

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS3268HOS1</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/03/2010</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SPRING MOUNTAIN TREATMENT CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7000 WEST SPRING MOUNTAIN ROAD LAS VEGAS, NV 89117</b>
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(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
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S 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 11/3/10 and finalized on 11/3/10, in accordance with Nevada Administrative Code, Chapter 449, Hospital.</p> <p>Complaint #NV00026793 The allegations regarding facility staffing was substantiated with deficiencies cited. (See Tag S0621)</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</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>	S 000	<p>11/19/10</p> <p>Acceptable POC</p> <p><i>Seeger</i></p>	
S 621 SS=D	<p>NRS 449.2421 Staffing Committees and Staffing Plans</p> <p>NRS 449.2421 Certain health care facilities located in larger counties required to make available to Health Division documented staffing plan; requirements of plan and flexibility for adjustments.</p> <p>1. As a condition of licensing, a health care facility located in a county whose population is 100,000 or more and which is licensed to have more than</p>	S 621		

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

*Norma J. Perrie*

TITLE

*CHIEF OPERATING OFFICER*

(X6) DATE

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S 621	<p>Continued From page 2</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. There were 68 patients on 10/20 on the night shift. Three patients were identified requiring line of sight (LOS) and one patient required a 1:1 observation. Three RN 's and 7 mental health technicians (MHT) and a lead MHT were assigned to the night shift. The staffing grid indicated four RN 's should be scheduled when the census was 67-71 patients.</li> <li>2. On 10/21/10, there were 67 patients. Eight patients were identified requiring line of sight. Three RN 's and 7 MHT 's were assigned. The staffing grid indicated four RN 's should be scheduled when the census was 67-71 patients.</li> <li>3. On 10/22/10, there were 59 patients. Eight patients were identified requiring line of sight. Four RN 's, 6 MHT 's and one lead MHT were assigned. This exceeded the staffing requirements.</li> <li>4. On 7/20/10 there were 73 patients. Three nurses were scheduled, 7 MHT 's and one lead MHT. The staffing grid indicated four RN 's should be scheduled when the census was 72-68 patients.</li> <li>5. On 7/21/10 there were 69 patients. There were 3 nurses, 7 MHT 's and one lead MHT scheduled. The staffing grid indicated four RN 's should be scheduled when the census was 67-71 patients.</li> </ol> <p>Severity: 2                      Scope: 1</p>	S 621	<p>PROVIDER'S PLAN OF CORRECTIVE ACTION - TAG s 621 11/3/10 SURVEY DATE SPRING MOUNTAIN TREATMENT CENTER 11/16/10</p> <p>The Assistant Director of Nursing, Nurse Coordinators and RN House Supervisors are responsible for the scheduling and staffing 24/7. Re-education was done with this personnel 11/17/10 on the expectations for adhering to the staffing plan. A system is in place to manage call-ins. Staff must call the On- Call Nursing Management (ADON, Nurse Coordinator) to call off. The On-Call schedule for Nursing Management is posted at the nursing stations with phone contact numbers. Staffing is reviewed by the On-Call Nurse Manager, then calls are made to obtain a replacement to ensure there is adequate coverage. In the event a replacement cannot be obtained, the On-Call Nurse Manager / designee arranges coverage by coming into the hospital to work.</p> <p>Weekend staffing is managed by preparing all staffing and daily sheets in advance. Any changes or alterations that are made are written on the daily sheet by the House Supervisor or Unit Coordinator. The ADON is in contact with hospital personnel through the weekend hours and instructs as to any alterations needed to maintain to the staffing plan. If there are any outstanding issues, the ADON contacts the Director of Nursing who is on call 7 days per week 24 hours per day. Weekend call-ins are managed as described above.</p> <p>A staffing plan policy was created and approved. The staffing guidelines are reviewed on a shift to shift basis with Director of Nursing / her designee, and the Assistant Director of Nursing to ensure adequate staff has been scheduled with the appropriate mix of personnel to ensure patient safety and staffing protocols have been maintained. (Exhibit I) The review of the daily staffing sheet is signed off by the Director of Nursing.</p> <p>( Exhibit II) A weekly written staffing report is prepared by the Director of Nursing and reported to the CEO. Adherence to the staffing protocol is included as a quality indicator and is reported through Quality Council and Medical Executive Committee on a monthly basis by Nursing / DON.</p>	<p>11-17-10</p> <p>11-17-10</p> <p>Ongoing</p>

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If continuation sheet 3 of 3

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LAS VEGAS, NEVADA