

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 C 10/12/2011 |
|---|--|--|---|---|
| NAME OF PROVIDER OR SUPPLIER DESERT SPRINGS SENIOR LIVING | | STREET ADDRESS, CITY, STATE, ZIP CODE 6650 W FLAMINGO RD LAS VEGAS, NV 89103 | | |
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| 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 from 9/21/11 through 10/12/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is currently licensed for 88 Residential Facility for Group beds for elderly and disabled persons, Category I residents.</p> <p>Complaint #NV00029359 - The allegation regarding inappropriate admission was substantiated. See TAG Y615. The allegation regarding lack of protective supervision was not substantiated through record review and interviews.</p> <p>Complaint #NV00029292 - The allegation regarding inadequate cleaning of dining room tables and HVAC maintenance and sanitation was substantiated. See Tag Y178. The allegations regarding lack of hot water, improper food handling, improper infection control and resident illness outbreaks were not substantiated through observations, interviews with facility staff and document review.</p> <p>#NV00029359: The complaint investigative process was initiated by the Bureau of Health Care Quality and Compliance on 9/21/11.</p> | Y 000 | | |

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TITLE

(X6) DATE

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

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| Y 000 | Continued From page 1 The investigation regarding the allegation of lack of protective supervision included: - Interviews were conducted with the resident care coordinator who stated the resident was alert and oriented. The resident would regularly leave the facility unattended to go to the grocery store or run other errands. On the date of the incident a medication technician realized the resident was missing when she attempted to give the resident his evening medications. After the facility determined the resident was missing they followed their internal policies and procedures to locate the resident. - Review of the resident's chart documented the resident was alert and oriented. The file failed to contain any specific instructions for protective supervision or oversight when the resident left the facility. Reviewed the policy for elopements and determined the facility followed their internal protocols once the resident was determined to be missing. #NV00029292: The investigation regarding the allegations of lack of hot water, improper food handling, improper infection control and a resident illness outbreak included: -Review of the facility ' s maintenance records for the past four months showed no reports of hot water problems or service calls made to plumbers. Policies related to housekeeping and infection control indicated appropriate responses to resident bladder incontinence in common areas. HCQC received no other reports of resident illness at this facility, nor reports from the Southern Nevada Health District. Training records were reviewed and documented staff had received training on cleaning up bladder | Y 000 | | |

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| Y 000 | Continued From page 2 incontinence in common areas and staff had also received training on preventing the spread of infectious disease. Updating of policies and training records was discussed and recommended. -Interviews were conducted with several residents, the maintenance manager, two housekeeping staff, the director of health/wellness, and the kitchen manager. The interviews did not reveal any information to suggest a recent lack of hot water, improper infection control, or a resident illness outbreak. -The following areas were inspected: common areas in the facility, dining areas, and the kitchen area. The cleanliness of the common areas was evaluated. Employee hygiene habits in the kitchen were observed and assessed. Sanitizing methods of kitchen surfaces and food contact surfaces were evaluated and found in compliance. None of these observations indicated recent or existing hot water problems, or inappropriate infection control procedures, or improper food handling. | Y 000 | | |
| Y 178 SS=E | 449.209(5) Health and Sanitation-Maintain Int/Ext NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. | Y 178 | | |

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| Y 178 | Continued From page 3 This Regulation is not met as evidenced by: Based on observation on 9/21/11, the facility failed to ensure the premises was clean and well maintained. Findings include: The air filter in resident room number 351 was randomly inspected. The facility policy was that facility air filters be changed every 90 days. The filter was found to be extremely dirty and clogged up, potentially contributing to dusty or soiled surfaces or aggravating resident allergens. The maintenance manager indicated that the filter had not been changed in the last 90 days, and that often they are not if not observed to need it. One of the air filters in the kitchen was also inspected and found to be soiled. The kitchen manager recognized the oversight and directed staff to change them more often, even more frequently than the policy if necessary. Observations were made regarding the cleanliness of the dining room tables. The inspector noted spills on tables that were vacated at approximately 9:30 am. The inspector returned to the dining room at 10:35 am, the same tables were still found soiled. The kitchen manager was notified, and appropriate staff was then instructed to clean the soiled tables and to do so soon after residents and guests leave the table(s). Severity: 2 Scope: 2 | Y 178 | | | |
| Y 615 SS=D | 449.2702(1)(a)(b) Admission Policy NAC 449.2702 | Y 615 | | | |

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| Y 615 | <p>Continued From page 4</p> <p>1. Each residential facility shall have a written policy on admissions which includes: (a) A statement of nondiscrimination regarding admission to the facility and treatment after admission. (b) The requirements for eligibility as a resident of that type of facility.</p> <p>This Regulation is not met as evidenced by: Based on interview and record review on 9/21/11, the facility failed to follow their admission/retention policy for 1 resident (Resident #1).</p> <p>Findings include:</p> <p>A copy of the facility's criteria for admission/retention documented under the section titled terminal illness/hospice care: "The community will not accept a resident who knowingly requires hospice services at the time of move in. The community may retain terminally ill residents only in accordance with the provisions of a hospice waiver, if one has been obtained". Resident #1 was admitted on 4/21/11 and was on hospice on that day.</p> <p>Severity: 2 Scope: 1</p> | Y 615 | | |

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| Y 871 | Continued From page 5 | Y 871 | | |
| 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 (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 | Y 871 | | |

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| Y 871 | Continued From page 6 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 9/21/11, the administrator failed to maintain a medication plan that included all eight components. Findings include: A review of the facility's medication plan section 1 titled prevent the use of outdated, damaged or contaminated medications documented: "This is done by disposing the medications into a sharps container, covering the medications with instant cement which is then collected from the bio-hazards company". The facility did not follow their plan regarding medication destruction. Reference Tag Y885. Severity: 1 Scope: 3 | Y 871 | | |
| Y 885 SS=F | 449.2742(9) Medication / Destruction NAC 449.2742 9. If the medication of a resident is discontinued, | Y 885 | | |

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| Y 885 | Continued From page 7 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. This Regulation is not met as evidenced by: Based on observation and interview on 9/22/11, the facility did not destroy medications after they were discontinued, had expired or after a resident had been transferred. Findings include: During an onsite visit on 9/21/11, a sharps container was filled to overflowing with medications and needles was observed in the Health and Wellness Director's office. Employee #1 stated the medications in the container were discontinued or expired medications for residents. Employee #1 stated her normal procedure was to fill the sharps container to the fill line with medications, put cement in the container and have the container picked up. The employee stated the container onsite was their last container, and she acknowledged the practice of having the container overflowing was not an acceptable practice. Reference Tag Y871. | Y 885 | | |

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| Y 885 | Continued From page 8 Severity: 2 Scope: 3 | Y 885 | | |

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