3/29/10 PoC accepted B. Cavanagh HFSTT

PRINTED: 03/03/2010
FORM APPROVED

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS028S	A. BUILDING _____ B. WING _____	02/12/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAS VEGAS HEALTHCARE AND REHAB CENT	2832 S. MARYLAND PARKWAY LAS VEGAS, NV 89109

(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 2/11/10 and finalized on 2/12/10, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing. Complaint #NV00024455 was substantiated with deficiencies cited. (See Tags Z300 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 regulatory deficiencies were identified:	Z 000	RECEIVED MAR 18 2010 BUREAU OF LICENSURE AND CERTIFICATION CARSON CITY, NEVADA *This Plan of Correction is the center's credible allegation of compliance.* *Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law* Z300 A) 1. In regards to the shirt for Resident #1, it was returned to the Resident with an offer to replace it. 2. The missing clothes for Resident #5 were found per daughter description and were labeled and returned to Resident. B) The facility has a grievance program that allows Residents to notify the Facility any time items are missing. There is a procedure to attempt to locate any missing items and a system to replace or reimburse any items not found. C) All staff will be re-Inservice by 03/19/10 on the policy on protection of Resident property and the system for labeling, placing on inventory and tracking Resident belongings. D) Through our Angel Care program, regular interview with Residents will occur to identify any non-compliance with this standard or our policy. Any non-compliance will be corrected immediately and reported to the Performance Improvement committee. E) The Administrator is responsible for insuring compliance. F) Date of compliance is 03/19/10.	
Z300 SS=D	NAC 449.74491 Prohibited practices 1. A facility for skilled nursing shall adopt and carry out written policies and procedures that prohibit: a) The mistreatment and neglect of the patients in the facility; b) The verbal, sexual, physical and mental abuse of the patients in the facility;	Z300		

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

[signature] Administrator

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE 3/16/10

Bureau of Health Care Quality and Compliance

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Z300	Continued From page 1 c) Corporal punishment and involuntary seclusion; and d) The misappropriation of the property of the patients in the facility. This Regulation is not met as evidenced by: Based on observation, interview, record review and document review, the facility failed to prevent the loss and misappropriation of resident personal clothing for 2 of 9 residents. (A shirt for Resident #1 and multiple outfits for Resident #5) The missing shirt for Resident #1 was observed being worn by another resident at the facility. Severity: 2 Scope: 1	Z300	*This Plan of Correction is the center's credible allegation of compliance.* *Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law*	
Z301 SS=D	NAC 449.74491 Prohibited practices 2. A facility for skilled nursing shall adopt procedures which ensure that all alleged violations of the policies adopted pursuant to subsection 1 and injuries to patients of unknown origin are reported immediately to the administrator of the facility, to the bureau and to other officials in accordance with state law, and are thoroughly investigated. The procedures must ensure that further violations are prevented while the investigation is being conducted. This Regulation is not met as evidenced by: Based on interview and record review the facility failed to report a fall with significant injury for 1 of 9 residents (Resident #1) Severity: 2 Scope: 1	Z301	Z301 A) On 2/12/10, Surveyors were given a complete investigation of the fall for Resident #1 conducted at the time of fall. B) A review has been conducted of all current incidents to verify that those requiring a report to the state have been investigated and reported per policy and regulation. C) All nursing administration appropriate staff will be re-educated on the reposting criteria by 3/19/10. D) Daily review of incidents will occur to ensure appropriate investigation and reporting to the state by the DNS and Administrator. E) The Administrator will be responsible for verifying each appropriate incident is investigated and reposted timely. F) Date of compliance is 3/19/10.	
Z470 SS=E	NAC 449.74539 Physical Environment	Z470		

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NAME OF PROVIDER OR SUPPLIER LAS VEGAS HEALTHCARE AND REHAB CENT	STREET ADDRESS, CITY, STATE, ZIP CODE 2832 S. MARYLAND PARKWAY LAS VEGAS, NV 89109		

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Z470	Continued From page 2 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 observation and interview, the facility failed to keep the resident rooms and bedside tables clean and sanitary as follows: 1. A urinal was observed sitting on the bedside table in room 312A. This resident did not want the urinal placed on his bedside table. 2. A urinal was observed sitting on the bedside table in room 100 B. This resident did not want the urinal placed on his bedside table. 3. A bloody alcohol wipe was observed on the floor in room 112. Severity: 2 Scope: 2	Z470	*This Plan of Correction is the center's credible allegation of compliance.* *Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law* Z470 A) 1. In Room 312A employees have been in-serviced to place urinal in urinal holder when resident is not using it. If resident places on bedside table, staff will disinfect table using wipes and place in holder. 2. In room 101 B resident keeps urinal within reach and places on table, staff has been in-serviced to remove urinal and disinfect table using wipes before meals. 3. In room 112, the floor was cleaned on 02/12/10, removing any debris and using disinfectant per policy and industry standard. B) 1. All Nursing staff will be re-in-serviced regarding proper use and storage of Urinals including the dignity and infection control aspects. Nursing Administration to check for compliance during regular	

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