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
	8455	A. BUILDING _____ B. WING _____	01/03/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA OLIVA	3209 CEDAR STREET, LAS VEGAS, NEVADA ,89104

(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 01/03/18. 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 nine Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illnesses, and/or persons with chronic illnesses, and/or persons with mental retardation, five Category I and four Category II residents. The census at the time of the survey was eight. 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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0105 SS= D	449.200(1)(f) - Personnel File - Background Check - 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: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 10 employees met background check requirements of NRS 449 (Employee #6). Findings include: Employee #6 Employee #6 was hired on 08/31/12 as a Behavioral Technician. On 01/03/18 in the afternoon, the employee file revealed fingerprinting and a background check had been completed on 09/19/17. The employee's fingerprints were more than 5 years old and had not been redone in accordance with the NRS. On 01/03/18 in the afternoon, the Administrator acknowledged the the re-fingerprinting and background check of Employee #6 was not completed timely. Severity: 2 Scope: 1	0105	Employee #6 was hired on 8/31/2012 as a Behavior Tech. Her 5-year re-print should have been completed by 8/31/2017 per policy. We do have a system in place that sends out Training Refreshers (including being re-printed) to supervisors to ensure that staff are always in compliance with training and safety measures. In the case of staff #6, she was promoted to a Coordinator Position in 12/02/2015 and when this information was entered into the database as her date of hire changed, changing the date for a necessary re-print. Her need to be re-printed was discovered during an internal QA process and she completed fingerprinting 9-12-2017 and her report was received with clearance on 9/19/2017. Human resources has been informed of this issue so that it can be reviewed in the database and we will continue our internal QA process to ensure compliance. We will continue to track staff required trainings, including fingerprinting, with the assistance of Human Resources. Staff will be expected to be re-printed 30 days prior to the 5th year. The program Administrator and Human Resources Director will be responsible for maintaining compliance.	09/12/2017

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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 8 residents met the requirements concerning tuberculosis (TB) testing. (Resident #1) Findings include: On 01/03/18, a review of the resident files revealed the following: Resident #1 Resident #1 was admitted on 04/29/16. The resident file contained documentation of single step TB test initiated on 04/19/16. The TB test did not document when the test was read. On 01/03/18 in the afternoon, the Administrator acknowledged the deficiency. Severity: 2 Scope: 1	0936	Resident #1 received his 1st Step TB test on 4/19/2016 as noted. The instructions indicate that he was to return on 4/26/2016 to have the first step read and have the second step completed. We have no record of the first step being read, but we have documentation of the second injection on 4/26/2016 and the Negative read on 5/04/2016. We have record that we requested from Walgreens the information in 2016 for the first read results but it was never received. We have again, on 1/05/2018, sent a request for these results to have in our files. All new residents at Casa Oliva will be required to participate in a 2-stepTB test and provide documentation of both steps, or participate in a Quanitferon TB Blood Draw, prior to moving into the community. The program coordinator and administrator will be responsible for insuring that the individual is incorporated into the internal database for tracking annual appointments and will ensure that this testing is done annually.	01/05/2018