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 _____	04/19/2017

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 4/19/17. 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 10 Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was ten. Ten 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		

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0103 SS= E	449.200(1)(d) - Personnel File - NAC 441A / Tuberculosis - NAC 449.200 Staffing requirements; limitations on number of residents; written schedule required for each shift. 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 6 employees met the requirements concerning tuberculosis (TB) testing (Employee #3 and #6). Findings include: Employee #3 was hired on 8/1/16. On 4/19/17 in the morning, review of the employee file revealed documented evidence of a two-step TB test with a final read date of 8/17/16 and a negative result, after the hire date. Employee #6 was hired on 5/5/15. On 4/19/17 in the morning, review of the employee file revealed an annual TB test with a documented inject date of 2/1/16 and a read date of 2/4/15 and a negative result. On 4/19/17 in the afternoon, Employee #5 acknowledged the findings. Severity: 2 Scope: 2	0103	Employee #6 was a recording error by the nurse on the read date of 2/4/15 as it was given on 2/1/16 for the annual renewal one-step TB test. The nurse corrected and initialed the document with the correct date of 2/4/2016. Employee #3 hire date was 8/1/2016 but start date was 8/20/2016. Document has been corrected to reflect the correct Start Date. Administrator has reviewed all hire dates and start dates in the employment paperwork for all employees to ensure compliance with TB tests being completed before Start Dates of employment as of 4/24/2017. Employees will not be allowed to start working until 2 step TB tests process has been completed on an ongoing basis.	05/07/2017

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0991 SS= F	449.2756(1)(b) - Alzheimer's Fac door alarm - NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure 1 of 3 of exit doors had installed alarms that operated when the exit door was opened. Findings include: On 4/19/17 at 10:20 AM, during a tour of the facility observed a designated exit door on the south side of the home did not set off an alarm when the door was opened. Employee #5 attempted unsuccessfully to open the door repeatedly to sound the alarm. Employee #6 plugged in the door bell receptor that was located on top of the refrigerator next to the door, however the alarm still did not sound. Employee #5 and Employee #6 acknowledged the alarm was not operating. The staff fixed the alarm approximately one hour after the initial observation. Severity: 2 Scope: 3	0991	Door alarm was corrected at time of survey on 4/19/2017 by Staff. All Exit Doors and alarms will be monitored on a routine basis (daily/weekly/monthly) and batteries changed as needed or devices replaced if not functioning properly by Administrator or Designated Employee immediately. We will be using a new checklist form to ensure devices are working correctly going forward. This new form was started on 4/26/2017.	04/19/2017