

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8683	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/13/2020
NAME OF PROVIDER OR SUPPLIER MASTER CARE GROUP HOMES, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 6562 W. MESA VISTA, LAS VEGAS, NEVADA ,89118		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a State Licensure annual survey conducted at your facility on 02/14/2020, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for five Residential Facility for Group beds for elderly or disabled persons, Alzheimer's disease and/or Category II residents. The census at the time of the survey was one. One resident file was reviewed and tree 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.	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
0252 SS= D	Storage of Food - Adequate Storage; Packaging - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 3. Sufficient storage must be available for all food and equipment used for cooking and storing food. Food that is stored must be appropriately packaged. Inspector Comments: Based on observation and interview, the facility failed to properly label and store refrigerated food. Six unlabeled containers with unknown food was stored in the refrigerator. A Caregiver indicated some of the items belonged to the caregivers and some to the residents, but was unsure what the residents food was. Severity: 2 Scope: 1	0252	a) The caregiver did not mark the container that belongs to the resident since resident food are grind food and easy to distinguish . Attachment #1 Tag 0252. labeled and stored in the residents refrigerator. b) The manager bought a small refrigerator for residents use only. and lock is installed. All residents food and medications that needs refrigeration are stored at residents refrigerator..c) The manager and administrator will monitor for compliance. d) 2-14-20	02/14/2020

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

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(X4) ID PREFIX TAG 0274 SS= C	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Nutrition & Service of Food-Menu Substitution - NAC 449.2175 5. Any substitution for an item on the menu must be documented and kept on file with the menu for at least 90 days after the substitution occurs. A substitution must be posted in a conspicuous place during the serving of the meal. Inspector Comments: Based on interview and document review, the facility failed to follow the posted menu and document substitutions. The posted menu documented split pea soup and an egg salad sandwich for the 02/13/2020 lunch meal. A Caregiver indicated pork, cauliflower and broccoli were served and confirmed the substitution was not documented. Severity: 1 Scope: 3	ID PREFIX TAG 0274	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) a) The facility had only one resident during the survey. Caregiver forgot to make changes on the menu that was posted on the wall. on 2-13-20. b) I had a meeting with all caregivers and manager that whenever there is changes in the menus caregiver has to change the menus on the wall and document the changes and kept for 90 days. c) The manager and the administrator will monitor for compliance.d) 2-14-20	(X5) COMPLETION DATE 02/14/202 0
0920 SS= D	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 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. Medications 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 or herself without supervision may keep the resident 's medication in his or her 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 medications were locked. The medication cabinet and refrigerator which contained medications were both found unlocked on 02/13/2020 at 1:30 PM, and remained unlocked until 3:45 PM. Severity: 2 Scope: 1	0920	a) Common mistake during survey was left medication cabinet open. The cabinet contains of residents medication, MAR, employees files twas left during the survey. To avoid lock and unlock while surveyor still in the process of verifying everything. The surveyor, administrator, and the manager was guarding the door where medications cabinet are located. The kitchen room door where medication cabinet is located also has locked in it. b) The Administrator had a meeting with caregivers and manager that the medication cabinet must be lock at all times. Attachment tag 0920 The small refrigerator where resident food and residents medications that need refrigerated must be locked at all times. c) The administrator and manager will monitor for compliance. d) 02-14-20	02/14/202 0