STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	8650	A. BUILDING _____ B. WING _____	01/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOTHER'S TOUCH SENIOR HOME	8918 KING JOHN COURT, LAS VEGAS, NEVADA ,89149

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0000	Initial Comments - Inspector Comments: This Statement of Deficiencies was generated as a result of a State Licensure annual survey conducted in your facility on 01/10/19. This State Licensure survey was conducted by in accordance with Chapter 449, Residential Facility . The facility received an annual survey grade of D. The census at the time of survey was four. Four sample resident files were reviewed and two employee files were reviewed. 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 discrepancies were identified:	0000		
0088 SS= C	4493199(4) - Staffing Schedule - NAC 449.199 Staffing requirements; limitations on number of residents; written schedule required for each shift. 4. The administrator of a residential facility shall maintain monthly a written schedule that includes the number and type of members of the staff of the facility assigned for each shift. The schedule must be amended if any changes are made to the schedule. The schedule must be retained for at least 6 months after the schedule expires. Inspector Comments: Based on document review and interview, the administrator failed to maintain a monthly staffing schedule and retain schedules for the previous six months. Findings include: On 1/10/19 at 3:00 PM, there was no current documented staff schedule and no schedules from the previous six months. On 1/10/19 at 3:05 PM, the administrator revealed she did not know she could not hand write employee names on a calendar and not enter their shift hours. Severity: 1 Scope: 3	0088	Administrator completed on 2/1/2019. Schedule will be created by Administrator or Designated Employee on a monthly basis prior to the month start. Administrator or Designated Employee will create, monitor weekly and ensure that Staff Schedules are printed out, posted and updated monthly going forward. Any changes will be documented and posted on the schedule.	02/01/2019

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0178 SS= F	449.209(5) - Health and Sanitation-Maintain Int/Ext - NAC 449.209 Health and sanitation. 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility failed to ensure the backyard is free of garbage and debris. Findings include: On 01/10/19 at 9:30 AM, old furniture, wood and other debris was observed scattered throughout the backyard near the caregivers sleeping area. On 01/10/19 at 3:45 PM, the administrator indicated the debris near the caregivers area was left there by the former caregiver. The administrator confirmed the debris should not be there and it will be removed. Severity: 2 Scope: 3	0178	A handyman was called and paid to come and remove all debris in the backyard the same evening after inspection on 1/10/2019. All current and new staff will be told not to dump any debris personal or otherwise anywhere in or out of the facility. They will be told to maintain backyard stays cleared of any unsightly items going forward. Administrator and designated staff will stay vigilant of clean and safe environment.	01/10/2019

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0431	449.229(2) - State Fire Marshall referral - NAC 449.229 Requirements and precautions regarding safety from fire. 2. The Bureau shall notify the State Fire Marshal or the appropriate local government, as applicable, if, during an inspection of a residential facility, the Bureau knows of or suspects the presence of a violation of a regulation of the State Fire Marshal or a local ordinance relating to safety from fire. Inspector Comments: Based on record review and interview, the facility failed to conduct monthly fire drills and smoke detector checks. Findings include: On 01/10/19 at 3:25 PM, a review of the fire drill and smoke detector log indicated the last fire drill and smoke detector check was completed on July 1, 2017. On 01/10/19 at 3:30 PM, the administrator indicated they do not conduct monthly fire drills and that the smoke detectors are checked yearly when the sprinkler system is checked by the fire company. The last smoke detector check was done in July 2017.	0431	As the old Fire Drill Binder disappeared, a new binder has been made. Fire Drill for January and February has been conducted and recorded. The Administrator and the Designated Staff will conduct a Fire Drill monthly and duly recorded. The drill for January drill was done on the 13th. Service Manager of Fire Alarm company personally trained the Administrator and all current staff on how to use and manage the drill process as well as the proper management of the panel for drill and alarms. The Smoke Detectors are not the usual kind you find in homes that need to be checked monthly or one where you replace the 9-Volt battery. They have been checked according to the Fire Marshall requirements for these types of smoke detectors, which is annually by fire professionals. According to the professionals maintaining the system, these special detectors are required by the Fire Marshall Regulation to be checked annually and all electrically connected to the whole Fire System in the house with its own backup builtin in the case of power failure. The Sprinkler system is checked quarterly as per the Fire Marshall Regulations. I called the contracted company immediately on the 10th and they explained the Fire Marshall regulations and faxed the recent check for all, done in October of 2018. Attached are the copies of the three recent years. Just a note, that these smoke detectors are so extremely sensitive that if a food is overcooking and steaming too much in the microwave, or the burner is a little high, despite no visible smoke or smell, they blare loudly, and within seconds the Fire Alarm Monitoring company calls to see if the alarm was a false alarm or real; and this instant call response comes before the staff has a chance to reset the panel in the garage to still the blaring alarm sound.	01/10/2019

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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 and interview, the facility admitted and retained a bedfast resident (Resident #1). Findings include: Resident #1 (R1) was admitted on 11/13/17 with diagnosis including Atherosclerotic Heart Disease and Angina Pectoris. On 1/10/19 at 11:15 AM, review of R1's record showed R1 was bedfast and unable to move or turn in bed without assistance. On 01/10/19 at 10:15 AM, a hospice certified nursing assistant indicated R1 is unable to turn or move themselves in bed and required assistance for all activities of daily living. On 01/19/19 at 10:20 PM, the administrator confirmed the resident was bedfast and the facility did not have an endorsement to provide accommodations and care to R1. Severity: 2 Scope: 1	0620	Resident R1 was doing very well and ambulate short distances with the walker; do pushups in his wheelchair; make witty jokes with staff and participate in all activities, color, paint, play cards and so on, then recently he must have had series of TIA's as his RN and I can only surmise. The slouching to one side and being weaker is relatively recent. The request for the Waiver has been sent to Carson City. Attached is the paperwork sent for the request. Moving forward, the Administrator will apply for a Bedfast Waiver for any new resident or existing resident that manifest change in their physical ability indicating that they are soon to be bedbound, a BEDFAST WAIVER will be requested promptly. Those residents with impaired mobility will be monitored in bed to see if they are able to move their body from side to side and turn in bed by themselves, often; the staff will also notify the Administrator is they notice diminished ability by the resident to turn and move their body in bed. If the ability decreases, a BEDFAST WAIVER will be requested. The Administrator will be responsible for ensuring the plan of correction for the BEDFAST WAIVER is implemented. The appropriate requirements that accompany the BEDFAST WAIVER were resubmitted to Carson City and attached to this POC. The corrected Waiver forms were submitted 2/19/20 to Carson City.	02/01/2019

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0830 SS= D	NAC 449.2736(1) - Exemption Requests - NAC 449.2736 Procedure to exempt certain residents from restrictions. 1. The administrator of a residential facility may submit to the Division a written request for permission to admit or retain a resident who is prohibited from being admitted to a residential facility or remaining as a resident of the facility pursuant to NAC 449.271 to 449.2734 , inclusive. Inspector Comments: Based on record review and interview, the facility failed to obtain an exemption for a bedfast resident (Resident #1). Findings include: Resident #1 (R1) was admitted on 11/13/17 with diagnosis including Atherosclerotic Heart Disease and Angina Pectoris. A review of R1's record showed R1 was bedfast and unable to move or turn in bed without assistance. The facility lacked documented evidence of a bedfast exemption. On 01/10/19 at 11:25 PM, the administrator confirmed they had not requested an exemption for R1 to be in the facility. Severity: 2 Scope: 1	0830	Administrator states that she is more aware of the Bedfast Waiver Request for anyone who may be borderline for requiring one and promptly submit the appropriate request. Administrator will keep alert and check non-ambulatory residents to see if they are able to move and turn in bed and if they are even borderline, the request will be submitted.	02/01/2019

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0870 SS= D	449.2742(1)(a-c) 2 - Medication Administration - 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: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility; (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report; and (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). 2. Within 72 hours after the administrator of the facility receives a report submitted pursuant to paragraph (a) of subsection 1, a member of the staff of the facility shall notify the resident ' s physician of any concerns noted by the person who submitted the report. The report must be reviewed and initialed by the administrator. Inspector Comments: Based on record review, the facility failed to ensure a medication review was conducted for 1 of 4 residents (Resident #4). Findings include: Resident #4 (R4) was admitted on 06/23/17 with diagnosis including Diabetes Mellitus Type II and Hypertension. A review of R4's record indicated a pharmacy review was not completed since R4 was admitted. Severity: 2 Scope: 1	0870	R4 admitted on 6/23/17 had complete H & P, 2Step PPD, and Medication Verification in file. Resident has Care More insurance and it has been very difficult for the Administrator to get someone to come out to check her at regular interval. Resident is now with Procare Hospice and seen weekly by an RN. Every week the hospice RN will be asked to review her medications and verifications will be in her file more often than every 6 months. The Administrator or the Designated Staff will make sure to get a new verification when it is the required time and is needed, especially if there are any changes.	01/10/2019
0895 SS= E	449.2744(1)(b 1-4)+449.2746(2) - Medication / MAR-PRN MAR - NAC 449.2744 Administration of medication: Maintenance and contents of logs and records. 1. The administrator of a residential facility that provides assistance to residents	0895	R1's MAR for January neglected to list the hospice care package meds and individual medication PRN forms were unmade. This error has been corrected for January, and will be correct going forward. The Administrator and the designated med tech	01/10/2019

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	in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician. NAC 449.2746 (Refer to NAC 449.2742(5) 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.) 2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the medication: (a) The reason for the administration; (b) The date and time of the administration; (c) The dose administered; (d) The results of the administration of the medication; (e) The initials of the caregiver; and (f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician. Inspector Comments: Based on record review and interview, the facility failed to ensure the Medication Administration Record (MAR) was accurate for 2 of 4 Residents (Resident #1 and #4). Findings include: Resident #1 (R1) was admitted on 11/13/17 with diagnosis including Arteriosclerosis Heart Disease and Angina Pectoris. On 01/10/19 at 11:15 AM, a review of the physicians orders were not documented on the MAR. Resident #4 (R4) was admitted on 06/23/17 with diagnosis including Diabetes Mellitus Type II and Hypertension. A physicians order indicated for R4 to take, Ibuprofen, 400 MG tablet every eight hours as needed. The MAR indicated for R4 to take Ibuprofen, 450 MG tablet every eight hours as needed. The residents medications were not documented on the MAR On 01/10/19 at 3:10 PM, the administrator confirmed the physician's orders for R1's medications were not properly transcribed on the MAR. The		will make sure this does not happen again for any resident. R4's. PRN medication of IBUPROFEN 400 mg was incorrectly entered on MAR as 450 mg. The strength was corrected and initialed by Administrator on 1/10/2019. R4's Hospice care package medications were not entered in the MAR nor the individual PRN sheets . This has been corrected immediately. The Administrator and the designated med tech will assure all PRN's will be listed in the MAR and individual PRN sheets will be made , going forward.	

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	owner indicated the physicians orders for R4's Ibuprofen was transcribed incorrectly to the MAR. Severity: 2 Scope: 2			
0923 SS= E	449.2748(3)(a-b) - Medication Container - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. 3. Medication including, without limitation, any over-the-counter-medication or dietary supplement, must be: (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician; and (b) Kept in its original container until it is administered. Inspector Comments: Based on observation and interview, the facility failed to ensure over the counter medications and supplements were plainly labeled for 2 of 4 residents (Resident #2 and #3). Findings include: Resident #2 (R2) was admitted on 01/08/19 with diagnosis including Diabetes Mellitus and Hyperlipidemia. On 1/10/19 at 11:15 AM, a bottle of multivitamins in R2's medication box was not labeled with R2's and physician's name. Resident #3 (R3) was admitted on 12/14/18 with diagnosis including Diabetes Mellitus Type II and Dementia. On 01/10/19 at 10:30 AM, a bottle of Vitamin C, 500 MG and Aspirin, 81 Mg, in R3's medication box was not labeled with R3's and physician's name. On 01/10/19 at 2:55 PM, the administrator confirmed bottles of medication for R2 and R3 were not labeled with the resident's name and physician's name. Severity: 2 Scope: 2	0923	R2 's 3 OTC medications now have the MD and Resident's names on the bottles; R4's 2 OTC medication now have the appropriate labels as well. Photos attached. The Administrator and the designated med tech will assure that this will not occur again with any existing or new residents going forward.	01/10/2019

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0936 SS= E	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 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 2 of 4 residents met the requirements concerning tuberculosis (TB) testing (Resident #1 and Resident #4). Findings include: Resident #1 (R1) was admitted on 11/13/17 with diagnosis including Atherosclerotic Heart Disease and Angina Pectoris. A review of R1's record lacked documentation of a two-step TB test and an annual TB test. Resident #4 (R4) was admitted on 06/23/17 with diagnosis including Diabetes Mellitus Type II and Hypertension. A review of R4s medical record lacked documentation of a two step TB test and an annual TB test dated 5/23/17. On 01/10/19 at 3:10 PM, the administrator indicated that R1 and R4 should of had TB testing completed but was unsure where the documentation was. Severity: 2 Scope: 2	0936	R1 TB Tests from 2014 to July 5, 2018 is attached. R1 had TB test done as R4 and other residents for the POC of Jan 2018, however, did not see it in file but the TB question sheet done is attached. R4 TB tests from prior to admission to current is attached The file binders of the residents were in terrible disarray and documents merely stuffed in the appropriate resident's binder without being in any semblance of order. Moving forward, the Administrator and the Designated Staff will frequently check the binders to assure all records are now in their proper tabbed section with the newest document being on top. Administrator has immediately made a table of content with appropriate tabs for each binder and placed all the resident's file documents behind the correct tab. The binders will be frequently monitored by the Administrator and or the Designated Staff to maintain order and neatness of each binder, at least once a month or more often.	01/10/2019

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0990 SS= F	449.2756(1)(a) - Alzheimer's facility pools - NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (a) Swimming pools and other bodies of water are fenced or protected by other acceptable means. Inspector Comments: Based on observation and interview, the facility failed to ensure a swimming pool was locked and inaccessible to residents. Findings include: On 01/10/19 at 9:40 AM, an unlocked padlock with a key in it was on the entrance gate to a swimming pool. On 01/10/19 at 3:00 PM, the padlock on the pool gate was locked with no key in lock. On 01/10/19 at 3:00 PM, the administrator indicated the pool should always be locked. The administrator indicated a pool cleaner comes weekly and does not always lock the pool gate after they service the pool. Severity: 2 Scope: 3	0990	The pool cleaner comes weekly and has been told to lock the pool after cleaning, however, he sometimes forgets. A set of new padlock locking the side gate leading to the pool equipment and the pool gate has been installed. A key has been given to the pool cleaner for him to keep, to ensure he uses his key to open then lock the gates after cleaning. He has been informed that it is IMPERATIVE that he locks after each cleaning before he leaves. The Administrator and the designated staff will check each week after the cleaner leaves to make sure the cleaner remembered to lock the padlock.	01/10/2019
0992 SS= F	449.2756(1)(c) - Alzheimer's Fac awake staff - NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (c) At least one member of the staff is awake and on duty at the facility at all times. Inspector Comments: Based on interview and observation, the administrator failed to ensure a caregiver was awake overnight. Findings include: On 01/10/19 at 2:45 PM, a review of a hand written schedule indicated there was no caregivers awake overnight. On 01/10/19 at 3:00 PM, the administrator indicated two caregivers were terminated and the facility was understaffed. The owner confirmed there was a caregiver in the facility at night but they were not awake. Severity: 2 Scope: 3	0992	Administrator has been making tremendous effort to hire new staff almost daily for several months. Have hired some and had to let them go for theft, sloth, incompetence, etc. Administrator has worked day shifts to relieve staff, as well as several night shifts to cover Please see new staffing schedule for February; if one is absent or sick, the Administrator will fill in.	01/11/2019

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0995 SS= F	449.2756(1)(f)(1-4) - Alzheimer's Facility - Yard - 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: (f) The facility has an area outside the facility or a yard adjacent to the facility that: (1) May be used by the residents for outdoor activities; (2) Has at least 40 square feet of space for each resident in the facility. (3) Is fenced. (4) Is maintained in a manner that does not jeopardize the safety of the residents. All gates leading from the secured, fenced area or yard to an unsecured open area or yard must be locked and keys for gates must be readily available to the members of the staff of the facility at all times. Inspector Comments: Based on observation and interview, the facility failed to ensure an exterior gate was properly locked. Findings include: On 01/10/19 at 9:35 AM, an exterior gate with direct access to the street was unlocked, with a paperclip being used to secure the lock. On 01/10/19 at 3:00 PM, the administrator confirmed the gate was not locked properly and they didn't know it needed to be locked. Severity: 2 Scope: 3	0995	The Administrator installed a new padlock to secure the gate. This gate will be kept locked and after every time it gets opened.	01/10/2019