

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS3543AGZ</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/05/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>COTTAGES OF GREEN VALLEY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2620 E ROBINDALE ROAD HENDERSON, NV 89074</b>		
(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 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.  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.  The following deficiencies were identified:	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  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		

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Y 255	Continued From page 2  a. The hot water at the handwashing sink in the restroom in the Rose Cottage was in disrepair.  b. The mop head on the mop in the janitor closet was heavily soiled.  c. The three-compartment sink area and the dietary office where linens, single service items, and other kitchen equipment were stored were very disorganized with items stored in the sinks, on a chair, and on the floor.  d. There was a household-grade reach-in refrigerator and a household-grade microwave in the Rose Cottage.  Severity 2: Scope: 3	Y 255		
Y 878 SS=D	449.2742(6)(a)(1) Medication / Change order  NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order.  This Regulation is not met as evidenced by: Based on record review and interview on 5/5/11, the facility failed to ensure that 1 of 15 residents	Y 878		

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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		

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