Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8243	A. BUILDING _____ B. WING _____	12/26/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER HORIZON-HICKAM	8280 HICKAM AVENUE, LAS VEGAS, NEVADA ,89129

(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 an annual State Licensure survey conducted in your facility on 12/26/17. This State Licensure survey was conducted by the authority of NRS 449.0307, Powers of the Division of Public and Behavioral Health. The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illnesses and chronic illnesses, five Category I and 5 Category II residents. The census at the time of the survey was five. Five resident files were reviewed and seven employee files were reviewed. The facility received a grade of A. 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 investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following deficiencies were identified:	0000		
0106 SS= E	449.200(2)(a) - Personnel File - 1st aid & CPR - NAC 449.200 Staffing requirements; limitations on number of residents; written schedule required for each shift. 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation. Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 7 caregivers were trained in first aid and cardiopulmonary resuscitation (CPR) (Employee #2 and #6). Findings include: On 12/26/17 in the morning, a review of personnel files revealed Caregiver #2 had received first aid and CPR training online on 6/20/17 and Caregiver #6 had received first aid and CPR training online on 9/26/16. On 12/26/17 in the morning, Caregiver #6 indicated the first aid and CPR training was online and had not received hands on training in person. Severity: 2	0106	Tag 0106 What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: CPR/First Aid is an essential training requirement to protect the residents from potentially life threatening situations. All staff will meet current regulations for skills test. Employees #2 & #6 have completed their CPR training to include in person testing. (See attached downloads)	12/28/2017

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: HEATHER ARCA Title: Manager Date: 01/04/2018

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	Scope: 2		How will you identify other residents having the potential to be affected by the same practice and what anticipated corrective action will be taken: All residents have the potential of being affected by this deficiency. What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur: The Employee CPR training will be monitored so that licensed trainers will conduct the in person skills test, as required. How will the facility monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur: The Administrator will verify employees using unknown on-line CPR training have used a blended training where the skills training are conducted in a classroom setting. Individual responsible: The Administrator will verify compliance. Date of completion: 12/28/17	