POC accepted
L Cavanagh HFS III
letter sent.

PRINTED: 10/12/2009
FORM APPROVED

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4529SNF	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED C 09/30/2009
NAME OF PROVIDER OR SUPPLIER LAS VENTANAS RETIREMENT COMM SNF	STREET ADDRESS, CITY, STATE, ZIP CODE 10401 WEST CHARLESTON BLVD LAS VEGAS, NV 89135		

(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
Z 000	Initial Comments This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 9/30/09, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing. Complaint #NV00022828 was substantiated with deficiencies cited. (See Tags Z125 and Z470) A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. 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:	Z 000	This plan of correction is prepared and executed because it is required by the provisions of the state and federal regulations and not because Las Ventanas agrees with the allegations and citations listed on the statement of deficiencies. Las Ventanas maintains that the alleged deficiencies do not, individually or collectively, jeopardize the health and safety of the residents, nor are they of such character to render adequate care as prescribed by regulation. This plan of correction shall operate as Las Ventanas's written credible allegation of compliance. By submitting this plan of correction, Las Ventanas does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standard of care, contract, obligation or position and Las Ventanas reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding.	
Z125 SS=D	NAC 449.74441 Maintenance 6. Information contained in a medical record is confidential and must not be released without the written consent of the patient except: a) As required by law; b) Under a contract involving a third-party payor or c) As required upon he transfer of the patient to	Z125		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Rose Lager — TITLE: ADMINISTRATOR — (X6) DATE: 10/22/09

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Z125	Continued From page 1 another medical facility. This Regulation is not met as evidenced by: Based on interview, record review and document review the facility failed to ensure information in a resident's medical record was kept confidential and not released without written consent of the resident or resident's agent. (Resident #1) Severity: 2 Scope: 1	Z125	a. Resident #1 is no longer a resident of this facility. b. All residents have been identified as having the potential to be affected. All residents have been reviewed and no other deficient practice has been identified.	
Z470 SS=D	NAC 449.74539 Physical Environment 1. Provide a safe, functional, sanitary and comfortable environment for the patients in the facility, the members of its staff and members of the general public. This Regulation is not met as evidenced by: Based on interview, record review and document review the facility failed to provide a safe and comfortable environment for residents at the facility by failing to follow the facilities security policy and procedure and contact security to deal with an intoxicated, belligerent family member who was accessing medical records without authorization and causing a disturbance to residents at the facility. Severity: 2 Scope: 1	Z470	c. Upon admission, all residents are given a copy of the Notice of Privacy Practices for Las Ventanas Comprehensive Nursing Center and acknowledge receipt of this notice. This practice will continue. In addition, all inquiries regarding reviewing/obtaining copies of medical records will be referred to Medical Records Director. All employees will continue to receive at orientation, annually and inserviced on: 1. HIPPA policy and procedure with emphasis on "Privacy and Confidentiality". 2. Policy on "Authorization & Request for Release of Information" of medical records.	

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