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
	5432	A. BUILDING _____ B. WING _____	11/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAINBOW CONNECTIONS GROUP CARE HOME	**820 ANTIGUA ST, LAS VEGAS, NEVADA ,89145**

(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 11/19/19. This State Licensure survey was conducted in accordance with NAC 449, Residential Facilities for Groups. The facility is licensed for six Residential Facility for persons with Alzheimer's disease, Category II residents. The census at the time of the survey was six. Six resident files were reviewed and six 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		

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: ROSVI ALBEZA Title: RFA Date: 12/03/2019

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0051 SS= F	Administrator's Responsiblities - Designation - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 2. Designate one or more employees to be in charge of the facility during those times when the administrator is absent. Except as otherwise provided in this subsection, employees designated to be in charge of the facility when the administrator is absent must have access to all areas of and records kept at the facility. Confidential information may be removed from the files to which the employees in charge of the facility have access if the confidential information is maintained by the administrator. The administrator or an employee who is designated to be in charge of the facility pursuant to this subsection shall be present at the facility at all times. The name of the employee in charge of the facility pursuant to this subsection must be posted in a public place within the facility during all times that the employee is in charge. Inspector Comments: Based on observation and interview, the facility failed to designate in writing one or more employee to be in charge of the facility during the Administrator's absence. The Administrator was not present at the facility. There was no evidence of a written posted designation of the employee in charge during the Administrator's absence. Severity: 2 Scope: 3 This is a repeat deficiency from the complaint investigation from 3/26/19.	0051	1. Administrator does not need a designee assigned since she is available for communication, administrative job and on call at all times. Administrator was not on leave of absence during the survey and the caregiver on duty was able to assist the inspector with files needed for review The care of the residents was not compromised 2. Facility owner will continue to monitor operations of facility with the administrator. 3. Administrator will be posting a sign for employee in charge when she is not available for any administrative functions and will not be able to go to facility on scheduled day of work due to leave. Administrator has posted a sign in the facility when she went on leave during May 27- June 8, 2019 Attachment #1 & 2 4. Facility owner and administrator will be responsible for monitoring 5. Current practice. Nov 19, 2019.	11/19/2019