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
	9685	A. BUILDING _____ B. WING _____	07/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VN SENIOR CARE FACILITY INC	2621 HOMESTEAD 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 and infection control survey conducted at your facility on 07/19/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease, Category 2 residents. The census at the time of the survey was nine. Nine resident files and four employee files were reviewed. The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of antidiscrimination policy; posting of nondiscrimination statement and certain other information, NRS 449.102 - Duties of licensed facility to protect privacy of patient or resident, and LCB File No. R016-20 - Cultural competency training; complaint policy; development of gender identity/expression policy; designated person responsible for compliance with these regulations. Failure to comply with NRS 449.101, NRS 449.102 and LCB File No. R016-20 may result in future deficiencies. 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 regulatory deficiencies were identified:	0000		

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0102 SS= F	Personnel File - TB Screening - NAC 449.200 Personnel files. 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 interview and document review, the facility failed to ensure 3 of 4 employees met the requirements concerning tuberculosis (TB) testing (Employees #1, #3, and #4). Findings include: On 07/19/21, a review of staff files revealed Employee #1, Employee #3, and Employee #4 did not have documented evidence of a two-step TB test or a history of positive TB tests. All three employees had completed X-rays to rule out TB. The employees were unable to provide documentation of a two-step TB test or a history of positive TB tests. Severity: 2 Scope: 1	0102	0102 Employees # 1, 3 , and 4 completed TB test Administrator instructed empolyees the need to have the TB test even they had a x ray done thats sowed no signs or symtoms. Administrator will monitor future test for all employees, and asked manager to create a TB test sheet so they can keep tract of who needs a test in the future. completion date 8/7/2021	

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0106 SS= F	Personnel File - 1st Aid & CPR - NAC 449.200 Personnel files 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1: (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation; Inspector Comments: Based on record review and interview, the facility failed to ensure 3 of 4 employees were trained in first aid (Employee #1, #2 and #3). Findings include: Employee #1 Employee #1 was hired as a caregiver on 09/30/19. The employee's file contained basic life support CPR and First Aid training completed on 06/21/19 with an expiration date of 06/21/2021. The employee's file lacked documented evidence of current CPR and First Aid training. Employee #2 Employee #2 was hired as a caregiver and owner on 10/01/19. The employee's file contained basic life support (BLS/CPR) training completed on 06/21/19 with an expiration date of 06/21/21. The employee's file lacked documented evidence of current CPR and First Aid training. Employee #3 Employee #3 was hired as a caregiver in October 2019. The employee's file contained basic life support (BLS/CPR) training completed on 06/21/19 with an expiration date of 06/21/21. The employee's file lacked documented evidence of current CPR and First Aid training. Employees #1, #2, and #3 confirmed their BLS/CPR training expired on 06/21/21. Severity: 2 Scope: 3	0106	0106 Employees #1,2, and 3 completed new CPR training. Administrator will make sure employees have current training from now on and asked manager to set up a calender to keep tract of future training needed. Administrator will monitor. completion date 7/22/2021	