

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS1775AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C <b>12/03/2008</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ATRIA SUNLAKE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3250 SOUTH FORTAPACHE ROAD LAS VEGAS, NV 89117</b>
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Y 000 Initial Comments

This Statement of Deficiencies was generated as a result of the annual State Licensure survey and Complaint Investigation survey conducted at your facility on December 3, 2008.

The survey was conducted using Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups regulations, adopted by the Nevada State Board of Health on July 14, 2006.

The facility was licensed for 121 Residential Facility for Group beds for elderly or disabled persons, Category II residents. The census at the time of the survey was 93. Twenty (20) resident files and ten (10) employee files were reviewed.

Complaint #NV00019950 was not substantiated. Complaint #NV00017109 was not substantiated.

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.

The following deficiencies were identified:

*Acceptable POC  
3/4/09  
R. S. [Signature]*

Initial Comments:  
The preparation and submission of this plan of correction by the Facility does not constitute nor shall it be deemed to constitute an admission of fault or liability on the part of the Facility nor shall it be agreement by the Facility as to the truth or accuracy of the facts alleged or the conclusions stated in the Statement of Deficiencies. The Facility prepared and submitted this plan of correction in order to comply with state regulations.

Y 179 449 209(6) Health and Sanitation-Screens SS=A

NAC 449 209  
6 All windows that are capable of being opened in the facility and all doors that are left open to provide ventilation for the facility, must be screened to prevent the entry of insects

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Deann Moth*

TITLE: *Regional Business Director*

DATE: *3/4/09*

STATE FOLDER: \_\_\_\_\_

CONFIRMATION SHEET 1 of 2

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Y 179	Continued From page 1  This Regulation is not met as evidenced by: Based on observation on 12/3/08, the facility failed to ensure 4 of 20 bedroom windows were equipped with screens.  Findings include:  On 12/3/08, the residential bedroom windows in Rooms #151, #155, #255, and #257 were not equipped with screens.  Severity: 1 Scope: 1	Y 179	Y179  a) The Facility caused repaired screens to be installed on the noted windows.  b) The Facility Maintenance Director will conduct a visual inspection of all Facility windows capable of being opened and their screens, noting missing or damaged screens, on a weekly basis. The Facility Administrator will monitor for compliance.  c) 12/15/08
Y 280: SS=C	449.2175(10)(a) Dietary Consultant & Services  NAC 449.2175 10. The person providing services pursuant to subsection 9 shall provide those services not less than once each calendar quarter. The administrator of the facility shall keep a written record of the consultations on file at the facility. The consultations must include: (a) The development and review of weekly menus.  This Regulation is not met as evidenced by: Based on interview and document review on 12/3/08, the facility failed to obtain the services of a dietitian not less than once each calendar	Y 280	Y280  a) The Facility Food Service Director will enforce the provisions of the existing dietitian's contract to require the dietitian to provide her consulting services, including the development and review of weekly menus, to the Facility not less than once per calendar quarter. The Facility Food Service Director will keep a written record of the consultations with the dietitian and maintain the record at the Facility.  b) The Facility Administrator will monitor for compliance, as assisted by the Regional Food Service Director.  c) 1/1/09

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Y 280 Continued From page 2  
quarter.

Findings include:

The review of the dietitian's contract revealed a start date of 10/7/07 with automatic annual renewals. The contract indicated a required meeting between the dietitian and the facility's Executive Director must be conducted each calendar quarter. Document review revealed one consult was conducted during the past thirteen months.

Interview with the Food Service Manager on 12/3/08 confirmed the dietitian's file contained all the available facility dietary consults.

Severity: 1 Scope: 3

Y 434 449.229(3) Emergency Drills  
SS=F

NAC 449 229

3 A drill for evacuation must be performed monthly on an irregular schedule, and a written record of each drill must be kept on file at the facility for not less than 12 months after the drill.

This Regulation is not met as evidenced by:  
Based on record review on 12/3/08, the facility ~~has not had evacuation drills were conducted during the 6 of the past 13 months.~~

Findings include.

Review of the fire drill log revealed the facility

Y 280

Y 434

Y434

a) The Facility Maintenance Director has created a schedule of evacuation drills for calendar year 2009 and will cause evacuation drills to be performed monthly on an irregular schedule. The Facility Maintenance Director will prepare a written record of each drill and maintain that record at the Facility.

b) The Facility Administrator will monitor for compliance and periodically review the written record of the monthly drills.

c) 1/1/09

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Y 434 Continued From page 3  
failed to conduct and record monthly evacuation drills for the months of November 2007, December 2007, January 2008, February 2008, March 2008, and November 2008.  
  
Severity: 2 Scope: 3

Y 434

Y 876 449.2742(4) NRS 449.037  
SS=D  
NAC 449.2742  
4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met.  
  
This Regulation is not met as evidenced by:  
Based on record review on 12/3/08, the facility failed to ensure a medication administration agreement was available for 1 of 20 residents (Resident #11).

Y 876

Y876  
a) The Facility Resident Services Director caused all resident care files to be reviewed for compliance. The Resident Services Director caused a written medication administration agreement to be prepared for the noted resident.  
  
b) The Facility Resident Services Director will regularly review and monitor the resident files for compliance. The Facility Administrator and the Regional Assisted Living Director will regularly monitor for compliance.

Findings include:  
~~Resident #11's file lacked documented evidence of a medication administration agreement since admittance on 7/18/07.~~

c) 2/1/09

Severity: 2 Scope: 1  
  
Y 936 449.2749(1)(e) Resident file  
SS=F  
NAC 449.2749  
1 A separate file must be maintained for each resident of a residential facility and retained for

Y 936

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Y 936	<p>Continued From page 4</p> <p>at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation:</p> <p>(e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by: NAC 441A.380 is hereby amended to read as follows:</p> <p>441A.380 1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing, or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility.</p> <p>2. Except as otherwise provided in this section, the staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing, or intermediate care shall:</p> <p>(a) Before admitting a person to the facility or home, determine if the person:</p> <p>(1) Has had a cough for more than 3 weeks; (2) Has a cough which is productive;</p> <p>(3) Has blood in his sputum; (4) Has a fever which is not associated with a cold, flu, or other apparent illness; (5) Is experiencing night sweats; (6) Is experiencing unexplained weight loss; or</p> <p>(7) Has been in close contact with a person who has active tuberculosis.</p> <p>(b) Within 24 hours after a person, including a person with a history of bacillus Calmette-</p>	Y 936	

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Y 936	Continued From page 5  Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless there is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner.  (c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a single tuberculosis screening test annually thereafter, unless the medical director or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.  3. A person with a documented history of a positive tuberculosis screening test is exempt from skin testing and routine annual chest radiographs, but the staff of the facility or home shall ensure that the person is evaluated at least annually for the presence or absence of symptoms of tuberculosis.  4. If the staff of the facility or home determines that a person has had a cough for more than 3 weeks and that he has one or more of the other	Y 936		

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Y 936	Continued From page 6  symptoms described in paragraph (a) of subsection 2, the person may be admitted to the facility or home if the staff keeps the person in respiratory isolation in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 until a health care provider determines whether the person has active tuberculosis. If the staff is not able to keep the person in respiratory isolation, the staff shall not admit the person until a health care provider determines that the person does not have active tuberculosis. 5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility or home shall not admit the person to the facility or home, or, if he has already been admitted, shall not allow the person to remain in the facility or home, unless the facility or home keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a health care provider determines that the person does not have active tuberculosis or certifies that, although the person has active tuberculosis, he is no longer infectious. A health care provider shall not certify that a person with active tuberculosis is not infectious unless the health care provider has obtained not less than three consecutive negative sputum AFB smears which were collected on separate days. 6. If a test indicates that a person who has been or will be admitted to a facility or home has active tuberculosis, the staff of the facility or home shall ensure that the person is treated for the disease in accordance with the recommendations of the Centers for Disease Control and Prevention for the counseling of, and effective treatment for, a person having active tuberculosis. The recommendations are set forth in the guidelines of the Centers for Disease	Y 936		

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Y 936 Continued From page 7

Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.

7. The staff of the facility or home shall ensure that counseling and preventive treatment are offered to each person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.

8. The staff of the facility or home shall ensure that any action carried out pursuant to this section and the results thereof are documented in the person's medical record.

Based on record review and interview on 12/3/08, the facility failed to document tuberculosis (TB) screening tests for 2 of 20 residents (Resident #18 and #20).

Findings include:

The file for Resident #18 contained a one-step TB screening test dated 8/11/08. The file lacked documented evidence of a two-step TB screening test.

The file for Resident #20 contained a one-step TB screening test dated 11/10/08. The file lacked documented evidence of a two-step TB screening test.

Severity: 2 Scope: 3

Y 936

Y936

a) The Facility Resident Services Director caused the noted residents to undergo two-step TB screening tests. The Facility Resident Services Director confirmed that all other residents are current for TB testing. The Facility Resident Services Director will conduct monthly reviews of the testing records and notify the residents and/or the responsible parties of changes of status and requirements for compliance.

b) The Administrator will conduct a quarterly review of the testing records of the Facility residents, together with the Resident Services Director, to monitor for compliance.

c) 2/1/09

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