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
	358	A. BUILDING _____ B. WING _____	01/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAN VICENTE HOME CARE	8460 RANCHO DESTINO RD, LAS VEGAS, NEVADA ,89123

(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 State Licensure annual grading survey conducted in your facility on 1/2/18. This State Licensure survey was conducted by the authority of NRS 449.0307, Powers of the Health Division. The facility is 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 ten. Ten resident files were reviewed and five employee files were reviewed. The facility received a grade of A. The findings and conclusions of any investigation by the Division of Public and Behavorial 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		

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	Name: VISITACION T DELA PENA	Title: POC	Date: 01/14/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	358	A. BUILDING _____ B. WING _____	01/02/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAN VICENTE HOME CARE	8460 RANCHO DESTINO RD, LAS VEGAS, NEVADA ,89123

(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
1036 SS= D	449.2768(1)(a)(2) - Dementia Training - 449.2768 Residential facility which provides care to persons with dementia: Training for employees. 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that: (a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, successfully completes: (2) In addition to the training requirements set forth in subparagraph (1), within 3 months after such an employee is initially employed at the facility, at least 8 hours of training in providing care to a resident with any form of dementia, including, without limitation, Alzheimer's disease. Inspector Comments: Based on record review and interview, the facility failed to ensure initial dementia training was completed for 1 of 5 employees (Employee #1). Findings include: Caregiver #1 was hired on 8/8/16. On 1/2/18 in the morning, Caregiver #1's record revealed three hours of dementia training was completed on 8/12/16 and had not completed an additional seven hours of dementia training within the first 90 days of employment. On 1/2/18 in the morning, the Administrator had provided four hours of annual dementia training for Caregiver #1 and was unable to provide seven additional hours of dementia training within the first 90 days of employment. Severity: 2 Scope: 1	1036	1. Employee given additional 6 hours training on Alzheimer's to make up the 40 hours required upon employment. 2. Administrator will have a reminder mark on the calendar for new-hires to complete required training. 3. The administrator will re-check after 3 months of employment on new-hires. 4. The administrator will be responsible on insuring the Plan of Correction is implemented. 5.January 03, 2018	01/14/2018