

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2489AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2011
NAME OF PROVIDER OR SUPPLIER CHANCELLOR GARDENS OF THE LAKE		STREET ADDRESS, CITY, STATE, ZIP CODE 2620 LAKE SAHARA DRIVE LAS VEGAS, NV 89117		
(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	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of a complaint investigation conducted on your facility from 3/7/11 to 6/2/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</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>One hundred fifty residential beds of which 120 beds for elderly or disabled persons., chronic illnesses, and mental illnesses and/or provides assisted living services, 30 beds for persons with Alzheimer's with 30 beds being low income beds Category II residents.</p> <p>Complaint #NV00027741 - The allegation regarding a medication error was substantiated. See TAG Y878. The allegation regarding a missed medical appointment was unsubstantiated due to lack of evidence after interviews with staff and family members and records reviews.</p> <p>#NV00027741: The complaint investigation process was initiated by the Bureau of Health Care Quality and Compliance on 3/7/11.</p> <p>The investigation for the allegation of a missed medical appointment included:</p>	Y 000		

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 000	Continued From page 1 - Interviews were conducted with a family member and facility staff. - Resident #1's file, and physician's written response to facility's inquiries regarding potential infection and need for antibiotics, and date of follow-up appointment was reviewed .	Y 000		
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 from 3/7/11 to 4/11/11, the facility failed to administer to a resident medications as prescribed (Resident #-1 Risperidone, 0.25 mg tablet not discontinued as ordered). Severity: 2 Scope:1	Y 878		

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