

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS2678AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/06/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>ATRIA SEVILLE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2000 N RAMPART LAS VEGAS, NV 89128</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	<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 an annual State Licensure survey conducted in your facility on 9/6/11. 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 125 total Residential Facility for Group beds for elderly or disabled persons and/or provides Assisted Living Services, 103 Category I residents and 22 Category II residents. The census at the time of the survey was 68. Fifteen resident files were reviewed and 15 employee files were reviewed.</p> <p>The facility received a grade of B.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 105 SS=D	<p>449.200(1)(f) Personnel File - Background Check</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.</p>	Y 105		

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TITLE

(X6) DATE

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

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Y 105	Continued From page 1  This Regulation is not met as evidenced by: Based on record review and interview on 9/6/11, the facility failed to ensure 1 of 15 employees met background check requirements of NRS 449.176 to 449.188 (Employee #13- fingerprints were not renewed after 5 years).  This was a repeat deficiency from the 9/1/10 State Licensure survey.  Severity: 2 Scope: 1	Y 105		
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.  This Regulation is not met as evidenced by: Based on observation, interview and record	Y 255		

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Y 255	Continued From page 2  review on 9/6/11, the facility failed to ensure the kitchen complied with the standards of NAC 446.  Findings include:  1 Critical Violations:  a. Milk and other potentially hazardous foods were stored at 50 degrees F. in the server station reach-in refrigerator, and a container of cottage cheese was 52 degrees F. on a cart in the food preparation area. Two unlabeled, and undated containers of what appeared to be gravy were stored at 78 degrees F. on a shelf in the food preparation area.  b. A package of raw ground beef was stored directly next to a container of cooked ground beef in the walk-in refrigerator.  2. Cleaning and Sanitation Issues:  a. There was an undated containers of sliced turkey in the reach-in refrigerator on the cook's line, and there was an opened, undated container of sour cream in the walk-in refrigerator.  b. There were unlabeled containers of flour and sugar in dry storage, and there were unlabeled containers of what appeared to be cinnamon sugar in the food preparation area and what appeared to be couscous or cornmeal in dry storage.  c. There were uncovered containers of sugar and salt in dry storage, and flowers used on the tables in the dining room were stored in contact and above containers of milk in the walk-in refrigerator.	Y 255		

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Y 255	Continued From page 3  d. There were wet wiping cloths on the food preparation tables on the cook's line and in the food preparation area, instead of being stored in the sanitizer solution.  e. The following were soiled: can opener, meat slicer, interior of microwave and fryer cabinet, sides of cooking equipment, exterior vents on the hood, exterior of the dishmachine and the vent in the hood over the dishmachine, and the carts and shelves throughout the kitchen.  d. The floors were dirty especially under and behind the equipment in the kitchen, and the walls were dirty in the kitchen.  Severity 2: Scope: 3	Y 255		
Y 393 SS=F	449.226(4)(a)-(c) Safety Requirements  NAC 449.226 4. In a residential facility with more than 10 residents: (a) Each resident must be provided with, or the bedroom and bathroom of each resident must be equipped with, an auditory system that is monitored by a member of the staff of the facility. (b) An auditory system must be available for use in the bathroom of each resident of the facility if the facility was issued its initial license on or after January 14, 1997, so that a resident needing assistance can alert a member of the staff of the facility of that fact from the toilet and the shower. (c) A bathroom that is located in a common area of the facility must be equipped with an auditory system that is monitored by a member of the staff of the facility.	Y 393		

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Y 393	Continued From page 4  This Regulation is not met as evidenced by: Based on observation on 9/6/11, the facility failed to monitor the auditory system in 2 of 2 rooms tested (Room #258 and the common bathroom located on the second floor).  Scope: 2      Severity: 3	Y 393		
Y 698 SS=E	Residents Requiring use of Oxygen-Storage  2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (b) ensure that: (5) All oxygen tanks kept in the facility are secured in a stand or to a wall;  This REQUIREMENT is not met as evidenced by: Based on observation on 9/6/11, the facility did not ensure oxygen tanks were secured in a rack or to the wall in 4 of 15 resident rooms in which oxygen was being used (bedroom #124, #152, #210 and #258).  Severity: 2      Scope: 2	Y 698		
Y 876 SS=D	449.2742(4) Medication Administration NRS 449.037  NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the	Y 876		

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Y 876	Continued From page 5  administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met.  This Regulation is not met as evidenced by: Based on record review on 9/6/11, the facility failed to ensure 1 of 15 residents was not on a maintenance level medication (Resident #12).  Findings include:  Resident #12 had been prescribed Metoprolol XL with an order (dated 12/19/10) that read to hold if the systolic blood pressure was less than 100 or the heart rate was less than 50.  Severity: 2 Scope: 1	Y 876		
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.	Y 885		

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Y 885	Continued From page 6  This Regulation is not met as evidenced by: Based on observation and interview on 9/6/11, the facility did not destroy medications after they were discontinued, had expired or after a resident had been transferred.  Severity: 2    Scope: 1	Y 885		

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