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
	NVS640HOS		C 02/10/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNTAINVIEW HOSPITAL	3100 N TENAYA LAS VEGAS, NV 89128

(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
S 000	Initial Comments	S 000	**S298** a. The facility received a complaint letter from the patient. Results of our investigation were reported to him via letter. b. I&O calculation and follow-up with physicians (per written parameters) will be entered in Meditech as a "Nursing Monitor" order to appear on the patient's nursing and CNA kardex which is printed every shift and used in the end of shift hand-off report. c. New signs and I&O tracking tools will be posted in the rooms of non ICU patients with I&O orders having reporting parameters. These signs (see attached) will read: **" Intake and Output Calculations: Report Output to MD if: < _____ ml, or > _____ ml in _____ hrs"** d. Charge Nurses will maintain a log of patients who have I&O (with reporting parameters) ordered (see attached). The nursing directors will evaluate the I&O documentation of patients with I&O calculations and reporting parameters to ensure that monitoring, documenting and reporting is done per ordered parameters and send results to CNO. e. Responsible party: CNO f. Signs, new I&O tracking tool will be implemented 3/15/10 (after staff education). I/O monitoring form will be implemented 4/15/10. Reports of audits will be sent to CNO weekly.	
	This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 2/10/10, in accordance with Nevada Administrative Code, Chapter 449, Hospitals. Complaint #NV00024384 was substantiated with deficiencies cited. (See Tag S 318). Complaint #NV00024346 was substantiated with deficiencies cited. (See Tag S 298). Complaint #NV00024173 was substantiated without deficiencies. Complaint #NV00023866 was unsubstantiated. Complaint #NV00023876 was substantiated with deficiencies cited. (See Tag S 300 and 318). Complaint #NV00023839 was unsubstantiated. 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.		**S300** a. The facility received a complaint from the patient and has been in communication regarding issues identified. b. All patients in the facility including ED patients and L2K holds are provided a bedside report by offgoing/oncoming RNs in the presence of the patient, to include the patient's plan of care. c. Medication orders are reviewed during newly instituted bedside report on all patients. d. Charge RNs monitor at each shift change, for completion of bedside	
S 298 SS=D	NAC 449.361 Nursing Service 9. A hospital shall ensure that its patients receive proper treatment and care provided by its nursing	S 298		

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 TITLE (X6) DATE 3/9/10