DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**09/03/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER SKY AT DEER SPRINGS ASSISTED LIVING	**6741 N DECATUR BLVD BLDG #3, LAS VEGAS, NEVADA ,89130**

(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) COMPLETION DATE
0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a complaint investigation completed at your facility on 09/03/24, in accordance with Nevada Administrative Code (NAC), Chapter 449, Residential Facility for Groups. The census at the time of the survey was 65. The sample size was five. The facility received a grade of A. There were two complaints investigated. Substantiated without deficient practice. Complaint #NV00071788 was substantiated with no deficient practice. Unsubstantiated: Complaint #NV00068202 could not be substantiated. No regulatory deficiencies could be identified. The investigation of the Complaints included: Observation of residents oxygen canisters and condensers. Interviews were conducted with residents, the Administrator, Medication Technicians and Caregivers. Record Review of five residents, including the resident of concern. Document Review included facility policies and procedures and incident report. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. A deficiency unrelated to the allegations was identified.	0000		
0690 SS= E	Residents Requiring Use of Oxygen - NAC 449.2712 Residents requiring use of oxygen. (NRS 449.0302) 1. A person who requires the use of oxygen must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless he or she: (a) Is mentally and physically capable of operating the equipment that provides the oxygen; or (b) Is capable of: (1) Determining his or her need for oxygen; and (2) Administering the oxygen to himself or herself with assistance. 2. The caregivers	0690	1) 1) 1) How you will correct the specific finding(s) in the Statement of Deficiencies (must Address): Oxygen Use and Storage training was conducted on 9/12/2024 for care staff. 2) 2) What measures or Systematic change(s) will be put in place to ensure	09/12/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: STEVEN STARKEY Title: Administrator Date: 09/18/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician; and (b) Ensure that: (1) The resident ' s physician evaluates periodically the condition of the resident which necessitates his or her use of oxygen; (2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored; (3) Persons do not smoke in those areas where smoking is prohibited; (4) All electrical equipment is inspected for defects which may cause sparks; (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; (6) The equipment used to administer oxygen is in good working condition; (7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and (8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident. Inspector Comments: Based on observation and interview, the facility failed to ensure oxygen (O2) canisters were properly stored and secured in an O2 rack. Findings include: On 09/03/24 in the morning, an unsecured O2 canister was found in room 258 and ten unsecured O2 canisters were found in room 398. On 09/03/24 in the morning, a Caregiver confirmed multiple O2 canisters in rooms 258 and 398 were not properly stored and secured to prevent risk of falling over, or causing potential injuries to residents. Severity: 2 Scope: 2		the deficient practice does not recur (Must Address): Community will develop a tracking system for all O2 residents to ensure that appropriate O2storage containers are delivered with all new orders for existing residents and for Newly Admitted Residents that require Oxygen Tanks. 3) 3) How the corrective action(s) will be monitored to ensure the deficit practice will not recur (Must Address): Community will developa tracking system for all O2 residents to ensure that appropriate O2 storage containers are delivered with all new orders for existing residents and for Newly Admitted Residents that require Oxygen Tanks. Administrator and/or Director of wellness will review all O2 orders to ensure appropriate storage containers are delivered with all New O2 orders. 4) 4) The title of person (position) responsible for ensuring the plan of correction is implemented (DO NOT INCLUDE PERSONAL NAMES,JUST USE THE TITLE or POSITION) (Must Address); Administrator and Vice President of Assisted Living 5) 5) The Date the corrective action will be completed (Must Include); 09/17/2024 6) 6) You must attach all supporting documents in to the system (must Include): pictures of both apartments showing New Storage Racks are attached along with a copy of the Oxygen Use training completed on9/12/24. 7) 7) How will you identify and correct other areas having potential to affected by the same deficient practices. (if applicable).Review was done for all residents requiring Oxygen to ensure	

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			they had proper storage units in their respective Apartments.	