

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2788AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/10/2009
NAME OF PROVIDER OR SUPPLIER CHUTNEY RESIDENTIAL HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3881 CHUTNEY ST LAS VEGAS, NV 89118		
(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 6/10/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 7 Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 4. Four resident files were reviewed and 3 employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of A. The following deficiencies were identified:	Y 000		
Y 931 SS=F	449.2749(1)(b) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for 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: (b) The address and telephone number of the resident's physician and the next of kin or	Y 931		

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 931	Continued From page 1 guardian of the resident or any other person responsible for him. This Regulation is not met as evidenced by: Based on observation and record review on 6/10/09, the facility failed to maintain files in a locked fire resistant location on 4 of 4 residents (Resident #1, #2, #3 and #4). Severity: 2 Scope: 3	Y 931		
Y 999 SS=F	449.2754(1)(g) Alzheimer's Facility NAC 449.2756 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. This Regulation is not met as evidenced by: Based on observation on 6/10/09, the facility failed to ensure all toxic substances were inaccessible to the residents. In Bedroom # 2 wound cleanser found in the residents night stand and rubbing alcohol was observed in an unsecured cabinet under the sink in Bathroom #2. Severity: 2 Scope: 3	Y 999		

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