

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN3879AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/02/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>HOLY CHILD RESIDENTIAL CARE HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2225 JESTER COURT RENO, NV 89503</b>		
(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) COMPLETE DATE
Y 000	Initial Comments  This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 10/2/08. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for four Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was four. Four resident files were reviewed and five employee files were reviewed. One discharged resident file was reviewed.  The following deficiencies were identified:	Y 000		
Y 698 SS=F	449.2712(2)(b)(5) Oxygen-Tanks secured to wall or racks  NAC 449.2712 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (b) Ensure that: (5) All oxygen tanks kept in the facility are secured in a stand or to a wall.  This Regulation is not met as evidenced by: Based on observation on 10/2/08, the facility did not ensure that all oxygen tanks were secured in a rack or to the wall.  Findings include:	Y 698		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 698	Continued From page 1  During an initial tour of the facility at 9:00AM, three large oxygen tanks were observed standing up against a wall in the garage next to a full oxygen rack.  Severity: 2 Scope: 3	Y 698			
Y 885 SS=D	449.2742(9) Medication / Destruction  NAC 449.2742 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Flushing contents of vials, bottles or other containers into a toilet shall be deemed to be an acceptable method of destruction of medication.  This Regulation is not met as evidenced by: Based on observation and record review on 10/2/08, the facility did not destroy medications after a resident had been discharged.  Findings include:  The secured cabinet storing resident medications was inspected. Two over-the-counter medication bottles were observed labeled with Resident #5's name. According to a record review, the resident	Y 885			

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Y 885	Continued From page 2  had been discharged on 11/11/07.  Severity: 2 Scope: 1	Y 885		
Y 896 SS=C	449.2744(1)(b)(2) Medication / MAR  NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (2) The date and time that the medication was administered.  This Regulation is not met as evidenced by: Based on record review and interview on 10/2/08, the facility did not ensure the medication administration record (MAR) was properly documented for 4 of 4 residents.  Findings include:  The October MAR was reviewed for all four residents at 11:00AM. The MAR indicated that Resident #1 had twelve morning medications, Resident #2 had three morning medications, Resident #3 had five morning medications and Resident #4 had eight morning medications. None of the morning medications had been initialed by the caregiver that they were given. Two of the residents confirmed that they had been given their morning medications. The caregiver reported she had given all four residents their morning medications, but had	Y 896		

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Y 896	Continued From page 3  gotten busy and had forgotten to initial that she gave them.  Severity: 1 Scope: 3	Y 896			
Y 920 SS=E	449.2748(1) Medication Storage  NAC 449.2748 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key.  This Regulation is not met as evidenced by: Based on observation on 10/2/08, the facility did not ensure that external medications belonging to 2 of 4 residents were stored separately from oral medications.  Findings include:	Y 920			

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Y 920	<p>Continued From page 4</p> <p>Resident #1 - A bottle of eye drops was observed being stored with the resident's oral medications.</p> <p>Resident #3 - A bottle of eye drops and a tube of eye ointment were observed being stored with the resident's oral medications.</p> <p>Severity: 2 Scope: 2</p>	Y 920			

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