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 _____	11/20/2019

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 a State Licensure annual survey conducted at your facility on 11/20/19, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for nine Residential Facility for Group beds for persons with chronic illness, mental illness and individuals with intellectual disabilities, 5 Category I (Non-Alzhiemers') residents and 4 Category II (Non-Alzhiemers') residents. The census at the time of the survey was nine. Nine resident files were reviewed and no employee files were reviewed. The facility received a grade of D. 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 investigation, 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:	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: SHELLE SPONSELLER	Title: Administrator	Date: 12/11/2019

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0051 SS= B	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 current written posted designation of the employee in charge during the Administrator's absence. Severity: 2 Scope: 3	0051	Appropriate documentation was created, signed and posted on site the day following the survey. The Administrator will assure that any time management changes, that a new document will be produced, signed and posted immediately. The Administrator will review appropriate documentation is posted during QA reviews on site.	11/28/2019

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0065 SS= F	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 observation and interview personnel files were not available during survey, evidence of caregiver training for 12 of 12 employees was not observed. Scope: 3 Severity: 2	0065	The Administrator was not contacted by staff and informed that HCQC was on site to complete the review. All documentation regarding staff (a) Being at least 18 years of age; (b) Being 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) Understanding the provisions of NAC 449.156 to 449.27706, inclusive, and sign a statement that he or she has ...read those provisions; (d) Demonstrating the ability to read, write, speak and understand the English language; (e) Possessing the appropriate knowledge, skills and abilities to meet the needs of the residents of the facility; and (f) Receiving annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility is present in the staff files maintained on site. All staff and the supervisor have been retrained on the requirements that the Administrator and their designee be contacted IMMEDIATELY upon the arrival of the surveyor. The Administrator has reviewed with the designee that the expectation is that they will be present on site within 30-minutes of the HCQC reviewer presenting themselves, especially if the Administrator is unavailable to be present. Survey expectation will be taught in New Hire training and will be reviewed with all staff annually as to prevent this type of event from occurring in the future.	12/02/2019

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0072 SS= F	Qualifications of Caregiver - Med Training - NAC 449.196 Qualifications and training of caregivers. (NRS 449.0302) 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Before assisting a resident in the administration of a medication, receive the training required pursuant to paragraph (e) of subsection 6 of NRS 449.0302, which must include at least 16 hours of training in the management of medication consisting of not less than 12 hours of classroom training and not less than 4 hours of practical training, and obtain a certificate acknowledging the completion of such training; (b) Receive annually at least 8 hours of training in the management of medication and provide the residential facility with satisfactory evidence of the content of the training and his or her attendance at the training; (c) Complete the training program developed by the administrator of the residential facility pursuant to paragraph (e) of subsection 1 of NAC 449.2742; and (d) Annually pass an examination relating to the management of medication approved by the Bureau. Inspector Comments: Based on observation and interview personnel files were not available during survey, evidence of initial and annual medication management training for 12 of 12 employees was not observed. Scope: 3 Severity: 2	0072	The Administrator was not contacted by staff and informed that HCQC was on site to complete the review. All documentation regarding Medication Administration Training for staff is present in the staff files maintained on site. All staff and the supervisor have been retrained on the requirements that the Administrator and their designee be contacted IMMEDIATELY upon the arrival of the surveyor. The Administrator has reviewed with the designee that the expectation is that they will be present on site within 30-minutes of the HCQC reviewer presenting themselves, especially if the Administrator is unavailable to be present. Survey expectation will be taught in New Hire training and will be reviewed with all staff annually as to prevent this type of event from occurring in the future.	11/28/2019

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0100 SS= F	Personnel File - NAC 449.200 Personnel files. (NRS 449.0302) 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: (a) The name, address, telephone number and social security number of the employee; (b) The date on which the employee began his or her employment at the residential facility; (c) Records relating to the training received by the employee; (e) Evidence that the references supplied by the employee were checked by the residential facility. Inspector Comments: Based on observation and interview personnel files were not available during survey for 12 of 12 employees. Scope: 3 Severity: 2	0100	The Administrator was not contacted by staff and informed that HCQC was on site to complete the review. All documentation regarding (a) The name, address, telephone number and social security number of the employee; (b) The date on which the employee began his or her employment at the residential facility; (c) Records relating to the training received by the employee; (e) Evidence that the references supplied by the employee were checked by the residential facility staff is present in the staff files maintained on site. All staff and the supervisor have been retrained on the requirements that the Administrator and their designee be contacted IMMEDIATELY upon the arrival of the surveyor. The Administrator has reviewed with the designee that the expectation is that they will be present on site within 30-minutes of the HCQC reviewer presenting themselves, especially if the Administrator is unavailable to be present. Survey expectation will be taught in New Hire training and will be reviewed with all staff annually as to prevent this type of event from occurring in the future.	11/28/2019
0104 SS= F	Personnel Files - Background Checks - NAC 449.200 Personnel files. (NRS 449.0302) 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 449.122 to 449.125, inclusive. Inspector Comments: Based on observation and interview personnel files were not available during survey, evidence of background checks for 12 of 12 employees was not observed. Scope: 3 Severity: 2	0104	The Administrator was not contacted by staff and informed that HCQC was on site to complete the review. All documentation regarding background checks is present in the staff files maintained on site. All staff and the supervisor have been retrained on the requirements that the Administrator and their designee be contacted IMMEDIATELY upon the arrival of the surveyor. The Administrator has reviewed with the designee that the expectation is that they will be present on site within 30-minutes of the HCQC reviewer presenting themselves, especially if the Administrator is unavailable to be present. Survey expectation will be taught in New Hire training and will be reviewed with all staff annually as to prevent this type of event from occurring in the future.	11/28/2019

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0107 SS= F	Personnel File - 18 Yrs of Age - NAC 449.200 Personnel files. (NRS 449.0302) 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1: (b) Proof that the caregiver is 18 years of age or older. Inspector Comments: Based on observation and interview personnel files were not available during survey, evidence of age verification for 12 of 12 employees was not observed. Scope: 3 Severity: 2	0107	The Administrator was not contacted by staff and informed that HCQC was on site to complete the review. All documentation regarding caregiver proof of age is present in the staff files maintained on site. All staff and the supervisor have been retrained on the requirements that the Administrator and their designee be contacted IMMEDIATELY upon the arrival of the surveyor. The Administrator has reviewed with the designee that the expectation is that they will be present on site within 30-minutes of the HCQC reviewer presenting themselves, especially if the Administrator is unavailable to be present. Survey expectation will be taught in New Hire training and will be reviewed with all staff annually as to prevent this type of event from occurring in the future.	11/28/2019
0108 SS= F	Per File-Storage & Availability - NAC 449.200 Personnel files. (NRS 449.0302) 3. The administrator may keep the personnel files for the facility in a locked cabinet and may, except as otherwise provided in this subsection, restrict access to this cabinet by other employees of the facility. Copies of the documents which are evidence that an employee has been certified to perform first aid and cardiopulmonary resuscitation and that the employee has been tested for tuberculosis must be available for review at all times. The administrator shall make the personnel files available for inspection by the Bureau within 72 hours after the Bureau requests to review the files. Inspector Comments: Based on observation and interview the facility failed to ensure documentation of First Aid/Cardiopulmonary Resuscitation training and TB testing was on the premises and immediately available for 12 of 12 employees. Scope: 3 Severity: 2	0108	The Administrator was not contacted by staff and informed that HCQC was on site to complete the review. All documentation regarding First Aid / CPR and TB Testing is present in the staff files maintained on site. All staff and the supervisor have been retrained on the requirements that the Administrator and their designee be contacted IMMEDIATELY upon the arrival of the surveyor. The Administrator has reviewed with the designee that the expectation is that they will be present on site within 30-minutes of the HCQC reviewer presenting themselves, especially if the Administrator is unavailable to be present. Survey expectation will be taught in New Hire training and will be reviewed with all staff annually as to prevent this type of event from occurring in the future.	11/28/2019

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0859 SS= E	Medical Care of Resident After Illness - NAC 449.274 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. (NRS 449.0302) 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his or her physician. The resident must be cared for pursuant to any instructions provided by the resident ' s physician. Inspector Comments: Based on record review, observation and interview the facility failed to ensure 2 of 9 residents had annual physical exams completed (Resident #1 and #8). The caregiver acknowledged the residents did not have one in file. Severity: 2 Scope: 2	0859	All residents are required to have physicals and TB testing prior to move in. Documentation is maintained in the files and is updated annually by the Site Supervisor. The two noted individuals have current TB tests and current physicals but had not been forwarded from their previous ASI placement and placed into their current binders. The documentation has since been placed into the appropriate area. The site supervisor is responsible for obtaining all necessary documentation prior to admission and placing such documentation in the client file. A new QA system has been developed and will be used by the Administrator to randomly review client and staff files for content of all required documentation.	12/09/2019
0936 SS= E	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she 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, observation and interview the facility failed to ensure 4 of 9 residents TB tests were completed annually (Resident #1, #7, #8 and #9). The caregiver acknowledged the residents did not have one in files. Severity: 2 Scope: 2	0936	All residents are required to have TB testing prior to move in and annually thereafter. Documentation is to be maintained in the files and is updated annually by the Site Supervisor. Noted individuals who had current TB tests but the appropriate documentation had not been placed into their current binders, have had the documentation placed in their charts. Individuals who had not received their annual testing in a timely fashion have been taken and had the appropriate test completed. Results will be available in the chart when they are returned from the physicians. The site supervisor is responsible for scheduling annual TB Tests and obtaining all necessary documentation to validate TB Testing; and placing such documentation in the client file. A new QA system has been developed and will be used by the Administrator to randomly review client and staff files for content of all required documentation.	12/09/2019

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0938 SS= E	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she 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: (g) An evaluation of the resident ' s ability to perform the activities of daily living and a brief description of any assistance he or she needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his or her ability to perform the activities of daily living; and (3) In any event, not less than once each year. Inspector Comments: Based on record review, observation and interview the facility failed to ensure 3 of 9 residents had an activities of daily living (ADL) assessment completed annually (Resident #1, #7 and #8). The caregiver acknowledged the residents did not have one completed. Severity: 2 Scope: 2	0938	Each resident will receive an ADL Assessment annually. The site supervisor will complete the assessment and place the appropriate documentation of the assessment in the resident chart. The administrator will complete random chart reviews as part of a revised QA process to ensure compliance in this area.	11/29/2019