

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

PRINTED: 9/9/2026
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/04/2018
NAME OF PROVIDER OR SUPPLIER MOTHER'S TOUCH SENIOR HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 8918 KING JOHN COURT, LAS VEGAS, NEVADA ,89149	
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Initial Comments - Inspector Comments: This Statement of Deficiencies was generated as a result of a complaint investigation and an annual State Licensure survey conducted in your facility on 1/4/18. This State Licensure survey was conducted by the authority of NRS 449.0307, Powers of the Division of Public and Behavioral Health. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was six. Six resident files were reviewed and four employee files were reviewed. The facility received a grade of D. There were two complaints investigated. Complaint #NV00051245 was substantiated. The allegation resident medications were not administered according to physician order, incident reports were not completed in regards to a resident fall and residents were not engaging in activities (TAG Y531 , TAG Y853 and TAG Y878). The following allegations could not be substantiated. Allegation #1 resident left soiled for extended periods of time. Allegation #2 resident left in a room with a closed door. Allegation #3 the letter grade was not posted. Allegation #4 a resident had rashes and bruises. The investigation into the allegations included: Observations of residents receiving care from caregivers, the condition of the resident's skin and residents in their rooms with the doors open. Interviews were conducted with two caregivers, the Owner/Administrator, four residents and two family members. Review of six resident's clinical record including the resident's of concern. Complaint #NV00051378 with the following allegations could not be substantiated. Allegation #1 the facility did not have enough staff. Allegation #2 a resident had an injury of unknown origin. Allegation #3 the caregivers do not respond to the residents requests for			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER Name: ROSALIE K. BACAL Title: ADMINISTRATOR
REPRESENTATIVE'S SIGNATURE

Date: 02/02/2018

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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	care. The investigation into the allegations included: Observation of residents receiving care and ringing the bells located on the resident's bedside table, the skin condition of residents and the staff who were present at the facility. Interviews were conducted with four residents, two caregivers, the Owner/Administrator and two family members. Review of six medical records including the residents of concern and four employee records. Review of the employee schedule. 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 deficiencies were identified:						
0070 SS= D	449.196(1)(f) - Qualifications of Caregiver-8 hours training - NAC 449.196 Qualifications of caregivers. 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 4 employees had annual caregiver training (Employee #1). Findings include: Employee #1 was hired on 2/2017 as the Owner/Administrator. The employee file documented the employee had 8 hours of Alzheimer's training as of 12/5/16. The employee file lacked documented evidence the employee had annual care giving training. On 1/4/18 at 3:30 PM, the Owner was not aware they needed annual care giving training. Severity: 2 Scope: 1	0070	Employee #1 completed Caregiver training as of 1/10/2018. Administrator or Appointed Designee will ensure that all employees will complete the minimum 8 hours of Caregiver Training prior to start date of employment effective immediately. Administrator or Designee will monitor every newly hired employee going forward to ensure compliance on an ongoing basis.		01/10/2018		

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0074 SS= F	NRS 449.093 - Elder Abuse Training - NRS 449.093 Training to recognize and prevent abuse of older persons: Persons required to receive; frequency; topics; costs; actions for failure to complete 4. An administrator or other person in charge of a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the facility, agency or home provides care to a person and annually thereafter. 5. An employee who will provide care to a person in a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the employee provides care to a person in the facility, agency or home and annually thereafter. Inspector Comments: Based on record review and interview, the facility failed to ensure 3 of 4 employees had initial and annual Elder Abuse Training (Employee #2, #3 and #4). Findings include: Employee #2 was hired on 7/30/17 as a caregiver. The employee file documented the employee had Elder Abuse training on 11/4/16, which was late. The employee file lacked documented evidence of Elder Abuse training in 2017. Employee #3 was hired on 12/26/17 as a caregiver. The employee file lacked documented evidence of Elder Abuse training. Employee #4 was hired on 12/7/17 as a caregiver. The employee file lacked documented evidence of Elder Abuse training. On 1/4/18 at 3:30 PM, the Owner acknowledged the employees did not have Elder Abuse training. Severity: 2 Scope: 3	0074	Employees #2, 3 & 4 completed Elder Abuse Training on 1/19/18 & 1/20/18. Administrator or Appointed Designee will ensure that all new hires and annual Elder Abuse Training is completed prior to expiration date or start date of employment effective immediately. Administrator or Appointed Designee will monitor this on an ongoing basis and on every new hire.	01/20/2018

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0103 SS= F	449.200(1)(d) - Personnel File - NAC 441A / Tuberculosis - NAC 449.200 Staffing requirements; limitations on number of residents; written schedule required for each shift. 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: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. Inspector Comments: Based on record review and interview, the facility failed to ensure 4 of 4 employees had pre employment physicals and completed two step tuberculosis (TB) and annual TB screening (Employee #1, #2, #3 and #4). Findings include: Employee #1 was hired on 2/17 as the Owner/Administrator. The employee file documented the employee had a completed two step TB screening on 2/29/16. The employee file lacked documented evidence of an annual TB screening for 2017. Employee #2 was hired on 7/30/17 as a caregiver. The employee file documented the employee had a one step TB screening completed on 10/31/16. The employee file lacked documented evidence of a completed two step TB screening and a pre employment physical. Employee #3 was hired on 12/26/17 as a caregiver. The employee file lacked documented evidence of a completed two step TB screening and a pre employment physical. Employee #4 was hired on 12/7/17 as a caregiver. The employee file lacked documented evidence of a completed two step TB screening and a pre employment physical. On 1/4/18 at 3:30 PM, the Owner/Administrator acknowledged the employees did not have pre employment physicals and completed two step TB screenings. Severity: 2 Scope: 3	0103	Employees #1, 2, 3 & 4 completed new hire employee physicals on 1/5/18. New TB tests were conducted on 1/4/18 and completed on 1/14/18 for all four employees. Administrator or Appointed Designee will ensure that all new hires going forward will have their employee physicals and completed 2 step TB tests prior to their start date. Administrator or Appointed Designee will monitor periodically to ensure compliance.	01/14/2018
0276 SS= F	449.2175(7) - Nutrition and Service of Food - NAC 449.2175 Service of food; seating; menus; special diets; nutritional requirements; dietary consultants. 7. Meals	0276	All expired food items in the refrigerators and supply/pantry area were removed and completed on 1/5/18. Administrator or Appointed Designee will check minimum	01/05/2018

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	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. Inspector Comments: Based on observation and interview, the facility failed to ensure food stored in the facility was not expired. Findings include: On 1/4/18 at 10:00 AM, the following expired items were found in the pantry and refrigerator of the facility. - two cans of vanilla sauce for baking - 1/7/17 -one jar of olives - 7/15 -four cans of Jackfruit - 9/25/17 -banana cream pie filling - 2/12/16 -blueberry pie filling - 8/17/13 -can of water chest nuts - 8/7/17 -four mandarin segments- 10/21/17 -one rusted can of pumpkin gold pie filling no date -one box of girl scout thin mint cereal -12/6/17 -three bags of hamburger buns -12/31/17 -one can of 100% pumpkin -4/3/15 -three cans of lemon pie filling -7/15/16 -two cans of frosting -12/15 -four boxes of hashbrown potatoes- 7/1/17 -one bag of tortillas-5/17 - one can of turkey gravy-10/14 -one can of chicken bullion -2/17 -one bottle of BBQ sauce-9/14 -one jar of salsa -4/16 -one jar of pickles -10/09 -one box of hamburger helper 1/17 -one jar of cheese sauce -10/16 On 1/4/18, the following expired items were located in the refrigerator: -one jar of mustard - 12/17 -one jar of mayonnaise -12/16 -one bottle of dressing -11/17 -one bottle of squeeze cheese - 4/16 -one bottle of blue cheese dressing - 9/16 -one bottle of Caesar dressing -12/16 -one bottle of ranch dressing - 9/17 -one bottle of french dressing - 1/17 -one bottle of horseradish sauce -10/10/16 -one bottle of ketchup -3/17		once a month or more frequently for any foods nearing their expiration dates. All items near expiration date within 5 days or less will be used or removed and if expired, will be disposed of. All pantry and refrigerator items have been labeled with permanent marker for visibility with the expiration date(s) as of 1/5/18. All future food items will continue to be labeled in such a manner.				

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	-one can of refried beans -12/15 On 1/4/18 at 11:30 AM, the owner explained the items were purchased a the local dollar store and other grocery stores and was not aware all the items had expired. Severity: 2 Scope: 3						
0531 SS= F	449.260(1)(f) - Activities for Residents - NAC 449.260 Activities for residents. 1. The caregivers employed by a residential facility shall: (f) Encourage the residents to participate in the activities scheduled pursuant to paragraph (e). Inspector Comments: Based on observation and interview, the facility failed to ensure residents were encouraged to participate in activities. Findings include: The facility had a room by the front door which contained supplies for crafts and a cabinet in the living room contained games and cards. On 1/4/18 at 10:30 AM, two residents were in the living room watching television (TV). The residents explained they did not play games or cards, they watched TV. The staff did not inform them of the games or cards which were available to them. On 1/4/18 at 11:15 AM, a resident explained the facility did not have activities for the residents to join in. The resident stayed in their room. On 1/4/18 at 1:00 PM, a resident's family member explained the resident was not able to get out of bed and was stuck in the room all the time without anything to do. The facility did not engage the resident in any activities. On 1/4/18 at 1:30 PM, the owner produced an activity schedule for January 2018 and explained the facility had many games and cards but the residents did not want to participate. One resident was always complaining of pain and did not want to be bothered. Severity: 2 Scope: 3 #NV51245	0531	Administrator spoke with employees and reviewed activity schedule as to which activities would be most appropriate for the majority of the Residents. Administrator also reviewed the importance of the employees encouraging and initiating the Residents to participate in the activities. This was completed on 1/4/2018. Administrator or Appointed Designee will continue to monitor on a daily basis for Resident involvement in activities as well as employee encouragement of Resident involvement in such activities.		01/04/2018		

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0620 SS= D	449.2702(4)(a), (6)(a)(1&2) - Admission Policy - NAC 449.2702 Written policy on admissions; eligibility for residency. 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast. 6. As used in this section: (a) "Bedfast" means a condition in which a person is: (1) Incapable of changing his position in bed without the assistance of another person; or (2) Immobile. Inspector Comments: Based on observation, interview and record review, the facility failed to ensure 1 of 6 residents had a bed fast waiver (Resident #3). Findings include: Resident #3 was admitted to the facility on 10/20/17 with a diagnoses of Parkinson's Disease. The resident's file lacked documentation of a bed fast waiver. On 1/4/18 at 10:15 AM, Resident #3 was laying in bed. The resident was instructed to take the left arm and move themselves to the right using the half bed rail. The resident would not complete this task. On 1/4/18 at 10:17 AM, the Owner/Administrator explained the resident was not able to move themselves without assistance. The owner was not aware of a bedfast waiver being needed if a resident was not able to position from side to side without assistance. On 1/4/18 at 1:30 PM, a family member of Resident #3 explained the resident was not able position themselves without assistance due to the resident's Parkinson's Disease. Severity: 2 Scope: 1	0620	Bedfast waiver was completed and submitted for Resident #3 by Administrator through email on 1/27/18 to HCQC per instructions. A copy of the sent email and waiver are attached. Administrator reviewed all current Residents and no other waivers are needed at this time. Administrator will monitor on an as needed basis to ensure any future waivers are submitted on a timely basis as soon as Resident becomes Bedbound or Bedfast. Administrator will ensure that any new Residents admitted going forward will have a bedbound/bedfast waiver in their file immediately upon documentation of change of condition of the Resident.		01/27/2018		
0853 SS= D	449.274(3)(a-c) - Medical Care / Records - NAC 449.274 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. 3. A written record of all accidents, injuries and illnesses of the resident which occur in the facility must be made by the caregiver who first discovers the accident, injury or illness. the record must include: (a) The date and	0853	Administrator created an Incident Report Binder on 1/4/18 and an Incident Report form. This binder is in use effective 1/4/18 and on an ongoing basis. The Incident Report form was created on 1/4/18 and is being used effective from that date and ongoing. Administrator or Appointed Designee(s) will do an Incident Report immediately or no later than 24 hours after the incident. All incidents will be recorded		01/04/2018		

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	time of the accident or injury or the date and time that the illness was discovered. This record must accompany the resident if he is transferred to another facility. (b) A description of the manner in which the accident or injury occurred or the manner in which the illness was discovered. This record must accompany the resident if he is transferred to another facility. (c) a description of the manner in which the members of the staff of the facility responded to the accident, injury or illness and the care provided to the resident. This record must accompany the resident if he is transferred to another facility. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 6 residents had an incident report completed after two falls (Resident #2). Findings include: Resident #2 was admitted to the facility on 11/3/17 with a diagnoses of dementia and chronic kidney disease. The resident's file lacked documented evidence of incident reports. On 1/4/17 at 11:45 AM, Resident #1 reported Resident #2 was in the hospital due to a fall. The resident tripped over another resident's walker in the living room. The incident happened on 1/3/18. On 1/4/18 at 12:00 PM, the owner explained Resident #2 had a fall at the end of November when the resident was attempting to sit on the arm of a chair and fell. The fall on 1/3/18 involved the resident tripping over a walker in the living room and the resident was sent to the hospital. The owner was not aware an incident report was needed for the falls. Severity: 2 Scope: 1 #NV51245		on these forms and stored in the Incident Report binder. Administrator or Appointed Designee will review all Incident Reports on an ongoing basis and check for any follow up needed.				

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0859 SS= D	449.274(5) - Periodic Physical examination of a resident - NAC 449.274 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 6 residents had a physical (Resident #1). Findings include: Resident #1 was admitted to the facility on 11/27/17. The resident's file lacked documented evidence of a physical performed by a physician. The resident file lacked documented evidence of a diagnoses of the resident. On 1/4/18 at 3:30 PM, the owner was unaware the resident did not have a physical. Severity: 2 Scope: 1	0859	Resident physical and primary diagnosis was completed on 1/27/18. Administrator or Appointed Designee will ensure that all new Residents moving in will have a completed history and physical from a Licensed Healthcare Professional with a primary diagnosis prior to physical move in date. Administrator or Designee will ensure this on an ongoing basis.	01/27/2018			
0871 SS= F	NAC 449.2742(1)(d)(1-8)(1)(e) - Medication Plan - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregivers and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: d) Develop and maintain a plan for managing the administration of medications at the residential facility, including, without limitation: (1) Preventing the use of outdated, damaged or contaminated medications; (2) Managing the medications for each resident in a manner which ensures that any prescription medications, over-the-counter medications and nutritional supplements are ordered, filled and refilled in a timely manner to avoid missed dosages; (3) Verifying that orders for medications have been accurately	0871	Administrator located the Medication Policy & Procedure Manual for the facility on 1/5/18. Manual was placed in a binder with a clearly definable label in the front office/lobby bookshelf for easy access on 1/5/18 and all employees were notified of its location for review and access. Administrator and/or Appointed Designee will ensure that the medication policy manual is being followed by all qualified staff and will monitor daily for compliance.	01/05/2018			

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	transcribed in the record of the medication administered to each resident in accordance with NAC 449.2744; (4) Monitoring the administration of medications and the effective use of the records of the medication administered to each resident; (5) Ensuring that each caregiver who administers a medication is in compliance with the requirements of subsection 6 of NRS 449.037 and NAC 449.196; (6) Ensuring that each caregiver who administers a medication is adequately supervised; (7) Communicating routinely with the prescribing physician or other physician of the resident concerning issues or observations relating to the administration of the medication; and (8) Maintaining reference materials relating to medications at the residential facility, including, without limitation, a current drug guide or medication handbook, which must not be more than 2 years old or providing access to websites on the Internet which provide reliable information concerning medications. (e) Develop and maintain a training program for caregivers of the residential facility who administer medication to residents, including, without limitation, an initial orientation on the plan for managing medications at the facility for each new caregiver and an annual training update on the plan. The administrator shall maintain documentation concerning the provision of the training program and the attendance of caregivers. Inspector Comments: Based on observation and interview, the facility failed to ensure a plan to manage the medication administration covering the eight regulatory required topics was developed. Findings include: On 1/4/18 at 3:30 PM, the facility's medication plan was requested. The Owner/Administrator produced a document, however this was not a medication plan. The Owner confirmed the facility did not have medication plan. Severity: 2 Scope: 3						

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NAME OF PROVIDER OR SUPPLIER MOTHER'S TOUCH SENIOR HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 8918 KING JOHN COURT, LAS VEGAS, NEVADA ,89149	
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0872 SS= D	NAC 449.2742(1)(f)(g)(h) - Medication Educ Initial/Annual Administrator - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregivers and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (f) In his or her first year of employment as an administrator of the residential facility, receive, from a program approved by the Bureau, at least 16 hours of training in the management of medication consisting of not less than 12 hours of classroom training and not less than 4 hours of practical training and obtain a certificate acknowledging completion of such training. (g) After receiving the initial training required by paragraph (f), receive annually at least 8 hours of training in the management of medication and provide the residential facility with satisfactory evidence of the content of the training and his or her attendance at the training. (h) Annually pass an examination relating to the management of medication approved by the Bureau. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 4 employees had annual medication management training (Employee #4). Findings include: Employee #4 was hired on 12/7/17 as a caregiver. The employee file documented the employee had 16 hours of medication management which expired on 11/2016. The employee file lacked documented evidence of 8 hours of annual medication management training. On 1/4/18 at 3:30 PM, the owner acknowledged the employee did not have annual 8 hours of medication management training. Severity: 2 Scope: 1	0872	Employee #4 received a new 16 hour medication training certificate on 1/10/18. Administrator or Appointed Designee will ensure that all employees that will be passing medication have and are current on their Medication Administration Certificates, both the initial 16 hour and annual 8 hour trainings without expiring. If an 8 hour annual renewal is expired, Administrator will require the employee to receive a new 16 hour certificate prior to administering medications. This will be monitored on an ongoing basis.	01/10/2018
0878 SS= F	NAC 449.2742(5)(6) - Medication / OTCs, Supplements, Change Order - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregivers	0878	All medications for Residents #1, 2, 3 and 5 have received new/clarification orders from their physicians and the facility is following the orders as prescribed as of 1/27/18.	01/27/2018

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	and employees of facility. 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, the physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. Inspector Comments: Based on record review and interview, the facility failed to ensure 4 of 6 resident's over the counter medications and prescribed medications had a physician's order, a medication was		Administrator and/or Appointed Designees will ensure that all medication orders by the physician for all residents is being followed on an ongoing basis.				

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	on site and a medication was administered as prescribed (Resident #1, #2, #3 and #5). Findings include: Resident #1 Resident #1 was admitted to the facility on 11/27/17. The resident file lacked diagnoses information. The resident's medication bin contained the following: -Risperidone 1 milligram (mg) - Aspirin 81 mg -cough syrup -multi vitamin - low dose aspirin -calcium 600 D-3 -eye drops -Loperamide -Metoprolo 25 mg The resident's Medication Administration Record (MAR) dated January 2018, documented the resident was administered the medications listed above on 1/1/18, 1/2/18, 1/3/18 and 1/4/18. The resident's file lacked documented evidence of physician's orders for the medications listed above. On 1/4/18 at 3:30 PM, the Owner explained the medications were from the resident's home. The resident had not seen a physician yet so the physician orders were not obtained. Resident #2 Resident #2 was admitted on 11/3/17 with a diagnoses of dementia and chronic kidney disease. The resident's MAR documented Risperidone 1 mg, take one tablet twice a day. The medication bottle documented the medication was to be administered once a day at bedtime. The physician order documented Risperidone .5 mg, one tablet at bedtime. On 1/4/18 at 3:45 PM, The Owner was not aware of the discrepancy and believed the medications were administered according to the MAR. The physician was not notified of the discrepancy. The resident was at the hospital due to a fall and could not be interviewed. Resident #3 Resident #3 was admitted to the facility on 10/20/17 with a diagnoses of Parkinson's Disease. Resident #3's medication bin contained Diphenhydramine HCL 25 mg, give one caplet, every six hours as needed and Lorazepam tablet .5 mg, give one tablet every 4 hours as needed. The resident's file lacked documented evidence of a physician's order for the medications. The residents MAR for January 2018 documented the resident was administered			

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	the medications on 1/1/18, 1/2/18, 1/3/18 and 1/4/18. On 1/4/18 at 3:45 PM, the Owner was not aware a physician order was needed on site for the medications. Resident #5 Resident #5 was admitted to the facility on 11/13/17 with a diagnoses of triple by pass and pacemaker. The hospice record documented the resident was prescribed Seroquel. The resident's MAR for January 2018, lacked documented evidence of Seroquel being administered. The resident's medication bin lacked the medication Seroquel. On 1/4/18 at 4:00 PM, the Owner explained the hospice agency was at the facility recently and had reviewed the medications. The Owner was not aware of Seroquel was prescribed. Severity: 2 Scope: 3 #NV51245						

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0920 SS= F	449.2748(1-2) - Medication Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication must be kept in a locked box unless the refrigerator is locked or is located in a locked room. Inspector Comments: Based on observation and interview, the facility failed to ensure resident's medications were secured. Findings include: On 1/4/18 at 9:50 AM, the closet located in the kitchen containing the residents medications was unlocked. On 1/4/17 at 11:00 AM, the closet located in the kitchen containing the residents medications was unlocked. On 1/4/17 at 11:30 AM, the Owner/Administrator acknowledged the medication closet was not locked. Severity: 2 Scope: 3	0920	Administrator met with all employees on 1/4/18 and reviewed/reminded the employees of the importance of keeping the medication storage area locked and secured at all times. Administrator and/or Appointed Designee will monitor on a regular basis to ensure that staff are in compliance.		01/04/2018		
0936 SS= F	449.2749(1)(e) - Resident file-NRS 441A Tuberculosis - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The	0936	Residents #1, 3, 4, 5 and 6 all received new 2 step TB tests as of 01/29/18. A signs and symptoms review was also completed on all Residents as of 01/5/18. Administrator and/or Appointed Designee will review all resident files on a regular basis to ensure that new residents are not admitted without the TB tests according to state regulations for Residential Facilities for Groups.		01/15/2018		

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	file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on record review and interview, the facility failed to ensure 5 of 6 residents had a completed two step tuberculosis (TB) screening (Resident #1, #3, #4, #5 and #6). Findings include: Resident #1 was admitted to the facility on 11/27/17. The resident's file lacked documented evidence of a two step TB screening. Resident #3 was admitted to the facility on 10/20/17 with a diagnoses of Parkinson's Disease. The resident's file lacked documented evidence of a two step TB screening. Resident #4 was admitted to the facility on 6/24/17 with a diagnoses of diabetes and arthritis. The resident's file lacked documented evidence of a two step TB screening. Resident #5 was admitted to the facility on 11/13/17 with a diagnoses of triple by pass and a pacemaker. The resident's file documented a one step was completed on 4/27/17. The resident's file lacked documented evidence of a completed two step TB screening. Resident #6 was admitted to the facility on 8/8/17 with a diagnoses of kidney transplant and hip fracture. The resident's file lacked documented evidence of a completed two step TB screening. On 1/4/18 at 3:30 PM, the owner acknowledged the residents did not have completed two step TB screening in the resident files. Severity: 2 Scope: 3						

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0994 SS= F	449.2756(1)(e) - Alzheimer's facility - Dangerous items - NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. Inspector Comments: Based on observation and interview, the facility failed to ensure dangerous items were kept in a secure location. Findings include: On 1/4/18, during the tour of the facility the following dangerous items were located unsecured. Bedroom #1 was not locked and had three lighters located on the bedside table. The Administrator explained they slept in the room. Knives located in a kitchen drawer was unlocked. A tape dispenser was located in an unsecured drawer in the kitchen. The tape dispenser had a serrated edge in order to cut the tape. Severity: 2 Scope: 3	0994	All potentially hazardous items were removed by Administrator on 1/4/18 and secured in a safe location. Tape dispenser was placed in the a secured drawer on 1/4/18. Knife drawer already had a lock device on it. Administrator instructed staff on 1/4/18 to ensure that the drawer is locked at all times. Administrator and/or Appointed Designee will monitor regularly to ensure all potentially hazardous or unsafe items are secured in a proper location at all times. If any items are discovered in resident rooms or common areas, they will be removed immediately and secured upon becoming aware of such items.		01/04/2018		

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0999 SS= F	449.2756(1)(g) - Alzheimer's Facility-Toxic substances - NAC 449.2756 Residential facility which provides care to persons with Alzheimer's disease: Standards for safety; personnel required; training for employees. 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure toxic substances were kept in a secure location. Findings include: On 1/4/18, during the tour, the following toxic substances were found unsecured: Bedroom #1 was being used by the Owner/Administrator and contained hairspray. Bedroom #2 - Air freshner spray was located on a dresser in a resident room. The hall bathroom contained a spray can of instant fabric color spray, mouthwash, and color fast hair dye. Comet was located under the kitchen sink. On 1/4/18 at 4:30 PM, the Administrator acknowledged the toxic items were not secured. Severity: 2 Scope: 3	0999	All potentially hazardous items were removed by Administrator on 1/4/18 and secured in a safe location. Administrator and/or Appointed Designee will monitor regularly to ensure all potentially hazardous or unsafe items are secured in a proper location at all times. If any items are discovered in resident rooms or common areas, they will be removed immediately and secured upon becoming aware of such items.		01/04/2018		

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1035 SS= E	449.2768(1)(a)(1) - Dementia Training - 449.2768 Residential facility which provides care to persons with dementia: Training for employees. 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that: (a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, successfully completes: (1) Within the first 40 hours that such an employee works at the facility after he is initially employed at the facility, at least 2 hours of training in providing care, including emergency care, to a resident with any form of dementia, including, without limitation, Alzheimer's disease, and providing support for the members of the resident's family. Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 2 employees had two hours of Alzheimer's training within the first 40 hours of employment (Employee #3 and #4). Findings include: Employee #3 was hired on 12/26/17 as a caregiver. The employee file lacked documented evidence of two hours of Alzheimer's training. Employee #4 was hired on 12/7/17 as a caregiver. The employee file lacked documented evidence of two hours of Alzheimer's training. On 1/4/18 at 3:30 PM, the Owner/Administrator explained the employees were full time employees and was unaware the employees needed two hours of Alzheimer's training within the first 40 hours of employment. Severity: 2 Scope: 2	1035	Employee #3 received a new Alzheimer's training on 1/8/18 and Employee #4 on 1/7/18. Administrator and/or Appointed Designee will ensure that all employees in the future have a completed Alzheimer's training within the first 40 hours of employment and annually. This will include at least 2 hours of training per state requirements.		01/08/2018		

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1038 SS= D	449.2768(1)(a)(4) - Dementia Training - 449.2768 Residential facility which provides care to persons with dementia: Training for employees. 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that: (a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, successfully completes: (4) If such an employee is a caregiver, other than a caregiver described in subparagraph (3), at least 3 hours of training in providing care to a resident with dementia, which must be completed on or before the anniversary date of the first date the employee was initially employed at the facility. The requirements set forth in this subparagraph are in addition to those set forth in subparagraphs (1) and (2). Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 4 employees had annual Alzheimer's training (Employee #1). Findings include: Employee #1 was hired on 2/2017 as the Owner/Administrator. The employee file documented the employee had 8 hours of Alzheimer's training pf 12/5/16. The employee file lacked documented evidence the employee had annual Alzheimer's training. On 1/4/18 at 3:30 PM, the Owner was not aware they needed annual Alzheimer's training. Severity: 2 Scope: 1	1038	Administrator/Owner received a new Alzheimer's training on 1/9/18. Administrator will ensure that they receive annually a training on Alzheimer's Disease per state regulation. Administrator will monitor on a regular basis for annual renewal date to ensure compliance.		01/09/2018		