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
	5679	A. BUILDING _____ B. WING _____	04/04/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
V N SENIOR CARE INC AT WINERY ROAD	3281 WINERY RD, PAHRUMP, NEVADA ,89048

(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 04/04/19. This State Licensure survey was conducted in accordance with NAC 449, Residential Facilities for Groups. The facility is licensed for 10 Residential Facility for persons with Alzheimer's disease, Category II residents. The census at the time of the survey was eight. Eight resident files were reviewed and three 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		
0528 SS= D	Activities for Residents - NAC 449.260 Activities for residents. (NRS 449.0302) 1. The caregivers employed by a residential facility shall: (c) Plan recreational opportunities that are suited to the interests and capacities of the residents; Inspector Comments: Based on observation and interview, the facility failed to ensure activities were provided to 1 of 3 bedfast residents (Resident #1). Findings include: Resident #1 (R1) R1 was admitted on 11/17/16, with diagnoses including hypertension and neuropathy. R1 was under hospice care. On 04/04/19 at 10:00 AM, R1 was observed during a facility tour in bed. R1 indicated they were unable to reposition themselves in bed without assistance. R1 expressed interest in activities at bedside. On 04/02/19 at 3:30 PM, the Administrator insisted activities were provided to R1. On 04/02/19 at 3:40 PM, the Administrator indicated R1 should have been offered activities. Severity: 2 Scope: 1	0528	#0528 Caregivers have all been instructed to make sure they are planning daily activities , and opportunities suited to each resident and their abilities. The facility has brought in more workbooks ,such as circle a word, coloring books and music in an attempt to spark some interest. Administrator will make sure caregivers are implementing this on a daily basis. COMPLETE 4/10/2019 #0620 Bedfast Exemption Request was faxed to BLC on 4/5/2019 for R1 Resident . Administrator will make sure any resident who becomes bedfast or before admitting a resident who is bedfast has filed a Exemption Request. COMPLETE 4/6/2019	04/10/2019

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: VILMA NICHOLAS Title: ADMINISTRATOR Date: 04/10/2019

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0620 SS= D	Written Policy on Admissions - NAC 449.2702 Written policy on admissions; eligibility for residency. (NRS 449.0302) 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast; (b) Requires restraint; (c) Requires confinement in locked quarters; or (d) Requires skilled nursing or other medical supervision on a 24-hour basis. Inspector Comments: Based on record review and interview, the facility failed to obtain a bedfast exemption for 1 of 8 residents (Resident #1). Findings include: Resident #1(R1) R1 was admitted on 11/17/16, with diagnoses including hypertension and neuropathy. On 04/04/19 at 10:00 AM, R1 was observed during a facility tour in bed. R1 indicated they were unable to reposition or turn without staff assistance. The resident's medical record lacked documented evidence a bedfast exemption was obtained. On 04/04/19 at 11:00 AM, a Certified Nursing Assistant (CNA), indicated R1 was unable to reposition in bed without assistance. The CNA indicated R1 was dependent on others for care needs. On 04/04/19 at 3:30 PM, the Administrator reported she was unaware the resident needed a bedfast exemption. The Administrator believed R1 was able to turn and reposition without assistance from staff. On 04/04/19 at 3:35 PM, R1 was unable to demonstrate the ability to reposition in bed without assistance from staff. Severity: 2 Scope: 1	0620	0620 BEDFAST EXEMPTION Was faxed to BLC on 4/5/2019 Administrator will make sure Bedfast Exemptions are done for any resident who becomes bedfast or before admitting a resident who is bedfast. COMPLETE 04/05/2019	04/10/2019