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
	8761	A. BUILDING _____ B. WING _____	03/14/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAURELWOOD GROUP HOME II, LLC	**6565 MINTON CT, LAS VEGAS, NEVADA ,89103**

(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 03/14/18. 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 ten Residential Facility for Group beds for elderly and disabled persons, ten Category II residents. The census at the time of the survey was six. Six resident files were reviewed and four 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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0930 SS= F	449.2749(1)(a) - Resident File-Storage, Res Information - 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: (a) The full name, address, date of birth and social security number of the resident. Inspector Comments: Based on observation and interview, the facility failed to ensure residents' health information was secured for 6 of 6 residents (Resident #1, #2, #3, #4, #5, and #6). Findings include: On 03/14/18 at 9:27 AM, a Medication Administration Record (MAR), residents' prescription information, and resident health information was unsecured on the counter under the medication cabinet in the kitchen. At approximately 9:30 AM, three unsecured drawers under the medication cabinet in the kitchen area contained MARs and residents' health information. In the morning, a caregiver confirmed the unsecured residents' health information. In the afternoon, the Administrator confirmed the unsecured residents' health information. Severity: 2 Scope: 3	0930	Laurelwood Group Home will immediately implement the use of a file cabinet with a lock that contains the residents personal records, letters, assessment and medical information, in a place that is resistant to fire and is protected against unauthorized use. Laurelwood Group Home will ensure that the cabinet is placed in a safe place and locked at all times so that such deficiency does not recur. Also, the corrective action will be taken by the Administrator who will continue to monitor and ensure that the file cabinet containing residents pesonal records is used properly and it is locked at all times to prevent unauthorized use. The corrective action was completed on April 6, 2018.	04/06/2018

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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 6 residents met the requirements concerning tuberculosis (TB) testing (Resident #5). Findings include: Resident #5 was admitted on 05/04/17, with diagnoses of hypertension, anxiety, depression, hypothyroidism, and constipation. The facility lacked documented evidence of TB test for Resident #5. In the afternoon, the Administrator confirmed the facility lacked documented evidence of a TB test for Resident #5. Severity: 2 Scope: 1	0936	Laurelwood Group Home will immediately implement the following procedures to ensure all residents receive pre-admission tuberculosis (TB) testing. Laurelwood will pre-screen all residents prior to admission to ensure that they have completed their TB testing prior to admission. Laurelwood Group Home will conduct an annual review of each resident at the facility to ensure the residents meet their annual TB screening requirements. Laurelwood Group Home will maintain proof of compliance in each residents file to ensure this deficiency does not recur. Furthermore, the corrective action will be taken by the Admonistrator who will continue to monitor these corrective actions and verify compliance with the implemented procedures. Finaly, in the instant finding concerning resident #5, TB test was performed on April 4, 2018 and also a Chest x-ray was performed on April 6, 2018 with a negative result	04/06/2018