

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  01/19/2021
NAME OF PROVIDER OR SUPPLIER  MARTHAS HOUSE SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE  1516 WINWOOD STREET, LAS VEGAS, NEVADA ,89108		
(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 complaint investigation conducted at your facility on 01/19/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for eight 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 4. There was one complaint investigated. Complaint #NV00062781 with three allegations was unsubstantiated. Allegation #1 - Resident was admitted into Martha's House Senior Living with mild redness on back, Upon discharge evaluation by nurse resident suffering stage 3/4 decubitus ulcer and sacrum/coccyx. Allegation #2 - Hospice nurse informed complainant that the reason for the ulcer is due to staff not turning resident frequently by Martha's House staff. Allegation #3 - Complainant has left message for Administrator of facility and have not received a call back. The investigation into the allegation included: - Interviews with the Administrator, Caregiver, Wife of Resident of concern. - Resident of concern file, resident progress notes, incident reports, resident care plans, hospice notes, resident care schedule, physician assessments, emergency notification policies, facility admission policy and facility discharge and transfer policy. 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. There were no regulatory deficiencies cited. No further action is needed.	0000		

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

Title:

Date:

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.