3705 East Mountain Vista Road Hereford, AZ 85615-9192

Tel or Fax 520 378 7048 (Call before faxing, please.) Cell 520 234 7167





To:	HON	. HARDESTY	From:	MERCEDES MAH	ARIS MA MS MA
Fax:	775 6	384 6761	Pages	: 32 (Incl. cover pa	ge)
Phone:	775 6	684 6830	Date:	20-Oct-08	
Re:	NRS	209.382	CC:		
	Folio	ow up to 22 Sep 0	3 Fax		
X Urge	nt	X For Review	X Please Comment	X Please Reply	X Please Recycle

ATT: Andrea Clark; for NCJIS meeting 20 Oct 2008... and for the record.

RE: Nevada Department of Corrections (NDOC) and the NV State Health Officer

NRS 209.382 State Health Officer to examine and report on medical and dental services, diet of offenders, sanitation and safety in institutions and facilities.

The 10 +- hours of health inspection per year, only about 5 hours at two facilities per year are not enough. Inspection does not include examining prisoner records.

The declining number of health inspections since the 1990's indicates that:

- 1) there are fewer records of health care in NV prisons;
- 2) that there is declining NV prison health care supervision and
- 3) that there is subsequent declining NV prison health care regulation.

Since the State Health Officer has no authority over NDOC personnel to force NDOC personnel to comply with health care for prisoners, will you please recommend that the prison commissioners request yearly examinations and reports by both the State Health Officer and American Correctional Association (ACA) staff? Access to these records can reveal what is actually going on:

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- 1) all NV prison and camp infirmary records;
- 2) all infirmary staff member records and
- 3) all prisoner requests for health care for the past two years.

Here are a few prisoner statements about NV prison health care:

Prisoner No. 1 reported that he blacked out frequently. Instead of treating him, officials transferred him.

Prisoner No. 2 reported kidney stones. He was afraid to ask for treatment when he needed treatment. Someone shot out his cell window after he asked for an inspection of his problems. He feared for his life.

Prisoner No. 3 stated that he had to wait for treatment and a doctor for four days after officers used excessive force on him. Staff placed him in the infirmary on the day of his beating, but he got no treatment or doctor check that day. He refused to go back to the infirmary because he could not afford the charges. Charges exceeded \$100.00 per day.

Prisoner No. 4 wrote that an officer broke his jaw, now deformed.

Prisoner No. 5 wrote about his dental problem. Staff told him that he could not have his tooth repaired, but could have a "dental extraction only".

Prisoner No. 6 wrote that he was disabled and had a bleeding colon, the result of being stabbed in the back. A special diet to halt bleeding was denied. He wrote that staff sanctioned him 90 days ad seg (solitary confinement) for filing a "frivolous medical grievance".

Prisoner No. 7 reported that a dentist extracted the wrong teeth and staff denied him a partial dental appliance. But the staff charged him for it anyway.

Prisoner No. 8 wrote about inadequate mental health care. He was indigent. He could not afford the medications, nor could he afford to get himself weighed (severe weight loss).

Prisoner No. 9 wrote that he had blocked heart veins, or a heart valve problem according to different doctors with differing opinions. A nurse, he wrote, took his nitro medicine for his heart. A new doctor cut his blood pressure medicine in half. That doctor was not a heart doctor.

Prisoner No. 10 wrote of being in solitary confinement for five years. For fear of being fired, he reported that nurses cover up beating injuries.

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Prisoner No. 11 wrote of vomiting every day, without proper diagnosis or treatment and no relief.

Prisoner No. 12 reported that medical staff violated his confidentiality and that nurses passed themselves off as psychologists.

Prisoner No. 13 wrote about needing help for an undiagnosed skin rash with no relief for two hernias, one, the size of an orange.

Prisoner No. 14 wrote of not having wrist surgery 11 months after it was scheduled, that an officer clamped down so hard on his left wrist that the cuff injured his tendon. He died.

Prisoner No. 15 reported that the medical department denied blood tests for HIV, hepatitis and other diseases.

Prisoner No. 16 wrote that he still had shotgun pellets in his head and neck. That his head and neck hurt every day with headaches so bad that he wanted to die.

Prisoner No. 17 wrote that medical refused to test him or give him medication for the pain in his hand. Medical staff thought the problem was a tumor in his wrist. They refused to give him medical leave from his job in the culinary.

Prisoner No. 18 wrote that he had had no physical exam for 38 months. He had repeated difficulty getting medical to dispense nail clippers to him.

These few reports were from one White Pine County court case for Ely.

Without more in depth data, how can we know the true extent of NV prison health care needs? We cannot. How is it possible to design a realistic, responsible budget for NV prison health care? It is not.

The two 2008 State Health Officer Inspection reports reveal such basic healthcare deficiencies as no staff training about how to sterilize dental instruments, required by law to stop the spread of infections. (See HDSP and SDCC reports enclosed.)

We implore you to also read the health inspection reports from 1995 to the present. These few reports by the State Health Officer reveal a paper trail of irresponsible, unconscionable health conditions inside the NDOC, but, they are, the only the tip of the iceberg in NV prison health care neglect, in my opinion.

In our research, we know of no evidence that withholding proper medical care from prisoners improves security or enhances public safety. The opposite is true. Many untreated prisoners go back into society carrying conditions and diseases which NDOC should have treated and directly impact on society.

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One example, the denial of dental care, can lead to other physical ailments, such as heart disease and stroke.

How many millions does NV Medicaid spend on former prisoners whom NDOC did not treat? Let's find out.

Plus, who will hire individuals with rotting or missing teeth? Nobody.

What we do NOT know about the true state of health care because NDOC remains closed to outside examination, supervision, regulation, and standards may well condemn us for generations.

What we do NOT know because NDOC remains closed to outside examination, supervision, regulation and standards is robbing us of the contributions to society that prisoners, if given the education, skills, training and health care they need, can give, and want to give.

In closing, please take positive action to stop the needless suffering that is inside NV prisons.

With 80% +- of the NV prison population directly resulting from drug addiction issues, prevention is in order. These are medical issues.

Please provide drug prevention medical programs to prevent prison sentences.

Please develop real prison health care for drug addiction.

Yours truly,

(procedes Maharis

Mercedes Maharis MA MS MA

P.S. I have not yet received a reply to my previous question at the August meeting regarding how many health violations that the prison commissioners have ordered to be corrected in the past.

ENCL: (Two) NV 2008 State Health Officer Inspection Reports:

High Desert, Southern Desert

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If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies. IP0911

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

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S 175	Continued From page	ne 7		S 175			
50	crew had to wait to enter the kitchen for even a few minutes, crows pounced on food items and opened products which were wrapped in plastic. He further stated they did not discard the food items and because of droppings left by the crows, staff had to hose down and clean the area daily. NAC 449.3385 Dietary Personnel						
S 181	NAC 449.3385 Dieta	ary Personnel		S 181			
	direction of a registe professional person (a) Is qualified management, nutriti restaurant mana (b) Has compl culinary arts; or (c) Is certified Dietary Managers A work therapeutic diets. 3. The director of the employed on a full-toconsultant. This Regulation is reason as a consultant.	In the field of institution ional sciences or hotel agement; leted an academic progras a dietary manager bassociation and has addexperience with medicane dietary service may laime or part-time basis, not met as evidenced by view and interview on 8 lity did not ensure the oder the direction of a	ram in by the ditional al and be or as a y: 17/08,				
	registered dietician. Findings include:		•			,	
	During a tour of the administrative servidocumentation that a dietitian on 6/12/0 documentation that	menus had been revie	wed by				

Bureau of	Licensure and Certific	cation					
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB		(X2) MULTIPL	LE CONSTRUCTION	(X3) DATE SU COMPLE	
		NVS4974PRI		B. WING		08/4	2/2008
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDI	RESS, CITY, STA	TE, ZIP CODE		212000
SOUTHER	N DESERT CORRECTIO	ONAL CENTER	COLD CRE	EK ROAD RINGS, NV 89	070		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FI LSC IDENTIFYING INFORMAT	uu.	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
S 181	Continued From page	e 8		S 181			
	dietitian consultant. The officer stated that the dietitian did not conduct in-service training for culinary staff because she had never been to the correctional center. NAC 449.340 Pharmaceutical Services						
S 219	NAC 449.340 Pharm	aceutical Services		\$ 219			
	5. Drugs and biologicals must be controlled and distributed in a manner which is consistent with applicable state and federal laws. This Regulation is not met as evidenced by: Based on observation and record review on 8/7/08, the correctional center did not ensure drugs and biologicals were controlled and distributed in a manner consistent with applicable state and federal laws.						
	Findings include:						
	facility, expired medi	O AM, during a tour of t ications and medical su e pharmacy, treatment nt room.	upplies				
	supplies were found - One 50 cc vial expired 06/2008 Six Phenergar 07/2008.	d medication and medi in the pharmacy: of Lopamidol injection of 25mg/cc vials - expired	•			,	
	supplies were found	d medications and med in the treatment room: Hydroactive Gel Tube					
	The following expire located in the traum	d medical supplies wer a treatment room:	re				

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

STATE FORM

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE A. BUILDING B. WING	E CONSTRUCTION	(X3) DATE SURV COMPLETE	D
		NVS4974PRI	0777		E 7D COOF	08/12	/2008
NAME OF PRO	OVIDER OR SUPPLIER		1	ESS, CITY, STAT	E, ZIY GOUE		
SOUTHER	N DESERT CORRECTIO	NAL CENTER	COLD CREE	EK ROAD UNGS, NV 890	170		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LO BE	(X5) COMPLETE DATE
S 219	Continued From page	∍ 9	,	S 219			
	- One 1000 cc intravenous bag of Lactated Ringers - expired 07/2008. The correctional center's policy titled, Returning Medication to Pharmacy indicated "on a bi-monthly, or as needed basis, expired medication will be removed from institutional medication room shelves by the DONS [Director		ited				
			al				
S 255	of Nursing) or design NAC 449.349 Emerg			\$ 255			
	its patients in accord recognized standard This Regulation is no Based on observatio	s of practice. ot met as evidenced by n on 8/7/08, the correct e emergency supplies w	/: tional				
	Findings include:						
	Hewlett Packard external an expiration date of	s inspected. One box of ernal defibrillation pads f 4/2004. Two boxes of id expiration dates of	had	1			
S 340		ensure that the health		S 340		,	
	records of its employ evidence of surveillar employees for tubers chapter 441A of NAC This Regulation is n NAC 441A.370 Com- surveillance of employees	yees contain documents ance and testing of thos culosis in accordance v C. not met as evidenced by ectional facilities. Testi	ted se with y: ng and				

	OF DEFICIENCIES F CORRECTION	(X1) PRÖVIDER/SUPPLIER/C IDENTIFICATION NUMBI		(X2) MULTIPL A. BUILDING B. WING			(X3) DATE SURVEY COMPLETED	
		NVS4974PRI			-	08/12/200	08	
NAME OF PR	OVIDER OR SUPPLIER			ESS, CITY, STA	TE, ZIP CODE			
SOUTHER	N DESERT CORRECTIO	NAL CENTER	COLD CREE	K ROAD INGS, NV 89	070			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LDBE CO	(X5) XMPLETE DATE	
S 340	Continued From page	e 10		S 340				
3 340	treatment for person documentation. 1. An employee of a contract have a document tuberculosis screening test upon initial emploracility. 2. An inmate who is a correctional facility for months and who doe history of a positive to shall submit to such the correctional facility. 3. If a tuberculosis so pursuant to subsection and the retest of a skin test admir subsection 1 or 2 is a documented history of screening test and his adequate course of regerson shall submit to submit to submit to submit to submit submit to submit submi	with tuberculosis infection correctional facility who need history of a positive ag test shall submit to story the correction expected to remain in a part at least 6 continuous is not have a document suberculosis screening test upon initial detention ty. It is negative, the steed annually instered pursuant to positive or if the person of a positive tuberculosis.	o does uch nnal ted est on in red e has a is	3 340				
	the correctional cent	iew from 8/7/08 to 8/12 er did not ensure that 4 compliance with NAC is (TB).	of 10					
	Findings include:					,		
	symptoms forms for The file did not conta symptoms forms for The file did not conta a statement from a p	date 12/24/01. The ained annual TB signs a 2003, 2004, 2005, and ain annual TB signs and 2001, 2002, 2007 and ain a positive TB skin te physician indicating the littve TB history. The file	2006. 1 2008. est or					

Bureau of	Licensure and Certific	ation		 _		· · · · · · · · · · · · · · · · · · ·	
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB NVS4974PRI		(X2) MULTIPLI A. BUILDING B. WING	E CONSTRUCTION	(X3) DATE SU COMPLET	
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDR	ESS, CITY, STAT	E, ZIP CODE		
	N DESERT CORRECTION	ONAL CENTER	COLD CREE	K ROAD INGS, NV 890	70		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FI LSC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE APPROPRIATE	(X5) COMPLETE DATE
\$ 340	report. Employee #5 - Hire of employee's file contasymptoms form for 2 two one-step TB skir 1/19/08. The file did regarding TB tests of 2007. To comply with needs to complete a test. The additional with the 1/19/08 skir two-step TB skin test. Employee #6 - Hire file contained a negrous for 2006 and a TB signs and symmother file also did not test or a statement fremployee and a post the file did not contained symptoms forms for The file did not contained a post temployee had a post temp	date 8/18/03. The alined an annual TB signout. The file also confin tests dated 1/28/06 and not contain any informonducted in 2004, 2009 th NAC 441A, the employer additional one-step T skin test would be completed and qualify as a set. date 1/3/05. The employer chest x-ray report TB signs and symptom 2007. The file did not optoms form for 2005 or contain a positive TB signs and symptom a physician indicated.	ns and dained and lation 5 and loyee B skin obtained loyee's dated is contain 2008. Iskin ting the lation and loyee and loyee and loyee loyee's loyee's dated is contain ting the loyee loyee and loyee loyee loyee loyee's lo	S 340			
S 59	report. NAC 449.391 Denta		Δ	S 590			
	services must be w accordance with na	des dental services, the ell-organized and provi- tionally recognized states	ded in ndards		I this statement of deficiencies		

STATE FORM

PRINTED: 09/02/2008 FORM APPROVED

	OF DEFICIENCIES F CORRECTION	[(*) *) * (*		(X2) MULTIPL A. BUILDING	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		NVS4974PRI		B. WING			12/2008	
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDR	RESS, CITY, STAT	(E, ZIP CODE			
SOUTHER	N DESERT CORRECTIO	DNAL CENTER	COLD CRE	EK ROAD RINGS, NV 890	070			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	(EACH CORRECTIVE ACTION	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
\$ 590	Continued From page	e 12		S 590				
	of practice. This Regulation is not met as evidenced by: Based on record review and interview on 8/7/08, it was determined the facility did not ensure that 1 of 10 inmates received dental care.							
	Findings include:							
	incarcerated on 10/1 medical file revealed - Diagnosed on periodontal disease Dental exam o #8 was missing Kite request or desperately needed response was "What - Kite request or needed to be fitted v response was "you a an appointment slip No show in the 3/18/08 Kite request or had a horrible tooth response was inmat - Dental exam or inmate reported pair root tip and swelling Inmate approved for list. Needs extraction - Kite request or wanted to be schedi	10/23/06 with advanced in 1/10/07 indicated that in 2/11/08 indicated the to see the dentist. The todo you need done?" in 2/17/08 indicated the with for new teeth. The are scheduled and will reache - very painful. The was given pain medicon 3/20/08 indicated the in tooth #10 with a ne. Tooth #10 with a ne. Tooth #10 with a ne on for tooth #21 or #28. In 3/22/08 indicated the uled for an appointment.	mate's d it tooth inmate inmate eceive and inmate ecation. crosed ced on inmate t to					
	inmate also request response was "you there are a lot of pe	eth fitted for a partial. The ed a lower partial. The were just put on our list ople ahead of you on the n 7/7/08 indicated the i	t ne list."	·				
	inquired as to why ti	here were so many inm	ates		·			

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Bureau of	Licensure and Certific	ation					
STATEMENT	ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE A. BUILDING B. WING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		NVS4974PRI			· ·	08/1	2/2008
NAME OF PR	OVIDER OR SUPPLIER	'	l	RESS, CITY, STAT	E, ZIP CODE		
CONTRACTOR DESCENT CONDECTIONAL CENTER			COLD CRE	EK ROAD RINGS, NV 890	70		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FI LSC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE APPROPRIATE	(X5) COMPLETE DATE
S 590	that have been placed before him for a partial fitting. The response was that his name was on the list and when they get to his name, he would receive an appointment slip. "There are a lot of people ahead of you on our list who have been waiting longer with less teeth. You will be seen when we get to your name." - Kite request on 7/25/08 indicated the inmate had waited two years to be fitted for partials and so many other inmates have been place before him - would like a timeline. There was no response to the kite. During an interview with dental staff, they		S 590				
	reported the dental of dentist. The staff star responsible for treat inmates; 2155 corre conservation camp inmates. Dental star needed another den	clinic was staffed with o) 187 Imp Iinic entist				

Bureau of	Licensure and Certific	cation				- 1	₁
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBI		(X2) MULTIPLI A. BUILDING	E CONSTRUCTION	(X3) DATE SURV COMPLETE	
		NVS4970PRI		B. WING		08/12	/2008
NAME OF PR	OVIDER OR SUPPLIER	1,10,10,10,1	STREET ADD	RESS, CITY, STAT	E, ZIP CODE		
	ERT STATE PRISON			D CREEK ROA RINGS, NV 890			
(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
S 000	Initial Comments			S 000			
	a result of survey con 8/6/08 and complete with the Nevada Rev 209.382(1). NRS 209.382 State and report on medical offenders, sanitation facilities. 1. The State Health examine and shall reseminate and shall reseminate and shall reseminate and shall resemine and shall reseminate and shall resemine they are provistandards for medical chapter 449 of NRS of the diet of incarce account the religious an offender and the allowances for age, The sanitation, healt safety of its various The findings and couply the Health Division prohibiting any criminactions or other claims.	Health Officer to examinal and dental services, or and safety in Institution Officer shall periodically	on ance me diet of as and of the aces in equacy anto ads of c (c) and a. gation ad as as, se				
S 08	NAC 449.316 Physi	cal Environment		S 088		,	
	NAC 449.316 Physical Environment 1. The buildings of a hospital must be solidly constructed with adequate space and safeguards for each patient. The condition of the physical plant and the overall hospital environment must be developed and maintained in a manner so that the safety and well-being of patients are ensured.		guards cal must so that isured.		f this statement of deficiencies.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Bureau of	Licensure and Certific	ation					
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE NV\$4970PRI		(X2) MULTIPL A. BUILDING B. WING	E CONSTRUCTION	(X3) DATE SUF COMPLETI	
NAME OF DR	OVIDER OR SUPPLIER	NVO-VOI GITTE	STREET ADDR	RESS, CITY, STA	TE. ZIP CODE		2/2008
	ERT STATE PRISON			D CREEK ROA			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FL LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
\$ 088	Based on observation center did not ensure medical rooms were did not ensure that the water pipes in the kit safe manner. Findings include: The inpatient medical Rooms M4, M5, M6, M20 were missing care.	ot met as evidenced by: ns on 8/6/08, the correct that 9 of 20 inpatient safe for inmates. The file insulation covering the chen was maintained in all rooms were observed M9, M15, M16, M17 an able outlet covers. The in Room M2 had been	actional actify ne hot n a	S 088			
S 115	water pipes had becommended by surface of the pipes. NAC 449.325 Infection Diseases 1. A hospital shall: (a) Provide a sanitar sources and transmit communicable diseator is not be seed on observation.	ation covering all of the ome detached from the ons and Communicable y environment to avoid ssion of infections and	metal	S 115		•	

Bureau of	Licensure and Certific	cation						
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE NVS4970PRI		(X2) MULTIPL A. BUILDING B. WING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED 08/12/2009	g.	
NAME OF PR	OVIDER OR SUPPLIER	1	STREET ADDR	RESS, CITY, STAT	TE, ZIP CODE	1 00/12/2001	<u>- </u>	
	ERT STATE PRISON		22010 COLI	OLD CREEK ROAD SPRINGS, NV 89070				
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE COL	(X5) MPLETE DATE	
S 115	drawer was observed intravenous (IV) start staff person reported and belonged to inmanebulizer treatments the sterile IV start kits	nt room was inspected. d storing several sterile t kits and nebulizer kits. the nebulizer kits were lates receiving frequent . The staff person remo s from the drawer storing and located them to anot	A used oved g the	S 115				
S 126	2. A hospital with stores its supplies and develop systems and consistent with: (a) The standards for established by the inhospital This Regulation is not a make a market of the standards of t	or the control of infection affection control officer of the control officer of the control officer of the control officer of the corrections and the correctional center followed policy regarding ments. The correctional center followed policy regarding ments. The correctional center for the control of t	the the did g the wed. all n	S 126				
		batch control system w time that bacterial testin						

Bureau of	Licensure and Certific	cation					
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBI NVS4970PRI		(X2) MULTIPL A. BUILDING B. WING	E CONSTRUCTION	(X3) DATE SUI COMPLET 08/1:	
NAME OF DE	OVIDER OR SUPPLIER		STREET ADDE	RESS, CITY, STAT	TE. ZIP CODE	<u></u>	
	ERT STATE PRISON		22010 COL	D CREEK ROAUNGS, NV 890	AD.		
(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
\$ 126	started. All autoclave and logged in a ledge be placed on the indi - Instrument pace load control number autoclave. An expira included on the pack number will consist of - Biological testif bacterial spore, in a sautoclave. For a postetest, and recall all positive. Recalled in and will be resterilized culture has been obto - A tog ledger will load control number, the operator, dates of load control number. The medical unit was reported they did not instruments that were per Medical Directive kept a log of the biolinstruments that were per Medical Directive kept a log of the biolinstruments that were per Medical Directive kept a log of the biolinstrument packages were information as outling the packages were reformation as outling staff reported they to	e batches will be number and that number will ividual instrument packates will be marked with prior to placing into the ation date may also be tets. The load control of a six-digit number. In gis the introduction of contained medium, with sitive test result, immedinstruments if the retest instruments will not be used once a negative grown ained. If it is maintained showing expiration date, initials of testing, results of testing, results of testing on the resterilized in the autocast test results. Sterilized in the autocast were observed. None marked with the required ed in Medical Directive observed. Staff stated the ogical test results. Sterilized in the autocast were observed. None marked with the required ed in Medical Directive observed. Staff stated the ogical test results. Sterilized in the autocast were observed. None marked with the required ed in Medical Directive est the dental autoclave est the dental autoclave	also ages. In the a live in the iately is sed with ag the of s, and aff lave by only ilized of d #426.	S 126			
	weekly and had exp	erienced only two positi a past five years. When	ve				

Bureau of	Licensure and Certific	cation					
	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPL A. BUILDING B. WING	E CONSTRUCTION	(X3) DATE SUI COMPLET	ED .
		NVS4970PRI	, <u> </u>			08/1	2/2008
NAME OF PR	OVIDER OR SUPPLIER			RESS, CITY, STAT	•	•	-
HIGH DES	ERT STATE PRISON			D CREEK ROARINGS, NV 890			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FI LSC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
S 126	Continued From page asked if the dental in results of the biologic stated the instrument waiting for the test results came bar able to track the instrument the positive biological would have been use reported they did not wait until the test results. NAC 449.327 Sterile Equipment 2. A hospital which stores its supplies and develop systems and consistent with: (c) When applicable guidelines for the usequipment. This Regulation is reasonable correctional center.	struments were held under the state of the state of the sealts. Staff stated that the sealts. Staff stated that the sealts. Staff stated that the positive, they would ruments that were run valued and those instrumed on other inmates. State of the sealts	ntil the f hout if the not be with nents taff ents to hall he /: /6/08, were	\$ 126 \$ 128			
	Findings include:	₹.					
	reported that Emplo instruments for the r further reported that biological spore mor	guidelines belonging to	person		·	•	
	indicated that a biok	ewed. The guidelines ogical spore should be if the autoclave was us					

	TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPL A. BUILDING B. WING	E CONSTRUCTION	COMPLET	(X3) DATE SURVEY COMPLETED		
		NVS4970PRI	CT DELT ADD	ESS CITY STATE	E 7D CODE	08/1	2/2008		
NAME OF PR	OVIDER OR SUPPLIER			RESS, CITY, STAT	·				
HIGH DES	ERT STATE PRISON			2010 COLD CREEK ROAD NDIAN SPRINGS, NV 89070					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE		
S 128	Continued From page	e 5		S 128					
	The manual indicated Sterilization of Denta sterilization of any in- reviewed. This policy	ire manual was reviewed that staff were to follow that staff were to follow that struments. This policy by indicated that blologicated at a minimum of once	w the the was al						
S 129	NAC 449.327 Sterile Equipment	Supplies and Medical		S 129					
	the premises of a ho sterilization must be has received special of the process of ste methods of testing the efficiency of the process. This Regulation is no Based on record revithe correctional centindividuals responsite	not met as evidenced by plew and interview on 8/1 per did not ensure the pole for sterilizing instrum preceived training on the	who ration ing In						
	Findings include:	ammlayaa waa idantifi							
	a registered nurse a for sterilizing instrum. His employee file did been trained to use. The director of nursi interview that Emplo formally trained on hautoclave.	s employee was identified and the individual responsents for the medical und not contain evidence if the instrument autoclaving confirmed during an oyee #13 had never been ow to use the instrume	nsible it. ne had e. n			,			
It deficiencies	the individual respon			ve after receipt o	f this statement of deficiencies				

Bureau of	Licensure and Certific	cation					
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/A IDENTIFICATION NUMB NVS4970PRI		(X2) MULTIPLI A. BUILDING B. WING	E CONSTRUCTION .	(X3) DATE SUI COMPLET	
	0 H050 00 PH001 H50	1 1104070711	STREET ADDE	RESS, CITY, STAT	E. ZIP CODE		
	ERT STATE PRISON		22010 COL	D CREEK ROA RINGS, NV 890	D		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FI LSC IDENTIFYING INFORMAT		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
\$ 129	instruments for the d did not contain evide use the instrument a reported during an in she had received on autoclave was from The policy and proce A policy titled Steriliz indicated that nursin use of the autoclave review on the use of	lental unit. Her employence she had been train autoclave. The employenterview that the only train the use of the instrument previous employers. The dure manual was review atton/Contamination g staff must be trained and receive an annual of the autoclave.	ned to see aining ent swed. on the	S 129			
5 1/5	food, a hospital shall (a) Comply with the chapter 446 of NRS pursuant thereto. This ELEMENT is represented as prescribed in chapter that food was prescribed was 49 degreading was 49 degreadin	ne preparation and servill: standards prescribed in and the regulations ad not met as evidenced by on, interviews, and record to the correctional center dissectional center dissectional center dissectional center dissection and repeated and the facility's kitched ing observations were restorage), the temperatures and the PM temperatures. In cooler #3, the secrole in a large pan in	opted y: ord d not ditions en at made: ure log ture erature floors	5 1/2			

Bureau of	Licensure and Certific	ation				·····	
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBI		(X2) MULTIPL A. BUILDING B. WING	E CONSTRUCTION	(X3) DATE SUR COMPLETE	
		STREET ADIDE	RESS, CITY, STA	TE ZIP CODE	1 00/12	12000	
	OVIDER OR SUPPLIER ERT STATE PRISON		22010 COL	D CREEK ROARINGS, NV 890	ND		
(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
S 175	tortilla chips were tor unsealed. Personnel: In the baking area, to their gloves between equipment. Many we drank from cups with food preparation are: Sanitizing solution: At the three-compart for testing the conce solution. The inmate that he used one cup water. A subsequent Employee #15 on 8/ dilution was incorrect were to be used with Tray-drying cart. On the tray-drying cart on the tray-drying cart in the content of the shelf evidence of food resipills. Sinks for washing he some of the kitchen hands did not include According to Employ	om, three large bags of n at the top and left wo workers did not char working with food and orkers throughout the knout lids and left them a as. The sink, there was nontration of the sanitizing working at the sink star of sanitizer for 25 gallot telephone interview with 11/08 revealed that this it; five capfuls of sanitizer at, wet trays were stacker than stored upright above the clean trays hidue and hardened liquing ands: sinks used for washing e a soap dispenser. The sink is used for washing e a soap dispenser. The sink is used for washing e a soap dispenser. The sink is used for washing e a soap dispenser. The sink is used for washing e a soap dispenser. The sink is used for washing e a soap dispenser. The sink is used for washing e a soap dispenser. The sink is used for washing e a soap dispenser. The sink is used for washing e a soap dispenser. The sink is used for washing e a soap dispenser. The sink is used for washing e a soap dispenser. The sink is used for washing e a soap dispenser.	nge itchen t their o kit g ted ons of th er ked on to be ad	\$ 175	DEFICIENCY		
	The ice scoop was s storage container th	stored on the lid of a foo ree feet away from the #16 stated that he was	ice				

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PRINTED: 09/02/2008 FORM APPROVED

STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING NVS4970PRI 08/12/2008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 22010 COLD CREEK ROAD HIGH DESERT STATE PRISON INDIAN SPRINGS, NV 89070 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S 175 S 175 Continued From page 8 planning to attach a scoop container to the ice machine and attach a long coil between the scoop and container. Employee #16 also stated that there was no record as to when the ice machine had last been cleaned. S 181 NAC 449.3385 Dietary Personnel S 181 2. The dietary service must be under the direction of a registered dietitian or other professional person who; (a) Is qualified in the field of institutional management, nutritional sciences or hotel restaurant management; (b) Has completed an academic program in culinary arts; or (c) Is certified as a dietary manager by the Dietary Managers Association and has additional work experience with medical and therapeutic diets. 3. The director of the dietary service may be employed on a full-time or part-time basis, or as a consultant. This Regulation is not met as evidenced by: Based on record review and interview on 8/6/08, the correctional facility did not ensure the culinary department was under the direction of a registered dietician. Findings include: During a tour of the culinary department, the administrative services officer provided documentation that menus had been reviewed by a dietitian on 6/12/08. There was no documentation that in-service training for food service personnel had been provided by the dietitian consultant. The officer stated that the

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STATEMENT (OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/O IDENTIFICATION NUMB		A. BUILDING	E CONSTRUCTION	(X3) DATE SUF COMPLET	
		NV\$4970PRI		B. WING		08/1	2/2008
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDR	ESS, CITY, STAT	E, ZIP CODE		
HIGH DES	ERT STATE PRISON			CREEK ROARINGS, NV 890			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATI		tD PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION: CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) , COMPLETE DATE
S 181		e 9 uct in-service training fo e she had never been t		S 181			
S 183	NAC 449.3385 Dieta 5. Personnel of the (a) Be trained in bas sanitation;	•		S 183	·		
	Based on interview of ensure that kitchen in the basic techniques Findings include: During a telephone in	nterview at 3:00 PM,	id not				
	service personnel w food sanitation, there ensure that new wor	ed that while some food ere provided with training e was no system in place kers in the kitchen were ation and infection contr	xe to ∋				
S 219	distributed in a manuapplicable state and This Regulation is r Based on observation 08/06/08, the correctings and biological	cals must be controlled ner which is consistent federal laws. not met as evidenced by on and record review or tional center did not en- is were controlled and ner consistent with appl	with /: i sure	S 219		•	
			-	<u> </u>			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIEF IDENTIFICATION NUM NV\$4970PRI			(X2) MULTIPLE CONSTRUCTION A BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/12/2008			
			STREET ADDR	ESS CITY STAT	TE ZIP CODE	1	2/2000	
NAME OF PROVIDER OR SUPPLIER HIGH DESERT STATE PRISON			STREET ADDRESS, CITY, STATE, ZIP CODE 22010 COLD CREEK ROAD INDIAN SPRINGS, NV 89070					
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETE DATE	
S 219	expired: Medications fou - One bottle of F 06/2008 One 1000 ml b Sodium Chloride - ex - One 1000 ml b 01/2007 Three 1000 ml expired 01/2006 Eight 1000 ml expired 07/2008. Medications fou - One bottle of N Sulfate Hydrocortiso expired 07/2008 One bottle of 1 tablets - expired 05/2 - Four tubes of expired 07/2008.	ations were found to be and in the autoclave roor fluoxetine 10 mg - expir ag of 5% Dextrose and xpired 01/2007. ag of 5% Dextrose - ex bags of 5% Dextrose - bags of 5% Dextrose - and in the pharmacy roo Neomycin/Polymyxin B. ane Otic Suspension -	m: ed 1.45% spired m:	S 219				
	Medication to Pham bi-monthly, or as ne medication will be re	nacy indicated "on a eded basis, expired emoved from institutiona elves by the DONS [Dir	al					
S 259	its patients in accord recognized standard This Regulation is r Based on observative center did not ensur	neet the emergency need	y: tional	S 255		•		

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Bureau of	Licensure and Certific	cation					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
NV\$4970PRI				B. WING			2/2008
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDR	ESS, CITY, STAT	E, ZIP CODE		
HIGH DES	ERT STATE PRISON			CREEK ROA			
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S 255	Continued From page 11			S 255			
	Findings include:		·		·		
	The crash cart was inspected. The crash cart contained a box of twenty defibrillator pads that had expired in April of 2007.						
S 339	NAC 449.363 Personel Policies			S 339			
	4. The hospital shall have evidence of a current license or certification on file at the hospital for each person employed by the hospital, or under contract with the hospital, who is required to be licensed or certified by law to perform his job. This Regulation is not met as evidenced by: Based on record review on 8/6/08, the correctional center did not ensure that 1 of 12 employees had evidence of training in cardiopulmonary resuscitation (CPR).						
	Findings include:		-				
	Employee #8 - The contain evidence of	employee's file did not CPR training.			·		
	Medical Response F medical division state	ure titled, "Emergency Procedure" indicated tha ff should maintain curre : Life Support (BLS).					
\$ 340	NAC 449.363 Perso	onel Policies		S 340			
	records of its emplo evidence of surveilla employees for tuber chapter 441A of NA This Regulation is	I ensure that the health byees contain document ance and testing of thos rculosis in accordance v C. not met as evidenced by rectional facilities: Testi	se vith y:				
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NV\$4970PRI STREET ADDRESS, CITY, STATE, ZIP CODE 22010 COLD CREEK ROAD INDIAN SPRINGS, NV 89070 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG COntinued From page 12 SUMMARY STATEMENT OF DEFICIENCY DATE S 340 Continued From page 12 S 340 Continued From page 12 S 340 Continued From page 12 S 340 S 340 Continued From page 12 S 340	Bureau of Licensure and Certification									
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INDIAN SPRINGS, NV 89070 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) S 340 Continued From page 12 Surveillance of employees and inmates; investigation for contacts; course of preventive treatment for person with tuberculosis infection; documentation. 1. An employee of a correctional facility who does not have a documented history of a positive tuberculosis screening test shall submit to such	NAME OF PR	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE				
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surveillance of employees and inmates; investigation for contacts; course of preventive treatment for person with tuberculosis infection; documentation. 1. An employee of a correctional facility who does not have a documented history of a positive tuberculosis screening test shall submit to such	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CONCROSS-REFERENCED TO THE APPROPRIATE				
facility. 2. An inmate who is expected to remain in a correctional facility for at least 6 continuous months and who does not have a documented history of a positive tuberculosis screening test shall submit to such test upon initial detention in the correctional facility. 3. If a tuberculosis screening test administered pursuant to subsection 1 or 2 is negative, the person shall be retested annually. 4. If a skin test administered pursuant to subsection 1 or 2 is positive or if the person has a documented history of a positive tuberculosis screening test and has not completed an adequate course of medical treatment, the person shall submit to a chest X ray and a medical evaluation to determine the presence of active tuberculosis. Based on record review from 8/6/08 to 8/12/08, the correctional center did not ensure that 4 of 12 medical staff were in compliance with NAC 441A regarding tuberculosis (TB). Findings include: Employee #2 - Date of hire was 8/22/07. The employee's file contained a TB signs and symptoms form completed in 2008. The file did not contain a copy of a negative chest x-ray report. The file also did not contain a positive skin test or a statement from a physician	\$ 340	surveillance of empkinvestigation for contitreatment for person documentation. 1. An employee of a not have a document tuberculosis screenint test upon initial emploacility. 2. An inmate who is correctional facility from this and who doe history of a positive the shall submit to such the correctional facility. 3. If a tuberculosis is pursuant to subsection for the subsection of the su	oyees and inmates; tacts; course of prevent with tuberculosis infect correctional facility who ted history of a positive ng test shall submit to sloyment by the correction expected to remain in a for at least 6 continuous es not have a document tuberculosis screening to test upon initial detention of a result in the person of a positive or if the person of a positive or if the person of a positive or if the person of a positive tuberculosias not completed an medical treatment, the to a chest X ray and a ordermine the presentiew from 8/6/08 to 8/12 ter did not ensure that 4 in compliance with NAC sis (TB).	dion; o does uch onal ted test on in red has a his ce of 1/08, 1 of 12 441A	\$ 340					

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HIGH DESERT STATE PRISON 22010 COLD CREEK ROAD INDIAN SPRINGS, NV 89070 PREFIX TAG SUMMARY STATEMENT OF DEFICIENCES PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) S 340 Continued From page 13 acknowledging the employee had a positive TB history. Employee #4 - Date of hire was 8/7/06. The employee's file contained a negative chest x-ray report dated 3/3/06 and TB signs and symptoms forms for 2007 and 2008. The employee's file did not contain a positive skin test or a statement from a physician acknowledging the employee had a positive TB history. Employee #5 - Date of hire was 11/22/99. The employee's file contained an egative chest x-ray report. The file did not contain a copy of a negative chest x-ray report. The file also did not contain a positive skin test or a statement from a physician acknowledging the employee had a positive Stin test or a statement from a physician acknowledging the employee had a positive TB history. Employee #10 - Date of hire was 10/07. The employee's file contained avidence of a one-step TB skin test completed on 1/18/08. The file did	NVS4970PRI				B. WING		08/1	2/2008	
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