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
	NVS3705AGC		C 12/01/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PALMS AT SIENA	2910 HORIZON RIDGE PARKWAY HENDERSON, NV 89052

(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 12/1/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received on grade of an A. The facility is licensed for 120 Residential Facility for Group beds for elderly and disabled person and/or persons, 55 beds, Category I and 65 beds, Category II. The census at the time of the survey was 51. Fifteen resident files were reviewed and fifteen employee files were reviewed. One discharged resident file was reviewed. The following deficiencies were identified:	Y 000		
Y 105 SS=D	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review on 12/1/10, the facility failed to ensure 1 of 15 employees met	Y 105		

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 105	Continued From page 1 background check requirements of NRS 449.176 to 449.188 (Employee #13-missing five year fingerprint renewal). Severity: 2 Scope: 1	Y 105		
Y 106 SS=D	449.200(2)(a) Personnel File - 1st aid & CPR NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation. This Regulation is not met as evidenced by: Based on interview and record review on 12/1/10, the facility failed to ensure 1 of 15 employees (Employee #5) had completed training in first aid and cardiopulmonary resuscitation (CPR). Severity: 2 Scope: 1	Y 106		
Y 255 SS=C	449.217(6)(a)(b) Permits - Comply with NAC 446 on Food Service NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau	Y 255		

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Y 255	Continued From page 2 of Health Protection Services of the Division. This Regulation is not met as evidenced by: Based on observation, interview and record review on 12/1/10, the facility failed to ensure the kitchen complied with the standards of NAC 446. Findings include: 1. Cleaning and Sanitation Issues: a. Bulk food containers of sugar, flour, and bread crumbs were not labeled. b. A container of chicken stock was not covered in the walk-in freezer and there were cases of food stored directly above the uncovered stock. 2. Equipment and Maintenance Issues: a. The paint had chipped from one of the posts that holds the sneeze guards on the salad bar in the dining room, presenting the potential for paint chips to fall into the food. Severity 1: Scope: 3	Y 255		
Y 877 SS=D	449.2742(5) OTC medications & Dietary Supplements	Y 877		

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Y 877	Continued From page 3 NAC 449.2742 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-the-counter medication and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. This Regulation is not met as evidenced by: Based on record review on 12/1/10, the facility did not administer over-the-counter medications/dietary supplements as prescribed by the resident's physician for 3 of 15 residents (Resident #2- Miralax and Natural Tears were not onsite, Resident #3-Q-Tussin was not onsite and Resident #4-Fluticasone Propionate was not onsite). Severity: 2 Scope: 1	Y 877		