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
	8664	A. BUILDING _____ B. WING _____	01/09/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELLA VITA CARE HOME	9924 WONDERFUL DAY DRIVE, LAS VEGAS, NEVADA ,89148

(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 required grading re-survey conducted in your facility on 1/09/18. This State Licensure survey was conducted by the authority of NRS 449.0307, Powers of the Division of Public and Behavioral Health. The facility received a re-survey grade of A. The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was six. Two employee file were reviewed. 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 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: SIMONA COCEA | Title: Administrator | Date: 01/11/2018

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0920 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 has been provided a key. 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. Inspector Comments: Based on observation and interview, the facility failed to ensure medications were stored and secured in a locked area. Findings include: On 01/09/18 at 9:15 AM, the following was observed: A purse was open, sitting on the chair next to the sliding glass door in the dining room area. In plain view inside the purse was an unsecured pill box with multiple medications observed inside. A caregiver in the kitchen confirmed the medications was theirs. The caregiver explained the medications were to be secured in the caregiver room which remained locked. Severity: 2 Scope: 3	0920	TAG 0920: NAC 449.2748(1-2) Purse with medications was immediately stored in caregiver's room during time of inspection where it remains locked. Administrator reiterated to all caregivers to make sure any personal medication(s) stays locked in the caregiver room at all times. Administrator to ensure monitoring ongoing.	01/09/2018

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0999 SS= F	449.2756(1)(g) - Alzheimer's Facility-Toxic substances - NAC 449.2756 Residential facility which provides care to persons with Alzheimer's disease: Standards for safety; personnel required; training for employees. 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure toxic items were not accessible to residents. Findings include: On 01/09/18 at 9:12 AM, two bottles of rubbing alcohol were in an unsecured cabinet in the hallway next to the kitchen. On 01/09/18 at 9:12 AM, the caregiver acknowledged the observation. Severity: 2 Scope: 3	0999	TAG 0999: NAC 449.2756 (1)(g) Bottles of rubbing alcohol next to first aid kit in unsecured kitchen cabinet were removed and placed in a locked, secured cabinet immediately during time of inspection. All caregivers to ensure any toxic substances to be secured and locked at all times. Administrator to monitor ongoing and ensure this is being followed through.	01/09/2018