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
	6087	A. BUILDING _____ B. WING _____	10/15/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE SHARE CARE HOME NEVADA, INC	7925 W ROSADA WAY, LAS VEGAS, NEVADA ,89149

(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 annual State Licensure survey conducted at your facility on 10/15/18, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is currently licensed for 10 beds to care for elderly and/or disabled, chronic illness and mental illness, Category II residents. The census at the time of survey was six. Six resident files were reviewed and five employee files were reviewed. The facility received a grade 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 and local laws. The following deficiencies were identified:	0000		
0840	449.2738(1)(a)(b)(2) - Medical Condition of a Resident - NAC 449.2738 Review of medical condition of resident; relocation or transfer of resident having certain medical needs or conditions. 1. If, after conducting an inspection or investigation of a residential facility, the bureau determines that it is necessary to review the medical condition of a resident, the bureau shall inform the administrator of the facility of the need for the review and the information the facility is required to submit to the bureau to assist in the performance of the review. the administrator shall, within a period prescribed by the bureau, provide to the bureau: (a) The assessments made by physicians concerning the physical and mental condition of the resident. (b) Copies of prescriptions for medication or orders of physicians for services or equipment necessary to provide care for the resident. 2. If the bureau or the resident's physician determines that the facility is prohibited from caring for the resident pursuant to NAC 449.271 to 449.2734, inclusive, or is unable to care for the resident in the proper manner, the administrator of the facility must be notified of that determination. Upon receipt of such a notification, the	0840		11/30/2018

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	administrator shall, within a period prescribed by the bureau, submit a plan to the bureau for the safe and appropriate relocation of the resident pursuant to NRS 449.700 to a place where the proper care will be provided. Inspector Comments: Based on observation, interview and record review, the facility failed to ensure 1 of 6 residents diagnosed with dementia was appropriately placed in a non-Alzheimer endorsed facility and failed to have a current annual physical exam (Residents #1). Findings include: Resident #1 (R1) R1 was admitted on 08/24/12 with diagnosis of dementia. The resident's annual physical examination conducted by a physician on 09/25/17, documented a diagnosis of dementia. On 10/15/18 in the afternoon, the Caregiver reported the resident had dementia and was confused. On 10/15/18 in the afternoon, R1 received a cognitive assessment, and was assessed as oriented to place and was not oriented to person or time. R1 said the year was 1920, the president of the United Striates was Roosevelt and could not recall what the day of the week was. Severity: 2 Scope: 1			