Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305	A. BUILDING _____ B. WING _____	07/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOTHER'S BEST CARE FOR ELDERLY	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 an annual state licensure and infection control survey conducted at your facility on 07/07/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness, Category II residents. The census at the time of the survey was eight. Eight resident files were reviewed and four employee files were reviewed. The facility received a grade of A. The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of non-discrimination policy; posting of nondiscrimination statement and certain other information, NRS 449.102 - Duties of licensed facility to protect privacy of patient or resident, and LCB File No.R016-20 - Cultural competency training; complaint policy; development of gender identity/expression policy; designated person responsible for compliance with these regulations. Failure to comply with NRS 449.101, NRS 449.102 and LCB File No. R016-20 may result in future deficiencies. 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 investigation, 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		

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	Name: KAREN M TATLONGHARI, RFA	Title: Administrator	Date: 07/19/2021

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0178 SS= F	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 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 patio was not cluttered with unused beds, wheelchairs, boxes, and other stored items. The Administrator acknowledged the patio was cluttered and was not a designated storage area. Severity: 2 Scope: 1	0178	On 7/7/21, when the surveyor came, clutter of beds, wheelchair, boxes and such were on the back patio which were suppose to either be moved to storage or disposed of. The staff started moving all clutter that same day of the survey. They got done the next day. In the future, no storing of things that is not being used. This will be monitored by the Administrator to ensure that this will not recur. The corrective action was completed on 7/8/21. See attached photos of both sides that had the clutter in the back patio.	07/08/2021
0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver 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 (Previously Y 0879) (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	0878	When the Surveyor came on 7/7/21, the facility does not have supply of Zolpidem Tartrate 10 mg for Resident #1 which is a PRN medication. Administrator explained that prior to being out, the staff had been following up with the pharmacy who had been sending request for refill to the Doctor because the order they have was expired. No refill order was provided until the day of the survey. It so happen it is also the day of the doctor visit. The doctor came right after the Surveyor left so he was told him about the order needed. He said that he didn't bring his prescription pad and will just send it electronically to the pharmacy. The facility received the delivery on 7/8/21. Administrator will see to it that the doctor is informed when refill order is needed at least 1 week before running out of supply. Corrected on 7/8/21. Please see copy of electronic order dated 7/8/21 together with the delivery receipt also dated 7/8/21.	07/08/2021

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	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 1 of 8 residents medications were refilled and on-site (Resident #1). Findings include: Resident #1 (R1) R1 was admitted on 04/26/19, with diagnosis including hypothyroidism, debility, and congestive heart failure. R1 was prescribed Ambien 10 milligrams (10 mg). Take one tablet by mouth at bedtime as needed for sleep. The medication was not on-site. The Medication Technician (Med Tech) indicated the medication was expired and removed from the current medications about two weeks ago. The Administrator indicated the medication had not been re-filled. Severity: 2 Scope: 1			