

Bureau of Health Care Quality and Compliance

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS410AGC | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 10/10/2011 |
|---|---|--|---|---|
| NAME OF PROVIDER OR SUPPLIER DESERT SPRINGS SENIOR LIVING | | STREET ADDRESS, CITY, STATE, ZIP CODE 6650 W FLAMINGO RD LAS VEGAS, NV 89103 | | |
| (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 required grading re-survey conducted in your facility on 10/10/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received a re-survey grade of A. The facility is licensed for 88 Residential Facility for Group beds for elderly and disabled persons, Category I residents. The census at the time of the survey was 61. Zero resident files were reviewed and eight employee files were reviewed. The following deficiencies were identified: | Y 000 | | |
| Y 105 | 449.200(1)(f) Personnel File - Background Check 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. This Regulation is not met as evidenced by: Based on record review on 10/10/11, the facility failed to ensure 2 of 8 employees met | Y 105 | | |

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 105 | Continued From page 1 background check requirements of NRS 449.176 to 449.188 (Employee #2 had an undecided State and FBI background check, Employee #4 had an undecided FBI background check). | 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 review on 10/10/11, the facility failed to ensure the kitchen complied with the standards of NAC 446. Findings include: 1 Critical Violations: a. A spray bottle containing degreaser was labeled as glass cleaner. | Y 255 | | |

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| Y 255 | Continued From page 2 2. Cleaning and Sanitation Issues: a. The pans that had been washed and sanitized had food residue on them. b. The pans that had been washed and sanitized were stacked wet. c. The soda nozzles, ice scoop holder, interiors and exteriors of the hot and cold holding units on the cook's line, and a shelf in the server area were soiled. d. The paper towels in the ladies room for staff were not in the dispenser. e. There were no covered waste receptacles at the handwashing sinks in the kitchen. f. The floors under the cooking equipment were soiled and the floor under the dishmachine was littered with various items not appropriate for storage in that location. g. The ceiling vents in the server area were soiled. 3. Equipment and Maintenance Issues: a. One rack in the freezer was in disrepair. b. One wall in the dry storage room was damaged. Severity 2: Scope: 3 | Y 255 | | |

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