Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	NVS4146SNF		C 01/13/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HEIGHTS OF SUMMERLIN, LLC	10550 PARK RUN DRIVE LAS VEGAS, NV 89144

(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 Surveyor: 27469 This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 1/13/10, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing. Complaint #NV00023524 was substantiated with a deficiency cited. (See Tag Z321) Complaint #NV00024034 was substantiated with a deficiency cited. (See Tag Z291) Complaint #NV00022857 was substantiated in part with no deficiencies cited. Complaint #NV00023922 was unsubstantiated. Complaint #NV00024137 was substantiated with a deficiency cited. (See Tag Z401) 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.	Z 000		
Z291 SS=G	NAC449.74487 Nutritional Health; Hydration 2. A facility for skilled nursing shall provide each patient in the facility with sufficient fluids to	Z291		

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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Z291	Continued From page 1 maintain proper hydration and health. . This Regulation is not met as evidenced by: Surveyor: 27469 Based on record review and interviews, the facility failed to start intravenous fluids when ordered in order to provide the necessary hydration to maintain the physical well-being for 1 of 5 residents (Resident #2). Findings include: 1. Resident #2 was a 98 year old female who was admitted to the facility on 10/8/09 and readmitted on 12/3/09 with diagnoses including dehydration, septic shock, fractured rib, debility, hypertension, asthma, history of urinary tract infection with acute renal failure, senile dementia, psychosis, coronary artery disease and chronic sinusitis. Resident #2 was transferred to the hospital on 11/11/09. The admission note from the hospital, dictated on 11/12/09 by the physician, indicated the resident was admitted to the hospital in acute renal failure secondary to dehydration and hypoperfusion. The nurse's note dated 11/11/09 for 11-7 shift revealed Resident #2 remained on antibiotic therapy for a cough. The blood pressure was documented as 106/68. There was no documented evidence of any other blood pressures obtained on 11/11/09. Labs were ordered on 11/10/09 and and the report received on 11/11/09. Orders were received by the nurse. The daily and shift charting indicated the nurse notified the physician at 2:30 PM of the lab results. The nurse received	Z291		

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Z291	Continued From page 2 orders for intravenous fluids (IV) at 65 cc's per hour to start immediately, to discontinue medications, and transfer the resident to the hospital. Blood pressure was to be recorded every four hours. The resident refused to go to the hospital. The son was notified and he requested he speak with the physician prior to transfer to the hospital. The nursing note documented the registered nurse supervisor was notified regarding the order for immediate IV fluids. The physician progress notes dated 11/11/09 at 7:00 PM revealed Resident #2 had no nausea, vomiting or diarrhea. The nausea and vomiting had been resolved. IV fluids at an increased rate of 125 cc's per hour were ordered. There was no documented evidence the IV was started until 7:40 PM and no results of blood pressures by the nursing staff were documented in the medical file. The physician progress notes dated 11/11/09 at 7:10 PM, revealed a blood pressure of 110/53 and oxygen saturation at 94%. On 1/13/10 at 3:10 PM, the LPN charge nurse was interviewed. The employee explained she did not enter the time of the order was received on 11/11/09 for IV fluids to be started. She stated it would have been the same time as the nursing note she entered. The LPN charge nurse stated that she did not start IV's and reported the order to the day shift RN. The employee recalled telling the afternoon LPN to remind the afternoon RN to start the IV. The day shift ended at 2:30 PM, the time the order was received, and LPN charge nurse was concerned the order would be missed. The employee reported the day shift supervisor told her she would report the IV start order to the	Z291		

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Z291	Continued From page 3 afternoon shift supervisor. LPN charge nurse was unable to recall if she reported to the afternoon LPN regarding the order for blood pressures to be taken every four hours. On 1/13/10 at 3:50 PM, the DON and assistant administrator were interviewed. The DON stated the second shift supervisor worked as needed and was currently out of town. The DON stated the time delay for the IV start was partially due to the nurse was unable to locate an IV pole. Severity: 3 Scope: 1	Z291		
Z321 SS=D	NAC449.74497 Daily Activities of Patient 2. As used in this section, "daily activities" includes, without limitation: (a) Bathing, dressing and grooming oneself; (b) The ability to be ambulatory; (c) Using the toilet without assistance; (d) Feeding oneself; and (e) Using speech, language and other communication systems. This Regulation is not met as evidenced by: Surveyor: 27469 Based on interviews and record review, the facility failed to have documented evidence that activities of daily living were provided on the day shift and afternoon shift for 1 of 5 residents (Resident #1). A confidential inteview revealed Resident #1 was discharged home in the same clothes as when admitted; her pants had stool in them. The facility failed to have evidence the resident's suitcase was unpacked. Severity: 2 Scope: 1	Z321		

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Z401	Continued From page 4	Z401		
Z401 SS=D	NAC 449.74523 Social Services 2. The social services provided must: (a) Identify and meet the social and emotional needs of each patient in the facility. (b) Assist each patient and the members of his family in adjusting to the effects of the patient;s illness or disability, to his treatment and to his stay in the facility. (c) Include adequate planning upon the patient's discharge from the facility to ensure that appropriate community and health resources are used. This Regulation is not met as evidenced by: Surveyor: 14519 Based on interview and record review the facility failed to make arrangements for a front wheel walker and tub transfer bench as ordered prior to discharge for 1 of 5 residents (Resident #4) Severity: 2 Scope: 1	Z401		