

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS5228AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/13/2011
NAME OF PROVIDER OR SUPPLIER DIAMOND RETIREMENT LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 335 W SHERWOOD DR HENDERSON, NV 89052		
(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 9/13/11. 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 10 Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was six. Six resident files were reviewed and three employee files were reviewed.</p> <p>The facility received a grade of A.</p> <p>The following deficiencies were identified:</p>	Y 000		
Y 431	<p>449.229(2) State Fire Marshall referral</p> <p>2. The Bureau shall notify the State Fire Marshal or the appropriate local government, as applicable, if, during an inspection of a residential facility, the Bureau knows of or suspects the presence of a violation of a regulation of the State Fire Marshal or a local ordinance relating to safety from fire.</p>	Y 431		

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 431	Continued From page 1 This Regulation is not met as evidenced by: Based on record review on 9/13/11, the facility did not ensure monthly smoke detector checks were conducted for the past 2 of 12 months (July and August of 2011) - State Fire Marshall referral.	Y 431		
Y 698 SS=F	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 9/13/11, the facility did not ensure oxygen tanks were secured in a rack or to the wall in 1 of 6 resident rooms in which oxygen was being used (Master bedroom had 3	Y 698		

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Y 698	Continued From page 2 unsecured oxygen tanks). Severity: 2 Scope: 3	Y 698		
Y 871 SS=C	NAC 449.2742(1)(d)(1-8)(1)(e) Medication Plan NAC 449.2742 d) Develop and maintain a plan for managing the administration of medications at the residential facility, including, without limitation: (1) Preventing the use of outdated, damaged or contaminated medications; (2) Managing the medications for each resident in a manner which ensures that any prescription medications, over-the-counter medications and nutritional supplements are ordered, filled and refilled in a timely manner to avoid missed dosages; (3) Verifying that orders for medications have been accurately transcribed in the record of the medication administered to each resident in accordance with NAC 449.2744; (4) Monitoring the administration of medications and the effective use of the records of the medication administered to each resident; (5) Ensuring that each caregiver who administers a medication is in compliance with the requirements of subsection 6 of NRS 449.037 and NAC 449.196; (6) Ensuring that each caregiver who administers a medication is adequately supervised; (7) Communicating routinely with the prescribing physician or other physician of the resident concerning issues or observations relating to the administration of the medication; and	Y 871		

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Y 871	Continued From page 3 (8) Maintaining reference materials relating to medications at the residential facility, including, without limitation, a current drug guide or medication handbook, which must not be more than 2 years old or providing access to websites on the Internet which provide reliable information concerning medications. (e) Develop and maintain a training program for caregivers of the residential facility who administer medication to residents, including, without limitation, an initial orientation on the plan for managing medications at the facility for each new caregiver and an annual training update on the plan. The administrator shall maintain documentation concerning the provision of the training program and the attendance of caregivers. This Regulation is not met as evidenced by: Based on record review and interview on 9/13/11, the administrator failed to prepare a medication plan that included all eight components (no medication plan to review). Severity: 1 Scope: 3	Y 871		
Y 936 SS=E	449.2749(1)(e) Resident file-NRS 441A Tuberculosis NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical	Y 936		

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Y 936	Continued From page 4 information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Based on record review on 9/13/11, the facility failed to ensure 2 of 6 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #4 and #5-missing 2 step TB skin tests). Severity: 2 Scope: 2	Y 936		

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