

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 06/23/2011
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>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 a complaint investigation conducted in your facility 6/2/11 through 6/23/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facilitate is licensed for one hundred and fifty (150) total residential facility beds which one hundred and twenty (120) beds for elderly or disabled persons, chronic illnesses, and mental illness and/or provides assisted living services (30) beds which provides care to persons with Alzheimer's with (30) beds being low income beds, category II residents.</p> <p>Complaint #NV00028509 was not substantiated through observation and interview.</p> <p>#NV00028509: The complaint investigative process was initiated by the Bureau of Health Care Quality and Compliance on 6/2/11.</p> <p>The investigation for the allegation the facility residents' laundry room washing machines were not operational; and a resident's bedroom was dirty and without a proper lock included:</p> <ul style="list-style-type: none"> - Observations of the resident's bedroom were made. The resident's bedroom was clean, orderly and equipped with a single motion lock. - Observations of the three resident laundry 	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 rooms were made. Each laundry room contained three washing machines and three clothing dryers, and all appeared to be in operational. - Observations of the facility hallways were made. The hallways were wide enough to accommodate two wheelchairs passing one another at the same time. - Interviews with the resident were conducted. The bedroom in question was cleaned and equipped with a proper lock. The resident's washables were laundered by the facility once per week. Other deficiencies identified during the investigation, see TAG 0223.	Y 000		
Y 223 SS=F	449.213(3) Laundry-Linen - Equipment, Venting NAC 449.213 3. The laundry room in a residential facility must be situated in an area which is separate from an area where food is stored, prepared or served. The laundry must be adequate in size for the needs of the facility and maintained in a sanitary manner. The laundry room must contain at least one washer and at least one dryer. All the equipment must be kept in good repair. All dryers must be ventilated to outside the building. If a washer or dryer is located outside the residential facility, the washer or dryer must be in a room or enclosure.	Y 223		

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Y 223	Continued From page 2 This Regulation is not met as evidenced by: Based on observation on 6/10/11, the facility failed to ensure 6 of 9 cloth dryers did not have excessive lint buildup behind the dryers (dryers in the yellow and green room). Severity: 2 Scope: 3	Y 223		

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