

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS320AGZ</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/20/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>COUNTRY MEADOWS GROUP HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6540 EVENING RAIN AVENUE LAS VEGAS, NV 89115</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	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 an annual State Licensure survey conducted in your facility on 10/20/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for six 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 zero. No resident files were reviewed and one employee file was reviewed.  The facility received a grade of A.  The following deficiencies were identified:	Y 000		
Y 177 SS=C	449.209(4)(d) Health and Sanitation-Dirt, Garbage, Refuse  NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (d) Accumulations of dirt, garbage and other refuse.	Y 177		

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 177	Continued From page 1  This Regulation is not met as evidenced by: Based on observation and interview on 10/20/11, the facility failed to ensure the premises was clean (an over growth of weeds, trash, aluminum cans and other debris were present in both the front yard and backyard).  Severity: 1 Scope: 3	Y 177		

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