

Division of Public and Behavioral Health

PRINTED: 06/01/2016
FORM APPROVED

Acceptable PK 6/23/16 gms

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS1955AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/26/2016
---	--	--	--

NAME OF PROVIDER OR SUPPLIER LIBERTY RESIDENTIAL CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3060 LIBERTY CIRCLE S LAS VEGAS, NV 89121
---	---

(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	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 5/26/16. This State Licensure survey was conducted by the authority of NRS 449.0307, Powers of the Division of Public and Behavioral Health.</p> <p>The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illnesses and/or persons with chronic illnesses, Category I residents, with nine beds being low-income. The census at the time of the survey was ten. Ten resident files were reviewed and three employee files were reviewed.</p> <p>The facility received a grade of A.</p> <p>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.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 275 SS=F	<p>449.2175(6) Nutritional Requirements</p> <p>NAC 449.2175 Service of food; seating; menus; special diets; nutritional requirements; dietary consultants.</p> <p>6. Each meal must provide a reasonable portion of the daily dietary allowances recommended by the Food and Nutrition Board, National Academy of Sciences, National Research Council.</p>	Y 275		

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

Patricia A. Anger

TITLE

Administrator

(X6) DATE

6/17/16

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS1955AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/26/2016
NAME OF PROVIDER OR SUPPLIER LIBERTY RESIDENTIAL CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 3060 LIBERTY CIRCLE S LAS VEGAS, NV 89121		
(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 275	<p>Continued From page 1</p> <p>This Regulation is not met as evidenced by: Based on observation, record review, document review and interview, the facility failed to ensure meals provided a reasonable portion of the recommended daily dietary allowances for residents.</p> <p>Findings include:</p> <p>The United States Department of Agriculture (USDA) recommends a minimum of five servings of fruits and vegetables daily as part of a nutritious, balanced diet.</p> <p>On 5/26/16 at 1:10 PM, during a tour of the facility, observed the posted menu for the month of May 2016. Review of the May 2016 menu revealed soda was posted for lunch 26 of 31 days and soda was posted for dinner 29 of 31 days. Fruits were listed on the menu 8 of 31 days. Vegetables (beyond garnishments) were listed on the menu 11 of 31 days. Sandwiches were posted as lunch for 26 of 31 days. For 12 of 31 days, there was no listing of any fruit or vegetables being served.</p> <p>On 5/26/16 in the afternoon, review of the medical records for the 10 residents revealed three residents were diagnosed with obesity, two were diagnosed with diabetes and six were diagnosed with hypertension.</p> <p>On 5/26/16 in the afternoon, observed lunch being served to five residents. The meal served, ham and cheese sandwich, chips and soda was what was posted on the menu for that meal. The</p>	Y 275	<p>Tag Y 275</p> <p>What will the facility do to correct the deficiency?</p> <p>a) Although not listed on the menu, clients were served fruits and vegetables every meal. Revisions have been made to the menu to reflect daily servings of fruits and vegetables. See Attachment A.</p> <p>What action is the facility taking so the deficiency will not reoccur? How will facility monitor its correction? Who is assigned to monitor the correction?</p> <p>b) The facility will ensure that fruits and vegetables are always included on the menu and served to clients daily. Facility will monitor compliance by having a meeting every week with the clients about the menu and staff will ask all clients for any input with the menu and the foods being served. The administrator will monitor compliance.</p> <p>Date of Completion c) June 1, 2016</p>	

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

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS1955AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 05/26/2016
NAME OF PROVIDER OR SUPPLIER LIBERTY RESIDENTIAL CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 3060 LIBERTY CIRCLE S LAS VEGAS, NV 89121		
(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 275	Continued From page 2 caregiver served fresh cantaloupe at the end of the meal and whole fruit was on the kitchen table. On 5/26/16 in the afternoon, interview with the five residents eating lunch revealed the residents wanted more fruits and vegetables and more variety of meals. Residents indicated they only received milk at breakfast with cereal. One resident reported the juice served was Hawaiian Punch. On 5/26/16 at 3:30 PM, the Administrator acknowledged the observations indicating fresh fruit and vegetables were provided on a regular basis. Caregiver #2 reported milk is placed on the table for residents to consume at breakfast. Severity: 2 Scope: 3	Y 275			
Y 920 SS=F	449.2748(1-2) Medication Storage NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. 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	Y 920			

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

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS1955AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/26/2016
NAME OF PROVIDER OR SUPPLIER LIBERTY RESIDENTIAL CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 3060 LIBERTY CIRCLE S LAS VEGAS, NV 89121		
(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 920	<p>Continued From page 3</p> <p>has been provided a key.</p> <p>2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication must be kept in a locked box unless the refrigerator is locked or is located in a locked room.</p> <p>This Regulation is not met as evidenced by: Based on observation and interview, the facility failed to ensure medications were secure.</p> <p>Findings include:</p> <p>On 5/26/16 at 1:10 PM, the caregiver was observed locking a file cabinet in the office area. The caregiver confirmed the file cabinet contained resident files and medication and that it was unlocked.</p> <p>On 5/26/16 in the afternoon, the Administrator acknowledged the deficiency, reporting the caregivers were regularly reminded to lock the file cabinet containing the resident medications.</p> <p>Severity: 2 Scope: 3</p>	Y 920	<p>Tag Y 920</p> <p>What will the facility do to correct the deficiency?</p> <p>a) The facility created a sign to remind staff to always lock and secure the medication cabinet after each use. See attachment A.</p> <p>What action is the facility taking so the deficiency will not reoccur? How will facility monitor its correction? Who is assigned to monitor the correction?</p> <p>b) The facility created a log for the caregiver to sign each time the medication cabinet has been opened so that the deficiency will not re-occur. See attachment B. The facility will monitor its correction by checking the log every time. The administrator will monitor compliance.</p> <p>Date of Completion</p> <p>c) May 26, 2016</p>	

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