

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN4241AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/12/2009
NAME OF PROVIDER OR SUPPLIER SUMMERDALE AT RIATA		STREET ADDRESS, CITY, STATE, ZIP CODE 14315 RIATA CIRCLE RENO, NV 89521		
(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	Initial Comments This statement of deficiencies was generated as a result of a Complaint Investigation conducted in your facility on 3/11/09 and completed on 3/12/09. This State Licensure survey was conducted by authority of NRS 449.150, Powers of the Health Division. Complaint #NV00021192 was substantiated with deficiencies. See Tag 050. Other regulatory deficiencies were also identified during the investigation.	Y 000		
Y 050 SS=D	449.194(1) Administrator's Responsibilities-Oversight NAC 449.194 The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.2766, inclusive, and chapter 449 of NRS. This Regulation is not met as evidenced by: Based on record reviews and interviews from 3/11/09 to 3/12/09, the administrator did not ensure 1 of 2 residents received needed services to adequately clean her dentures (Resident #1).	Y 050		

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 050	Continued From page 1 Severity: 2 Scope: 1	Y 050		
Y 850 SS=D	449.274(1)(a) Medical Care of Resident NAC 449.274 1. If a resident of a residential facility becomes ill or is injured, the resident's physician and a member of the resident's family must be notified at the onset of the illness or at the time of the injury. The facility shall: (a) Make all necessary arrangements to secure the services of a licensed physician to treat the resident if the resident's physician is not available. This Regulation is not met as evidenced by: Based on record reviews and interviews from 3/11/09 to 3/12/09, the facility failed to notify a resident's physician when the resident became ill (Resident #1). Severity: 2 Scope: 1	Y 850		
Y 878 SS=D	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in	Y 878		

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Y 878	Continued From page 2 the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Based on record reviews and interviews from 3/11/09 to 3/12/09, the facility failed to ensure that 1 of 6 residents received medication (oxygen) as prescribed (Resident #1). Severity: 2 Scope: 1	Y 878			

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