

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN4270AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/31/2009
NAME OF PROVIDER OR SUPPLIER SPANISH SPRINGS ASSISTED 2		STREET ADDRESS, CITY, STATE, ZIP CODE 7880 ORBIGO COURT SPANISH SPRINGS, NV 89436		
(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 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. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 3/31/09. The facility received an annual survey grade of B. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for five Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was two. Two resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed. The following deficiencies were identified:	Y 000		
Y 175 SS=E	449.209(4)(b) Health and Sanitation-Hazards NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility. This Regulation is not met as evidenced by: Based on observation and interview on 3/31/09, the administrator failed to ensure that the facility was free on obstacles impeding free movement for 1 of 2 residents (Resident #2). The	Y 175		

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 175	Continued From page 1 caregivers placed barriers to purposely prevent her from navigating throughout the facility. The administrator failed to maintain the transition-strips between the kitchen, living room and hardwood area leaving exposed nails. Severity: 2 Scope: 2	Y 175		
Y 176 SS=F	449.209(4)(c) Health and Sanitation-Insects, Rodents NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (c) Insects and rodents. This Regulation is not met as evidenced by: Bsed on observation and interview on 3/31/09, the facility failed to ensure the food supply and food preparation area was free of evidence of rodent infestation. Serverity: 2 Scope: 3	Y 176		
Y 252 SS=C	449.217(3) Storage of Food-Adequate storage; Packaging NAC 449.217 3. Sufficient storage must be available for all food and equipment used for cooking and storing food. Food that is stored must be appropriately packaged.	Y 252		

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Y 252	Continued From page 2 This Regulation is not met as evidenced by: Based on observation and interview on 3/31/09, the facility failed to properly store food to prevent access by insects or rodents. Severity: 1 Scope: 3	Y 252		
Y 451 SS=F	449.231(2)(a)-(f) First Aid Kit NAC 449.231 2. A first-aid kit must be available at the facility. The first-aid kit must include, without limitation: (a) A germicide safe for use by humans. (b) Sterile gauze pads; (c) Adhesive bandages, rolls of gauze and adhesive tape; (d) Disposable gloves; (e) A shield or mask to be used by a person who is administering cardiopulmonary resuscitation; and (f) A thermometer or device that may be used to determine the bodily temperature of a person. This Regulation is not met as evidenced by: Based on observation and interview on 3/31/09, the facility failed to maintain a shield mask for use by a person performing cardiopulmonary resuscitation. This is a repeat deficiency from the Annual State	Y 451		

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Y 451	Continued From page 3 Licensure survey of 4/30/08. Severity: 2 Scope: 3	Y 451		

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