

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2481AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/26/2011
NAME OF PROVIDER OR SUPPLIER ATRIA SUTTON		STREET ADDRESS, CITY, STATE, ZIP CODE 3185 E FLAMINGO ROAD LAS VEGAS, NV 89121		
(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 10/26/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 142 Residential Facility for Group beds for elderly and disabled and/or persons with mental retardation and/or persons with chronic illness and/or persons with mental illnesses and/or assisted living services, Category II residents. The census at the time of the survey was 65. Fifteen resident files were reviewed and fifteen employee files were reviewed. The facility received a grade of A. The following deficiencies were identified:	Y 000		
Y 255 SS=C	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	Y 255		

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 255	Continued From page 1 Bureau of Health Protection Services of the Division. This Regulation is not met as evidenced by: Based on observation, interview and record review on 10/26/11, the facility failed to ensure the kitchen complied with the standards of NAC 446. Findings include: 2. Cleaning and Sanitation Issues: a. The can opener, meat slicer, and the cutting board on the deli prep reach-in refrigerator were soiled. b. A purse was stored next to the meat slicer on the food preparation table. 3. Equipment and Maintenance Issues: a. Water was flowing from the dishmachine onto the drainboard on the clean end of the dishmachine during the wash and rinse cycles. Severity 1: Scope: 3	Y 255		

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Y 255	Continued From page 2	Y 255		
Y 393 SS=E	<p>Based on observation on 10/26/11, the facility failed to comply with the standards prescribed in chapter 446 of the NAC. The following violations were observed:</p> <p>449.226(4)(a)-(c) Safety Requirements</p> <p>NAC 449.226</p> <p>4. In a residential facility with more than 10 residents:</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>This Regulation is not met as evidenced by: Based on observation on 10/26/11 the facility</p>	Y 393		

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Y 393	Continued From page 3 failed to ensure staff monitored the auditory system in 4 out of 9 common area bathrooms (common area bathroom near Resident Room #165, common area bathroom near the bingo room, common area bathroom across from Resident Room #143, and the common area bathroom next to second floor maintenance room). Scope: 2 Severity: 2	Y 393		

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