

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 08/22/2011
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 complaint investigation conducted in your facility on 8/17/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 10 Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. Complaint #NV00029134 - The allegation regarding not following hospices's plan of care was substantiated. See TAG 951.	Y 000		
Y 951 SS=D	449.275(2)(a)(b) Hospice Care - Record of Care Provided NAC 449.275 2. The members of the staff of the facility shall: (a) Maintain at the facility a written record of the care and services provided to a resident who receives hospice care. (b) Report any deviation from the established plan of care to the resident's physician within 24 hours after the deviation occurs. This Regulation is not met as evidenced by: Based on observation and interview on 8/17/11, the facility failed to follow and report any	Y 951		

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 951	Continued From page 1 deviation in the hospice plan of care (bedrails not installed on Resident #1's bed). Severity: 2 Scope: 1	Y 951			

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