

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2678AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/14/2008
NAME OF PROVIDER OR SUPPLIER ATRIA SEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 N RAMPART LAS VEGAS, NV 89128		
(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 the annual state licensure survey and complaint investigation conducted at your facility on 10/14/08.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility was licensed for 125 total beds.</p> <p>The facility had the following category of classified beds: (Category 1 - 103 beds Category 2 - 22 beds)</p> <p>The facility had the following endorsement: Residential facility which provides care to elderly and/or disabled persons.</p> <p>The census at the time of the survey was 125. The sample included 25 residents records and 1 closed record. Ten employee files were reviewed.</p> <p>There were 3 complaints investigated:</p> <p>Complaint #NV19343: Unsubstantiated Complaint #NV18976: Substantiated (TAG Y 307 and Y 357). Complaint #NV18449: Substantiated (TAG Y357).</p> <p>The findings and conclusions of any investigation by the Health Division 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>	Y 000		

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 000	Continued From page 1	Y 000		
Y 870 SS=E	<p>The following regulatory deficiencies were identified:</p> <p>449.2742(1)(a)(1) 449.2742(1)(a)(1) Medication Administration</p> <p>NAC 449.2742 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident.</p> <p>This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure a medication profile review was performed by a physician, pharmacist or registered nurse at least once every six months for 5 of 25 residents residing in the facility for longer than six months (#4, #6, #8, #15, #16).</p> <p>Findings include:</p> <p>Resident #4 was admitted to the facility on 05/13/05. The last medication profile review available in the record was dated 08-21-08. There was no documented evidence of a medication review signed by a physician,</p>	Y 870		

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Y 870	<p>Continued From page 2</p> <p>pharmacist or registered nurse in the medical record for February 2008.</p> <p>Resident #6 was admitted to the facility on 05/03/05. There was no documented medication profile review in the medical record.</p> <p>Resident #8 was admitted to the facility on 9/5/05. Medication profile reviews in the record were dated 1/30/08 and 8/31/08. There was an 8 month gap between two reviews.</p> <p>Resident #15 was admitted on 8/20/07. The medication profile reviews in the record were dated 8/15/07 and 8/31/08. There was no documented evidence of a medication review in February 2008.</p> <p>Resident #16 was admitted to the facility on 09/30/07. The last medication profile review available in the record was dated 08-7-08. There was no documented evidence of a medication review signed by a physician, pharmacist or registered nurse in the medical record for February 2008.</p> <p>On 10/14/08 at 2:00 PM, interview with the Residential Services Director revealed, the facility was not consistent in making sure all medication profiles were signed off by the residents' primary physician.</p> <p>Severity: 2 Scope: 2</p>	Y 870		

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