STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS2969HOS	A. BUILDING _____ B. WING _____	06/08/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT ROSE DOMINICAN HOSPITAL - SIENA CAMPU	3001 ST ROSE PARKWAY HENDERSON, NV 89052

(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 This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 06/08/10 and finalized on 06/08/10, in accordance with Nevada Administrative Code, Chapter 449, Hospitals. Complaint #NV00025533 was substantiated with deficiencies cited. (See Tags S0089,S0298) 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. Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements. 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. The following deficiencies were identified.	S 000		
S 089 SS=H	NAC 449.316 Emergency Preparedness 2. A hospital shall develop and carry out a comprehensive plan for emergency preparedness which: (a) Addresses internal and external emergencies, both local and widespread; and (b) Is based on current standards for disaster management and fire safety.	S 089		

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

TITLE (X6) DATE

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS2969HOS	A. BUILDING _____ B. WING _____	06/08/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT ROSE DOMINICAN HOSPITAL - SIENA CAMPU	3001 ST ROSE PARKWAY HENDERSON, NV 89052

(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 089	Continued From page 1 This Regulation is not met as evidenced by: Based on observation, interview and document review the facility failed to carry out a comprehensive plan for emergency preparedness by failing to have a policy or procedure in place to plan, coordinate and conduct emergency and armed terrorist hostage drills at the facility and to ensure the safety of the nursing units and provide for uninterrupted patient care and supervision. Findings include: On 06/08/10 at 10:20 AM an interview was conducted with Employee #4. (Chief Operating Officer) Employee #4 reported an armed hostage drill was planned and implemented by Employee #1 (Director Chair of Emergency Management) Employee #2 (Chair of Environment of Care Committee) and Employee #3. (Director of Security) The armed terrorist role player was an off duty Metro Police Officer who participated in the drill with a real unloaded firearm. The drill was conducted on 05/24/10 at 10:00 AM on the ICU unit. (Intensive care unit) Employee #4 acknowledged Employee #1, #2 and #3 failed to advise the administrators of the hospital, ICU managers, ICU supervisors or ICU staff members about the drill prior to implementation of the drill. None of the employees developed or submitted a written scenario of the drill to administrators for approval prior to implementation. The Employee #4 reported all drills conducted at the facility were to be announced as an overhead page prior to the drills implementation and nurse managers were to be notified ahead of time prior to the drill being conducted. Employee #4 acknowledged the armed terrorist drill was not announced as a drill and staff thought there was a real armed hostage	S 089		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS2969HOS	A. BUILDING _____ B. WING _____	06/08/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT ROSE DOMINICAN HOSPITAL - SIENA CAMPU	3001 ST ROSE PARKWAY HENDERSON, NV 89052

(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 089	Continued From page 2 crisis occurring on the ICU unit. The ICU Nurse Manager was not notified of the armed hostage drill prior to the drills implementation. Employee #4 reported on 05/24/10 at 10:00 AM she heard a code grey (assault or threat by an unarmed aggressor) on the ICU unit being announced on overhead speaker. At 10:10 AM she heard a code silver (assault, threat or hostage situation with an armed aggressor) on the ICU unit. Employee #4 reported she thought the code grey and code silver were a real armed hostage situation because no drill was announced after both codes were announced. Employee #4 reported she called the ICU unit and spoke with an employee who advised her they could not talk with her because something was happening. Employee #4 reported she responded to the ICU unit and made contact with Employee #2 who advised her that the code silver was a drill. Employee #4 reported she informed Employee #2 that the hospital staff did not know the code silver was a drill. Employee #4 reported once she was convinced the ICU staff was unaware the code silver was a drill she confronted Employee #1. Employee #1 then terminated the drill after she realized the ICU staff was in panic mode. Employee #4 reported Employee #1 and Employee #2 were placed on suspension following the incident. Employee #3 was terminated from employment. Employee #4 acknowledged two ICU staff nurses, two Physicians, a Respiratory Therapist, Director of the ICU, ICU Charge Nurse and a House Supervisor were detained in a break room on the ICU unit for approximately 15 to 20 minutes during the drill and prevented from participating in patient care duties until the drill was terminated. Employee #4 confirmed prior to	S 089		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS2969HOS	A. BUILDING _____ B. WING _____	06/08/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT ROSE DOMINICAN HOSPITAL - SIENA CAMPU	3001 ST ROSE PARKWAY HENDERSON, NV 89052

(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 089	Continued From page 3 the implementation of the armed hostage drill conducted on the ICU unit, the facility did not have a written policy or procedure that outlined the process for conducting emergency safety drills to ensure the safety of the staff and environment and prevent the interruption of patient care. Employee #4 acknowledged several of the ICU staff and nurses were emotionally traumatized by the armed hostage drill. On 06/08/10 at 11:30 AM an interview was conducted with the Director of the ICU unit. (Employee #5) Employee #5 reported she was never informed by the hospital administration that an armed terrorist drill was going to be conducted in the ICU unit prior to the drills implementation. Employee #5 confirmed none of the ICU staff were informed of the armed terrorist drill prior to the drills implementation. Employee #5 reported on 05/24/10 between 9:30 AM and 10:00 AM she was conducting multidisciplinary rounds with staff members prior to visiting hours on the ICU unit. Employee #5 reported she was informed by a staff member that an agitated male subject on the ICU unit wanted to speak with someone from administration. Employee #5 reported Employee #6 went to talk with the subject who refused to speak with her and demanded to speak with someone from administration. A code grey (assault or threat by an unarmed aggressor) was called by Employee #12. Employee #5 reported she responded to the male subjects location with Employee #6 and made contact with him and asked the subject to come to her office to talk. Employee #5 reported at that time the subject brandished a gun and directed her, Employee #6, Employee #7 and Employee #8 at gunpoint to a break room at the end of the hall. There were two security guards sitting at a	S 089		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS2969HOS	A. BUILDING _____ B. WING _____	06/08/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT ROSE DOMINICAN HOSPITAL - SIENA CAMPU	3001 ST ROSE PARKWAY HENDERSON, NV 89052

(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 089	Continued From page 4 table inside the break room who were directed by the subject to put their radios down. Once inside the break room the subject directed everyone to get up against a wall. Employee #5 reported she feared for her life and could see that Employee #6 was visibly upset and crying. Employee #5 reported two other staff nurses, Employee # 9 and Employee #10 who had been providing patient care and were out in the hallway were directed to come inside the break room by the gunman and detained. Two physicians were also brought into the break room and detained. Employee #5 reported approximately 5 minutes lapsed until the gunman informed everyone detained in the break room that he was an off duty Metro Police Officer and the incident was a drill. All the employees were detained for an additional 10 minutes inside the break room until the drill was terminated. Employee #5 reported the hospital administration should have notified her in advance of any armed hostage emergency drill and the drill should have been announced overhead as a drill. Employee #5 acknowledged the ICU unit had a full census of 26 patients at the time of the drill and the charge nurse and at least two staff nurses and two physicians were prevented from providing patient care and supervision during the duration of the drill. On 06/08/10 at 12:10 PM an interview was conducted with Employee #7. Employee #7 reported he was providing airway suctioning to a ventilator patient in room 212. Employee #7 reported he heard a code grey called and stepped out into the hallway and saw a male subject who pointed a gun at him. The male subject demanded he get down the hallway and into a break room. Employee #7 reported he	S 089		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS2969HOS	A. BUILDING _____ B. WING _____	06/08/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT ROSE DOMINICAN HOSPITAL - SIENA CAMPU	3001 ST ROSE PARKWAY HENDERSON, NV 89052

(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 089	Continued From page 5 feared for his life and though he was going to die. Employee #7 reluctantly complied with the gunman's demands and entered the break room where he saw the charge nurse crying. Employee #7 reported he was detained inside the break room for approximately 5 minutes before the gunman identified himself as an off duty Metro Police Officer and announced the incident was a drill. Employee #7 reported he was detained in the break room for another 10 minutes until the drill was terminated. Employee #7 reported he felt patient care on the ICU unit had been compromised because he was unable to finish suctioning the airway of a patient on a ventilator and could not obtain ABGs (arterial blood gasses) to check the oxygenation level of patient's blood due to being detained by the drill. Employee #7 reported two nurses and two physicians detained with him in the break room were also prevented from providing patient care during the duration of the drill. Employee #7 reported at no time did the facility announce overhead that the code grey incident was a drill. On 06/08/10 at 1:00 PM an interview was conducted with Employee #9. Employee #9 reported she had been assisting Employee #10 with the patients in room 216 and 217. One of the patients was experiencing periods of bradycardia (low heart rate) and hypotension (low blood pressure). Employee #9 reported she heard a code grey called at room 211 and saw a male subject who looked angry. A short time later she saw the same male subject standing by the break room door and heard a code silver called. Employee #9 reported she and Employee #10 were then detained inside the break room by an armed subject who informed them they were hostages. The subject told her to sit down	S 089		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS2969HOS	A. BUILDING _____ B. WING _____	06/08/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT ROSE DOMINICAN HOSPITAL - SIENA CAMPU	3001 ST ROSE PARKWAY HENDERSON, NV 89052

(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 089	Continued From page 6 because she was going to be detained for a while. Employee #9 reported she felt she was involved in a real armed hostage situation and feared for her life. She saw other employees inside the break room were crying and visibly upset. Employee #9 reported two to three minutes elapsed before the subject identified himself as an off duty Metro Police Officer and announced the incident was a drill. Employee #9 reported all the employees inside the break room were detained for an additional ten minutes prior to the termination of the drill. Employee #9 reported she felt patient care had been compromised on the ICU unit because she and Employee #10 were prevented from providing patient care and supervision to a patient experiencing episodes of hypotension and bradycardia and were prevented from providing care to their assigned patients during the duration of the drill. Employee # 9 reported no nurses were assigned to monitor her patients during the time she had been detained in the drill. Employee #9 reported Physician #1 and Physician #2 who had been detained in the break room for ten minutes during the drill complained that they were kept from conducting rounds on sick patients they needed to see. Employee #9 reported none of the ICU staff was notified of the armed hostage drill prior to implementation of the drill and when the code grey and code silver were announced facility staff thought there was a real armed hostage situation occurring on the ICU unit. On 06/08/10 at 1:30 PM an interview was conducted with Employee #11. Employee #11 reported she was walking to the ICU break room with a breakfast tray when she saw a male subject ten to fifteen feet away from her pointing a gun at her. Employee #11 placed the tray down	S 089		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS2969HOS	A. BUILDING _____ B. WING _____	06/08/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT ROSE DOMINICAN HOSPITAL - SIENA CAMPU	3001 ST ROSE PARKWAY HENDERSON, NV 89052

(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 089	Continued From page 7 and dialed the hospital operator and called a code silver. (assault, threat or hostage situation with an armed aggressor) Employee #11 reported she feared for her life and ran down the hall and closed the double doors to the ICU unit. Employee #11 reported she was then told by Employee #1 that the incident was a drill. Employee #11 reported the facility failed to announce the armed hostage incident as a drill and she and the other employees on the ICU unit thought there was a real armed hostage situation occurring on the ICU unit. Employee #11 reported patient care had been compromised on the ICU unit because the ICU unit had a full census of 26 patients at the time of the drill and the ICU Director, Charge Nurse, two staff nurses and two physicians that had been detained in the break room for approximately ten to fifteen minutes during the drill and were prevented from performing patient care duties. Employee #11 reported many of the nurses on the ICU unit were emotionally traumatized by the armed hostage drill. Severity: 3 Scope: 2 Complaint # 25533	S 089		
S 298 SS=H	NAC 449.361 Nursing Service 9. A hospital shall ensure that its patients receive proper treatment and care provided by its nursing services in accordance with nationally recognized standards of practice and physicians' orders. This Regulation is not met as evidenced by: Based on interview and document review the facility failed to ensure patients on the ICU unit	S 298		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS2969HOS	A. BUILDING _____ B. WING _____	06/08/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT ROSE DOMINICAN HOSPITAL - SIENA CAMPU	3001 ST ROSE PARKWAY HENDERSON, NV 89052

(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 298	Continued From page 8 received proper care and supervision during an unannounced armed hostage terrorist emergency drill conducted at the facility. Findings include: On 06/08/10 at 10:20 AM an interview was conducted with Employee #4. (Chief Operating Officer) Employee #4 reported an armed hostage drill was planned and implemented by Employee #1 (Director Chair of Emergency Management) Employee #2 (Chair of Environment of Care Committee) and Employee #3. (Director of Security) The armed terrorist role player was an off duty Metro Police Officer who participated in the drill with a real unloaded firearm. The drill was conducted on 05/24/10 at 10:00 AM on the ICU unit. (Intensive care unit) Employee #4 acknowledged Employees #1, #2 and #3 failed to advise the administrators of the hospital, ICU managers, ICU supervisors or ICU staff members about the drill prior to implementation of the drill. None of the employees developed or submitted a written scenario of the drill to administrators for approval prior to implementation. Employee #4 reported all drills conducted at the facility were to be announced as an overhead page prior to the drills implementation and nurse managers were to be notified ahead of time prior to the drill being conducted. Employee #4 acknowledged the armed terrorist drill was not announced as a drill and staff thought there was a real armed hostage crisis occurring on the ICU unit. The ICU Nurse Manager was not notified of the armed hostage drill prior to the drills implementation. Employee #4 reported on 05/24/10 at 10:00 AM she heard a code grey (assault or threat by an unarmed	S 298		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS2969HOS	A. BUILDING _____ B. WING _____	06/08/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT ROSE DOMINICAN HOSPITAL - SIENA CAMPU	3001 ST ROSE PARKWAY HENDERSON, NV 89052

(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 298	Continued From page 9 aggressor) on the ICU unit being announced on overhead speaker. At 10:10 AM she heard a code silver (assault, threat or hostage situation with an armed aggressor) on the ICU unit. Employee #4 reported she thought the code grey and code silver were a real armed hostage situation because no drill was announced after both codes were announced. Employee #4 reported she called the ICU unit and spoke with an employee who advised her they could not talk with her because something was happening. Employee #4 reported she responded to the ICU unit and made contact with Employee #2 who advised her that the code silver was a drill. Employee #4 reported she informed Employee #2 that the hospital staff did not know the code silver was a drill. Employee #4 reported once she was convinced the ICU staff was unaware the code silver was a drill she confronted Employee #1. Employee #1 then terminated the drill after she realized the ICU staff was in panic mode. Employee #4 reported Employee #1 and Employee #2 were placed on suspension following the incident. Employee #3 was terminated from employment. Employee #4 acknowledged two ICU Staff Nurses, two Physicians, a Respiratory Therapist, Director of the ICU, ICU Charge Nurse and a House Supervisor were detained in a break room on the ICU unit for approximately 15 to 20 minutes during the drill and prevented from participating in patient care duties until the drill was terminated. Employee #4 confirmed prior to the implementation of the armed hostage drill conducted on the ICU unit, the facility did not have a written policy or procedure that outlined the process for conducting emergency safety drills to ensure the safety of the staff and	S 298		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS2969HOS	A. BUILDING _____ B. WING _____	06/08/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT ROSE DOMINICAN HOSPITAL - SIENA CAMPU	3001 ST ROSE PARKWAY HENDERSON, NV 89052

(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 298	Continued From page 10	S 298		

environment and prevent the interruption of patient care. Employee #4 acknowledged several of the ICU staff and nurses were emotionally traumatized by the armed hostage drill.

On 06/08/10 at 11:30 AM an interview was conducted with the Director of the ICU unit. (Employee #5) Employee #5 reported she was never informed by the hospital administration that an armed terrorist drill was going to be conducted in the ICU unit prior to the drills implementation. Employee #5 confirmed none of the ICU staff were informed of the armed terrorist drill prior to the drills implementation. Employee #5 reported on 05/24/10 between 9:30 AM and 10:00 AM she was conducting multidisciplinary rounds with staff members prior to visiting hours on the ICU unit. Employee #5 reported she was informed by a staff member that an agitated male subject on the ICU unit wanted to speak with someone from administration. Employee #5 reported Employee #6 went to talk with the subject who refused to speak with her and demanded to speak with someone from administration. A code grey (assault or threat by an unarmed aggressor) was called by Employee # 12 who observed the subject looking into patient rooms.

Employee #5 reported she responded to the male subjects location with Employee #6 and made contact with him and asked the subject to come to her office to talk. Employee #5 reported at that time the subject brandished a gun and directed her, Employee #6, Employee #7 and Employee #8 at gunpoint to a break room at the end of the hall. There were two security guards sitting at a table inside the break room who were directed by the subject to put their radios down. Once inside the break room the subject directed everyone to get up against a wall. Employee #5 reported she

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS2969HOS	A. BUILDING _____ B. WING _____	06/08/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT ROSE DOMINICAN HOSPITAL - SIENA CAMPU	3001 ST ROSE PARKWAY HENDERSON, NV 89052

(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 298	Continued From page 11 feared for her life and could see that Employee #6 was visibly upset and crying. Employee #5 reported two other staff nurses, Employee # 9 and Employee #10 who had been providing patient care and were out in the hallway were directed to come inside the break room by the gunman and detained. Two physicians were also brought into the break room and detained. Employee #5 reported approximately 5 minutes lapsed until the gunman informed everyone detained in the break room that he was an off duty Metro Police Officer and the incident was a drill. All the employees were detained for an additional 10 minutes inside the break room until the drill was terminated. Employee #5 reported the hospital administration should have notified her in advance of any armed hostage emergency drill and the drill should have been announced overhead as a drill. Employee #5 acknowledged the ICU unit had a full census of 26 patients at the time of the drill and the charge nurse and at least two staff nurses and two physicians were prevented from providing patient care and supervision during the duration of the drill. On 06/08/10 at 12:10 PM an interview was conducted with Employee #7. Employee #7 reported he was providing airway suctioning to a ventilator patient in room 212. Employee #7 reported he heard a code grey called and stepped out into the hallway and saw a male subject who pointed a gun at him. The male subject demanded he get down the hallway and into a break room. Employee #7 reported he feared for his life and though he was going to die. Employee #7 reluctantly complied with the gunman's demands and entered the break room where he saw the charge nurse crying. Employee	S 298		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS2969HOS	A. BUILDING _____ B. WING _____	06/08/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT ROSE DOMINICAN HOSPITAL - SIENA CAMPU	3001 ST ROSE PARKWAY HENDERSON, NV 89052

(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 298	Continued From page 12 #7 reported he was detained inside the break room for approximately 5 minutes before the gunman identified himself as an off duty Metro Police Officer and announced the incident was a drill. Employee #7 reported he was detained in the break room for another 10 minutes until the drill was terminated. Employee #7 reported he felt patient care on the ICU unit had been compromised because he was unable to finish suctioning the airway of a patient on a ventilator and could not obtain ABGs (arterial blood gasses) to check the oxygenation level of patient ' s blood due to being detained by the drill. Employee #7 reported two nurses and two physicians detained with him in the break room were also prevented from providing patient care during the duration of the drill. Employee #7 reported at no time did the facility announce overhead that the code grey incident was a drill. On 06/08/10 at 1:00 PM an interview was conducted with Employee #9. Employee #9 reported she had been assisting Employee #10 with the patients in room 216 and 217. One of the patients was experiencing periods of bradycardia (low heart rate) and hypotension (low blood pressure). Employee #9 reported she heard a code grey called at room 211 and saw a male subject who looked angry. A short time later she saw the same male subject standing by the break room door and heard a code silver called. Employee #9 reported she and Employee #10 were then detained inside the break room by an armed subject who informed them they were hostages. The subject told her to sit down because she was going to be detained for a while. Employee #9 reported she felt she was involved in a real armed hostage situation and feared for her life. She saw other employees	S 298		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS2969HOS	A. BUILDING _____ B. WING _____	06/08/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT ROSE DOMINICAN HOSPITAL - SIENA CAMPU	3001 ST ROSE PARKWAY HENDERSON, NV 89052

(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 298	Continued From page 13 inside the break room were crying and visibly upset. Employee #9 reported two to three minutes elapsed before the subject identified himself as an off duty Metro Police Officer and announced the incident was a drill. Employee #9 reported all the employees inside the break room were detained for an additional ten minutes prior to the termination of the drill. Employee #9 reported she felt patient care had been compromised on the ICU unit because she and Employee #10 were prevented from providing patient care and supervision to a patient experiencing episodes of hypotension and bradycardia and were prevented from providing care to their assigned patients during the duration of the drill. Employee # 9 reported no nurses were assigned to monitor her patients during the time she had been detained in the drill. Employee #9 reported Physician #1 and Physician #2 who had been detained in the break room for ten minutes during the drill complained that they were kept from conducting rounds on sick patients they needed to see. Employee #9 reported none of the ICU staff was notified of the armed hostage drill prior to implementation of the drill and when the code grey and code silver were announced facility staff thought there was a real armed hostage situation occurring on the ICU unit. On 06/08/10 at 1:30 PM an interview was conducted with Employee #11. Employee #11 reported she was walking to the ICU break room with a breakfast tray when she saw a male subject ten to fifteen feet away from her pointing a gun at her. Employee #11 placed the tray down and dialed the hospital operator and called a code silver. (assault, threat or hostage situation with an armed aggressor) Employee #11 reported she feared for her life and ran down the hall and	S 298		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS2969HOS	A. BUILDING _____ B. WING _____	06/08/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT ROSE DOMINICAN HOSPITAL - SIENA CAMPU	3001 ST ROSE PARKWAY HENDERSON, NV 89052

(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 298	Continued From page 14 closed the double doors to the ICU unit. Employee #11 reported she was then told by Employee #1 that the incident was a drill. Employee #11 reported the facility failed to announce the armed hostage incident as a drill and she and the other employees on the ICU unit thought there was a real armed hostage situation occurring on the ICU unit. Employee #11 reported patient care had been compromised on the ICU unit because the ICU unit had a full census of 26 patients at the time of the drill and the ICU Director, Charge Nurse, two staff nurses and two physicians that had been detained in the break room for approximately ten to fifteen minutes during the drill and were prevented from performing patient care duties. Employee #11 reported many of the nurses on the ICU unit were emotionally traumatized by the armed hostage drill. Severity: 3 Scope: 2 Complaint # 25533	S 298		