

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS5422AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/04/2011
NAME OF PROVIDER OR SUPPLIER CANYON HILLS MANOR II		STREET ADDRESS, CITY, STATE, ZIP CODE 4540 S MONEY ST PAHRUMP, NV 89048		
(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 a grading re-survey conducted in your facility on 5/4/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received a re-survey grade of A. The facility is licensed for 10 Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was four. Zero resident files were reviewed and four employee files were reviewed. The following deficiencies were identified:	Y 000		
Y 103 SS=D	449.200(1)(d) Personnel File - NAC 441A / Tuberculosis 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: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Based on record review on 5/4/11, the facility	Y 103		

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 103	Continued From page 1 failed to ensure 1 of 4 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing and pre-employment physical examinations (Employee #1- missing a physical). This is a repeat deficiency from the 5/17/10 and 3/4/11 annual State Licensure surveys. Severity: 2 Scope: 1	Y 103		
Y 557 SS=E	449.262(3)(a) Restriction on Use of Restraints NAC 449.262 3. The members of the staff of a residential facility shall not: (a) Use restraints on any resident. This Regulation is not met as evidenced by: Based on observation and interview on 5/4/11, the facility failed to ensure that mechanical restraints were not used on 1 of 4 residents (full bed rails were found on a resident's bed). Severity: 2 Scope: 2	Y 557		
Y 698 SS=D	Residents Requiring use of Oxygen-Storage 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (b) ensure that: (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; This REQUIREMENT is not met as evidenced by: Based on observation on 5/4/11, the facility failed	Y 698		

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Y 698	Continued From page 2 to secure oxygen tanks in a rack or to the wall (a tank was found unsecured in a backyard shed). This is a repeat deficiency from the 6/21/10 complaint investigation survey and the 3/4/11 annual State Licensure survey. Severity: 2 Scope: 1	Y 698		

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