

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 29D0984235	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2017
NAME OF PROVIDER OR SUPPLIER DESERT INN MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1900 E DESERT INN RD, LAS VEGAS, NEVADA ,89169	
(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	<p>Initial Comments - Chapter 652 Medical Laboratories</p> <p>Inspector Comments: This Statement of Deficiencies was generated as a result of the on-site complaint investigation, Complaint #NV00051315, conducted at your facility located at 1900 E. Desert Inn Rd., Las Vegas, NV, for State License #1362 EXL on December 14, 2017. The investigation was due to an alleged incident that occurred on 4/13/16. The investigation was in response to the allegations of: Preanalytic-procedure resulted in patient injury. Unqualified personnel No regulatory violations were identified regarding the allegation of the procedure resulted in patient injury due to insufficient evidence. Regulatory violations were identified regarding the allegation of unqualified personnel. Please log into the Online Licensing System and complete the Plan of Correction. The Plan of Correction must be submitted within 14 working days. 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.</p>	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER Name: FRANK SILVER Title: MD
 REPRESENTATIVE'S SIGNATURE

Date: 01/08/2018

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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0002	<p>NAC652.155(2)(b)(1) - Applicability - (b) The director, a designee of the director or a licensed physician at the laboratory at which the test is performed: (1) Verifies that the person is competent to perform the test;</p> <p>Inspector Comments: Based on a review of laboratory records and an interview with Person #1 and #2 on the Personnel Roster, the laboratory director failed to ensure that training and competency assessments of testing personnel were performed and documented. Findings include: There was no documentation of training and competency assessment for three of three testing personnel in the performance venipunctures. Persons #1 and #2 stated during an interview conducted on 12/14/17 at approximately 2:00 PM that they were unaware of the need to document competency assessment for venipunctures since it was a procedure and not a test. Severity = 2</p>	0002	<p>The lab director will perform a competency assessment at time of hire and establish if further training is required for venipuncture and all other laboratory related procedures. Our policy bi-annual training will continue. A spreadsheet has been created to maintain record of training and completion of all laboratory personnel, training and license renewal dates.</p>	12/22/2017
0110	<p>NAC 652.155(3)(b) - Personnel Certification - 3. Except as otherwise provided in subsection 4, the provisions of subsection 2 do not relieve a person who performs a test from the requirement to: (b) Obtain certification pursuant to NAC 652.470 and pay the applicable fees as set forth in NAC 652.488.</p> <p>Inspector Comments: Based on a review Division of Public and Behavioral Health records, the laboratory director failed to ensure that one of three personnel possessed an office laboratory assistant license at the time of the alleged incident. Findings include: 1) The alleged incident occurred on 4/13/17. 2) The office laboratory assistant application for the personnel performing the venipuncture was not submitted to the Division until 11/15/16. Severity = 2</p>	0110	<p>All new employees that perform any laboratory testing, will be required to have applied for a office laboratory assistant license prior to start date of employment. A training checklist will be written up for laboratory personnel. The lead MA will be responsible for monitoring to make sure the Plan of Correction is implemented.</p>	12/22/2017