

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/10/2025
NAME OF PROVIDER OR SUPPLIER MOTHER'S BEST CARE FOR ELDERLY		STREET ADDRESS, CITY, STATE, ZIP CODE 1225 S 8TH STREET, LAS VEGAS, NEVADA ,89104		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a mandatory regarding survey conducted at your facility on 01/09/25, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for ten Residential Facility for Group beds for persons with mental illness, Category II residents. The census at the time of survey was ten. Ten resident files and two employee files were reviewed. The facility received a grade of A. The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified.	0000		
0100 SS= E	Personnel File - NAC 449.200 & R043-22 Personnel files. (NRS 449.0302) 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (a) The name, address, telephone number and social security number of the employee; (b) The date on which the employee began his or her employment at the residential facility; (c) Records relating to the training received by the employee, including, without limitation: (1) Certificates of completion for all training completed by the employee; and (2) If a tier 2 training is not provided through a course listed on the Internet website maintained by the Division pursuant to subsection 2 of section 7 of this regulation, a list of topics covered by the training which may consist of, without limitation, the syllabus for the training or an outline of the training; (e) Evidence that the references supplied by the employee were checked by the residential facility.	0100		01/21/202 5

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

Name: KAREN M
TATLONGHARI, RFA

Title: Administrator

Date: 01/21/2025

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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0104 SS= E	Personnel Files - Background Checks - NAC 449.200 Personnel files. (NRS 449.0302) 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive.	0104			01/21/2025
0250 SS= D	Kitchens- Equipment Works; Clean And Sanitary - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition. Inspector Comments: Based on observation and interview, the facility failed to ensure the refrigerator was in proper working order. Findings include: On 01/09/25, in the morning, the bottom drawer had a silver band of tape holding it together. The drawer from the second to the bottom had brown tape holding it together. On 01/09/25, at 10:00 AM, the Administrator confirmed a drawer and shelves in the refrigerator needed to be repaired or replaced. Severity: 2 Scope: 1	0250	Administrator ordered new refrigerator bins. It will be delivered on 01/24/2025. Administrator will pay closer attention to the maintenance of kitchen appliances to prevent this from happening again.		01/21/2025

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0276 SS= F	<p>Service of Food-Nutritious Meals;Frequency - NAC 449.2175 Service of food 7. Meals must be nutritious, served in an appropriate manner, suitable for the residents and prepared with regard for individual preferences and religious requirements. At least three meals a day must be served at regular intervals. The times at which meals will be served must be posted. Not more than 14 hours may elapse between the meal in the evening and breakfast the next day. Snacks must be made available between meals for the residents who are not prohibited by their physicians from eating between meals.</p> <p>Inspector Comments: Based on observation and interview, the facility failed to ensure food was not expired, properly labeled and suitable for residents. Findings include: On 01/09/25 in the morning, the following was observed in the refrigerator: - A container of pickles with an expiration date of 10/09/23. - A bottle of sweet and sour sauce with an expiration date of 09/28/20. - A bottle of Italian dressing with an expiration date of 08/28/22. - Multiple yogurt containers with unidentified food inside, no package date, and no throw away dates. There were no updated hand written dates on the containers other than the manufacturer's expiration dates. On 01/09/25 in the morning, the Administrator confirmed there were expired items in the refrigerator and there were miscellaneous food stored in old yogurt containers which did not indicate what the item was, when it was stored, and when it needs to be removed or used by. Severity: 2 Scope: 3 Repeat deficiency from survey dated 10/01/24.</p>	0276	<p>Administrator mandated the staff to stop using empty food containers such as yogurt or margarine tubs as leftover storage.</p> <p>Administrator bought actual food storage container and labels for the staff to label and date the leftover food.</p> <p>Staff was also told not to use the dressing/condiment bottles for refill to prevent showing an expired date on the bottle.</p> <p>Administrator will pay closer attention to these details such as expiration dates and labels when monitoring to prevent this from happening again.</p>		01/09/2025

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0590 SS= I	Rights of Residents; Procedure for Filing - NAC 449.268 Rights of residents; procedure for filing grievance, complaint or report of incident; investigation and response. (NRS 449.0302) 1. The administrator of a residential facility shall ensure that: (a) The residents are not abused, neglected or exploited by a member of the staff of the facility, another resident of the facility or any person who is visiting the facility;	0590			01/21/202 5
0740 SS= D	Residents Requiring Indwelling Catheter - NAC 449.272 Residents requiring use of indwelling catheter. (NRS 449.0302) 1. A person who requires the use of an indwelling catheter must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless: (a) The resident is physically and mentally capable of caring for all aspects of the condition, with or without the assistance of a caregiver; (b) Irrigation of the catheter is performed in accordance with the physician 's orders by a medical professional who has been trained to provide that care; and (c) The catheter is inserted and removed only in accordance with the orders of a physician by a medical professional who has been trained to insert and remove a catheter.	0740			01/21/202 5