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
	NVS5702AGC		C 02/17/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACACIA OASIS	8630 W NEVSO DR 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
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 2/17/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 50 Residential Facility for Groups which provides assisted living , Category II. The census at the time of the survey was 28. Ten resident files were reviewed and 15 employee files were reviewed. The facility received a grade of A.	Y 000		
Y 255 SS=F	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 of Health Protection Services of the Division.	Y 255		

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 255	Continued From page 1	Y 255		
	This Regulation is not met as evidenced by: Based on observation, interview and record review on 2/17/11, the facility failed to ensure the kitchen complied with the standards of NAC 446. Findings include: 1 Critical Violations: a. The person in charge of the assisted living serving kitchen at the time of the inspection was not food safety certified and could not answer basic questions about sanitation, sanitizer concentrations, or the purpose and use of sanitizer test strips. b. In the assisted living serving kitchen, there was an excessive amount of bleach in the bucket containing sanitizing solution (greater than 200 ppm), the sanitizing solution was in the bucket labeled detergent, and there were no sanitizer test strips available or used for monitoring the sanitizer concentration. 2. Cleaning and Sanitation Issues: a. The person serving food from the steam table in the assisted living serving kitchen did not have her hair properly restrained by a hair net or other approved means. Severity 2: Scope: 3			
Y 393 SS=F	449.226(4)(a)-(c) Safety Requirements NAC 449.226	Y 393		

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Y 393	Continued From page 2 4. In a residential facility with more than 10 residents: (a) Each resident must be provided with, or the bedroom and bathroom of each resident must be equipped with, an auditory system that is monitored by a member of the staff of the facility. (b) An auditory system must be available for use in the bathroom of each resident of the facility if the facility was issued its initial license on or after January 14, 1997, so that a resident needing assistance can alert a member of the staff of the facility of that fact from the toilet and the shower. (c) A bathroom that is located in a common area of the facility must be equipped with an auditory system that is monitored by a member of the staff of the facility. This Regulation is not met as evidenced by: Based on observation on 2/17/11, the facility failed to ensure a timely response to 3 of 5 triggered auditory alarms. Severity: 2 Scope: 3	Y 393		
Y 936 SS=E	449.2749(1)(e) Resident file-NRS 441A Tuberculosis NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to	Y 936		

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Y 936	Continued From page 3 the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Based on record review on 2/17/11, the facility failed to ensure 3 of 10 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #1, #8 and #10). Severity: 2 Scope: 2	Y 936		