-Age-Eng- Training - NAC 449.196 Qualifications and training of caregivers. (NRS 449.0302) 1. A caregiver of a residential facility must: (a) Be at least 18 years of age; (b) Be responsible and mature and have the personal qualities which will enable him or her to understand the problems of elderly persons and persons with disabilities; (c) Understand the provisions of NAC 449.156 to 449.27706, inclusive, and sign a statement that he or she has read those provisions; (d) Demonstrate the ability to read, write, speak and understand the English language; (e) Possess the appropriate knowledge, skills and abilities to meet the needs of the residents of the facility; and (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 2 employees (Employee #1) completed at least eight hours of annual Caregiver training. Findings include: Employee #1 Employee #1 was hired on 07/01/00. The employee's file lacked documented evidence eight hours of annual Caregiver training had been completed in 2018. On 04/15/19 at 2:30 PM, the Administrator acknowledged the employee had not completed the eight hours annual Caregiver training. The Administrator indicated she was not aware the employee required a total of eight hours Caregiver training per year. Severity: 2 Scope: 1		A) Immediately after the survey conducted on April 15, 2019: Adminsitrator scheduled employee #1 for a basic caregiving training which is on April 17, 2019. She finishes an 8 hours caregiving training as evidence of exhibit "A" TAG Y 0065. B) Administrator should check employees files regularly and make sure that all course of study/requirements mandated by the Nevada Administrative Code are being followed. C) Administrator should monitor for compliance D) Person responsible: Administrator E) Completion date: April 17, 2019.	