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PRINTED: 05/11/2011
FORM APPROVED

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3543AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2011
NAME OF PROVIDER OR SUPPLIER COTTAGES OF GREEN VALLEY		STREET ADDRESS, CITY, STATE, ZIP CODE 2620 E ROBINDALE ROAD HENDERSON, NV 89074	
(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)
<p>Y 000 Initial Comments</p> <p>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.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure conducted in your facility on 5/5/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for 103 Residential Facility for Group beds which provide care to 36 beds for elderly and disabled persons and 67 beds for persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 71. Fifteen resident files were reviewed and fifteen employee files were reviewed. The facility received a grade of A.</p> <p>The following deficiencies were identified:</p> <p>Y 255 449.217(6)(a)(b) Permits - Comply with NAC 446 SS=F on Food Service</p> <p>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.</p>	<p>Y 000</p> <p>Y 255</p> <p>OK 5/31/11 Per [initials]</p>	<p><u>Introductory Statement</u></p> <p>The preparation and submission of this plan of correction by the Facility does not constitute, nor shall it be deemed to constitute, an admission of fault or liability on the part of the Facility nor shall it constitute agreement by the Facility as to the truth or accuracy of the facts alleged or the conclusions reached in the Statement of Deficiencies resulting from the 5/5/2011 survey. The Facility prepared and submitted this plan of correction in order to properly comply with state rules and regulations.</p> <p><u>Y255</u></p> <p>a) The Food Service staff of the Facility will ensure that the temperatures of all foods to be served to the residents will be taken and registered in the Food Temperature Log, attached as Exhibit A, and verified to be at the required temperatures. With respect to the cleaning and sanitation issues raised, the 2 noted wiping cloths</p>	<p>(X5) COMPLETE DATE</p>

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

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

Executive Director

(X6) DATE
5/20/11

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Julie Mason* TITLE *Executive Director* (X6) DATE *5/20/11*

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Y 255	Continued From page 1 This Regulation is not met as evidenced by: Based on observation, interview and record review on 5/5/11, the facility failed to ensure the kitchen complied with the standards of NAC 446. Findings include: 1 Critical Violations: a. Two pans of cooked rice were at 115 degrees F on the food preparation table. 2. Cleaning and Sanitation Issues: a. Two soiled wiping cloths were on the food preparation table. b. Non-food contact surfaces of equipment were soiled in the kitchen, including the hood, sides of the cooking equipment, and the shelf under the food preparation table. In the Rose Cottage, the interior of the reach-in refrigerator and the interior of the microwave were soiled. c. The floors were soiled on the cook's line under the cooking equipment and in the janitor closet. d. The ceiling vent was heavily soiled above the clean side of the dishmachine and the walls in the janitor closet were soiled. 3. Equipment and Maintenance Issues:	Y 255	were discarded; all non-food contact surfaces were cleaned and the hood has been cleaned, a copy of the work order is attached as Exhibit B. The floors were cleaned on the cook's line under the cooking equipment and in the janitor's closet; and the ceiling vent and walls above the dish machine and in the janitor closet were cleansed. With respect to the equipment and maintenance issues, the hot water at the handwashing sink was repaired, the mop head in the janitor closet has been replaced, the three-compartment sink area has been organized and cleaned, and the household grade refrigerator and microwave oven will no longer be used by the kitchen staff for food preparation. b) The Food Service Director will continue to instruct and remind all Food Service staff members on the requirements for maintenance and cleaning of kitchen equipment in the Facility and will utilize a maintenance/cleaning checklist to verify that appropriate measures are consistently undertaken, a copy of which is attached as Exhibit C. c) 5/20/2011	OK W 5/31/11 OK W 5/31/11

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Y 878	Continued From page 3 received medications as prescribed (Resident# 10-Cheratussin AC has been prescribed. Robitussin DM is being given in place of the prescribed medication). This is a repeat deficiency from the 2/1/11 Grading Re-Survey and the 6/29/10 Annual State Licensure survey. Severity: 2 Scope: 1	Y 878		
Y 885 SS=D	449.2742(9) Medication / Destruction NAC 449.2742 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. This Regulation is not met as evidenced by: Based on Interview and observation on 5/5/11, the facility failed to destroy medications that had been discontinued for 2 of 15 residents (Resident #1 and #8). Severity: 2 Scope: 1	Y 885 	Y885 a) The Facility Resident Services Director caused all of the discontinued medications found for residents #1 and #8, to be removed and placed in a secure, locked area in the Medication Room. b) The Resident Services Director will cause all expired and discontinued medications to be stored in a secure, locked area in the Medication Room and to be destroyed no less than monthly by an acceptable manner of destruction. c) 5/11/2011	

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