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	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**10/01/2024**

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 a complaint investigation initiated in your facility on 09/30/24 and completed on 10/01/24, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for ten Residential Facility for Group beds for persons with mental illness, Category II residents. The census at the time of the survey was ten. The sample size was ten. The facility received a grade of C. There was one complaint investigated. Substantiated: Complaint #NV00072065 was substantiated (See TAGS Y0250, Y0276 and Y0590). The investigation of the complaint included: Observations included a tour of the facility, residents receiving care and assistance, food preparation and storage, interactions between staff and residents. Interviews were conducted with residents, Caregivers, and the Administrator/Owner. Record Review of 10 records, which included the resident of concern. Document Review included the employee schedule and facility policy and procedures. 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:	0000		
0100 SS= E	Personnel File - NAC 449.200 & R043-22 Personnel files. (NRS 449.0302) 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: (a) The name, address, telephone number and social security number of the employee; (b) The date on which the employee began his or her employment at the residential facility; (c)	0100	E1 came to fill out an application on March 15, 2024. She submitted all her training certificates and other documents on that day. Due to shortage of staffing, she was made to start work that day. Administrator failed to compile her documents in a folder and do background check. Administrator got together the documents submitted and put it in a folder on 10/04/24. Then it was entered into NABS for background check.	10/15/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | Name: KAREN M TATLONGHARI, RFA | Title: Administrator | Date: 11/13/2024

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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	Records relating to the training received by the employee, including, without limitation: (1) Certificates of completion for all training completed by the employee; and (2) If a tier 2 training is not provided through a course listed on the Internet website maintained by the Division pursuant to subsection 2 of section 7 of this regulation, a list of topics covered by the training which may consist of, without limitation, the syllabus for the training or an outline of the training; (e) Evidence that the references supplied by the employee were checked by the residential facility. Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 6 sampled Caregivers had a completed employee file (Employee #1 and #2). Findings include: Employee #1 (E1) The Administrator verbalized E1 was hired on or around 03/15/24 as a Caregiver. E1 did not have an employee file located at the facility. E1 had no documentation of hire date, training, personnel information or reference checks. Employee #2 (E2) The Administrator verbalized E2 was hired on or around 01/01/24 as a Caregiver. E2 did not have an employee file located at the facility. E2 had no documentation of hire date, training, personnel information or reference checks. On 09/30/24 in the morning, multiple residents verbalized E1 and E2 were Caregivers at the facility and provided them care. The September 2024 Employee Schedule documented E1 was scheduled to work on 09/01/24, 09/02/24, 09/03/24, 09/05/24, 09/06/24, 09/08/24, 09/10/24, 09/12/24, 09/13/24, 09/15/24, 09/16/24, 09/17/24, 09/20/24, 09/22/24, 09/23/24, 09/24/24, 09/25/24, 09/26/24, 09/27/24, 09/29/24 and 09/30/24. Review of previous months of the employee schedule documented E1 worked May 2024, June 2024, July 2024, and August 2024. The September 2024 Employee Schedule documented E2 was scheduled to work on 09/02/24, 09/03/24, 09/07/24, 09/10/24,		Fingerprint was taken on 10/15/24. Still waiting for the report. Please see attached report from NABS showing IN PROCESS status. To prevent this from happening again, Administrator will make sure that an employee file and NABS are created as soon as we decide to hire the applicant. E2 stopped volunteering after the survey. To prevent the recurrence of this deficiency Administrator will make sure to have the proper documents for Volunteers, TB test as required by regulations and try for background check which is recommended.	

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	09/13/24, 09/14/24, 09/16/24, 09/17/24, 09/23/24, 09/24/24, 09/26/24, 09/28/24 and 09/30/24. Review of previous months of the employee schedule documented E2 worked May 2024, June 2024, July 2024, and August 2024. On 09/30/24 in the morning, the Administrator verbalized E1 and E2 provided care in the facility, had no employee files on site and could not produce documented evidence of caregiver training, personnel information and reference checks. The Administrator acknowledged E1 and E2 should have had employee files on site. Severity: 2 Scope: 2			
0104 SS= E	Personnel Files - Background Checks - NAC 449.200 Personnel files. (NRS 449.0302) 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: (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. Inspector Comments: Based on interview and record review, the facility failed to ensure a background check was completed through the Nevada Automated Background Check System (NABS) for 2 of 6 sampled employees (Employee #1 and #2). Findings include: Employee #1 (E1) The Administrator verbalized E1 was hired on or around 03/15/24 as a Caregiver. E1 had no documented evidence at the facility of a background check completed through NABS. Employee #2 (E2) The Administrator verbalized E2 was hired on or around 01/01/24 as a Caregiver. E2 had no documented evidence at the facility of a background check completed through NABS. The September 2024 Employee Schedule documented E1 was scheduled to work on 09/01/24, 09/02/24, 09/03/24, 09/05/24, 09/06/24, 09/08/24, 09/10/24, 09/12/24, 09/13/24, 09/15/24, 09/16/24, 09/17/24, 09/20/24, 09/22/24, 09/23/24, 09/24/24, 09/25/24, 09/26/24, 09/27/24, 09/29/24 and 09/30/24. Review of previous months of the employee schedule	0104	E1 who started work on March 15, 2024. Administrator failed to enter her information in NABS. Information was entered on NABS and fingerprint was taken on 10/15/24. NABS shows still IN PROCESS status at this time. Final Registry Results shows CLEARED. See attached documents. To avoid this in the future, Administrator will ensure that employee information is right away entered into NABS. E2 is a volunteer. She left and stop volunteering. To prevent this in the future, Administrator will make sure that the volunteers will have the necessary paperwork as required for compliance. i.e. TB Test as required and background check is recommended.	10/15/2024

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	documented E1 worked May 2024, June 2024, July 2024, and August 2024. The September 2024 Employee Schedule documented E2 was scheduled to work on 09/02/24, 09/03/24, 09/07/24, 09/10/24, 09/13/24, 09/14/24, 09/16/24, 09/17/24, 09/23/24, 09/24/24, 09/26/24, 09/28/24 and 09/30/24. Review of previous months of the employee schedule documented E2 worked May 2024, June 2024, July 2024, and August 2024. On 10/01/24 in the morning, neither E1 nor E2 were listed in NABs website for this facility. On 09/30/24 in the morning, the Administrator confirmed E1 and E2 had not completed background checks through the NABS system. Severity: 2 Scope: 2			

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0250 SS= F	Kitchens- Equipment Works; Clean And Sanitary - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition. Inspector Comments: Based on observation and interview, the facility failed to ensure an area being utilized for food storage was clean and sanitary. Findings include: On 09/30/24 in the morning, the facility refrigerator located in the kitchen had a brown liquid-like substance under items on two door shelves on the right hand side of the refrigerator door. There was silver tape holding together one of the lower shelves along with stains and debris next to the condiment containers. Under the bottom of the refrigerator door was a brown substance. A yellow substance was coming down the right-hand side of the bottom drawer. The bottom drawer had a silver band of tape holding it together. The drawer from the second to the bottom had brown tape caked in debris along the handle. On top of that drawer were several containers of eggs which were sitting on various hardened substances. The drawer above the eggs had multiple pieces of silver tape holding it together. All the interior walls and shelves of the refrigerator had debris and food particles and needed to be cleaned. On 09/30/24 in the morning, the Caregiver could not articulate the facility's process or schedule for cleaning. On 09/30/24 in the morning, the Administrator acknowledged the refrigerator was not clean and sanitary. Severity: 2 Scope: 3 Complaint# NV00072065	0250	Administrator made sure that any staff member that is assigned to the Kitchen will make sure that the refrigerator is cleaned and checked of old items once a week which is scheduled on Fridays or Saturdays. Administrator will monitor the refrigerator maintenance and cleanliness every time she is in the facility which is almost everyday to make sure that it is clean and maintained.	09/30/2024

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0276 SS= F	Service of Food-Nutritious Meals;Frequency - NAC 449.2175 Service of food 7. Meals 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 was not expired and was suitable for residents. Findings include: On 09/30/24 in the morning, the following were observed in the refrigerator: - A container of sour cream with an expiration date of 2/24. - A container of mustard with an expiration date of 07/22/24. - A container of unopened yogurt with an expiration date of 06/26/21. - A package of baguettes with an expiration date of 07/29/24. - A container of butter spread with an expiration date of 09/26/24. - An unopened package of tuna with an expiration date of 02/09/24. - Several unopened packages of semisoft cheese with an expiration date of 03/12/23. There were no updated hand written dates on the containers other then the manufacturer's expiration dates. On 09/30/24 in the morning, the Caregiver acknowledged the expired food and verbalized they were only a part time Caregiver. On 09/30/24 in the morning, the Administrator verbalized the facility filled the older containers with new product and that it only appeared the products were expired. Severity: 2 Scope: 3 Complaint# NV00072065	0276	Administrator made sure that any staff member assigned to the Kitchen knows that the refrigerator is clean and checked for any expired or old items once a week scheduled on Fridays or Saturdays. Administrator will monitor and inspect the refrigerator to ensure cleanliness and maintenance every time she is in the facility which is almost everyday.	09/30/2024
0590 SS= I	Rights of Residents; Procedure for Filing - NAC 449.268 Rights of residents; procedure for filing grievance, complaint or	0590	Administrator spoke to all Residents except those who moved out right after the Survey. Administrator just want to make	10/12/2024

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	report of incident; investigation and response. (NRS 449.0302) 1. The administrator of a residential facility shall ensure that: (a) The residents are not abused, neglected or exploited by a member of the staff of the facility, another resident of the facility or any person who is visiting the facility; Inspector Comments: Based on observation, interview and document review the facility failed to ensure residents were free from abuse and neglect. Findings include: On 09/30/24 in the morning, a resident reported E1 was verbally abusive, and the resident verbalized they tried not to make waves. They reported they were treated with dignity and respect when E1 was not working. On 09/30/24 in the morning, a second resident reported E1 yelled at them and yelled at other residents. This resident reported E1 degraded the residents. On 09/30/24 in the morning, a third resident reported they try not to talk to E1 because of how they were treated. On 09/30/24 in the morning, a fourth resident reported E1 would get frustrated and would yell at residents when they asked for other food that was not listed on the menu. On 09/30/24 in the morning, a fifth resident verbalized E1 told the resident they wished the resident would die and told the resident they were the number one complainer. The resident reported that if a resident complained then E1 would retaliate by providing them less care by not refilling their water, and they would not get their food. This resident verbalized E1 would consistently change their incontinence pad about once a day even if it needed to be changed more frequently. On 09/30/24 in the morning, a sixth resident reported E1 was cruel. The resident reported E1 verbalized they were recently kicked out of their apartment and had repeatedly asked this resident for $100.00. The resident kept telling E1 they would not loan them money at which point E1 told this resident that they		sure that residents are ok and free from abuse and neglect. Administrator also talk to all staff members regarding the allegations especially to E1 to remind them of our duties. Elder Abuse Training for all staff members was done on Oct 12, 2024 (renewal for this year) All of them have previous Elder Abuse Training. Administrator also tries to talk to all residents anytime she is in the facility just to make sure that they are OK and free from abuse or neglect at all times.	

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	hated them. This resident reported E1 was mean and verbally hurt all the residents in the home. They verbalized residents do not want to speak up to the Administrator because they feel like their care would be jeopardized. On 09/30/24 in the morning, a seventh resident reported E1 told the resident that they wished they would die and E1 doesn't treat any of the residents with dignity and respect. The resident also reported E1 took off their incontinence brief and wiped it on their face on one occasion. The resident verbalized they believed E1 did not want to work and that E1 was verbally abusive. On 09/30/24 in the morning, Employee #1 (E1) was first ignoring, interrupting and then raising their voice to an inspector from the Bureau of Health Care, Quality and Compliance when questioned about the facility's process for ensuring expired food was removed from the refrigerator. On 09/30/24 in the morning, the Administrator reported residents had sometimes reported that Caregivers were not treating them with dignity and respect. The Administrator verbalized telling the Caregiver that behavior was not acceptable. The Administrator could not remember when they had been recently told about the Caregiver's behaviors to residents and reported they had no documentation of any complaints from residents regarding E1 or other Caregivers. On 09/30/24 in the morning, the Administrator agreed that E1 telling residents they wished they were dead was not treating residents with dignity and respect. Facility Policy Resident's Rights, Grievances (no date) documented (1) The residential facility must maintain conditions in which the residents may exercise the following rights: To be free from abuse, neglect and exploitation on the part of the residential facility staff, to be treated with dignity and respect, and to live in a safe and comfortable environment. Severity: 3 Scope: 3 Complaint# NV00072065			

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0740 SS= D	Residents Requiring Indwelling Catheter - NAC 449.272 Residents requiring use of indwelling catheter. (NRS 449.0302) 1. A person who requires the use of an indwelling catheter must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless: (a) The resident is physically and mentally capable of caring for all aspects of the condition, with or without the assistance of a caregiver; (b) Irrigation of the catheter is performed in accordance with the physician ' s orders by a medical professional who has been trained to provide that care; and (c) The catheter is inserted and removed only in accordance with the orders of a physician by a medical professional who has been trained to insert and remove a catheter. Inspector Comments: Based on observation, record review and interview, the facility failed to obtain a medical exemption to maintain a resident who had a urinary catheter for 1 of 10 residents (Resident #7). Findings include: Resident #7 (R7) R7 was admitted on 09/03/24 with a diagnosis of chronic kidney disease. On 09/30/24 in the morning, R7 was observed to have a urinary catheter. R7 reported being unable to care for the catheter and stated facility staff provided care for all aspects of the urinary catheter. R7's file lacked documented evidence of a medical exemption waiver for the urinary catheter. On 09/30/24, the Administrator confirmed the facility had not submitted for approval to the Bureau a medical exemption waiver for the urinary catheter for R7. Severity: 2 Scope: 1	0740	R7 was discharged to a SNIFF on Oct 1, 2024 the day after the Survey. To prevent the recurrence of this deficiency, Administrator will make sure to obtain a waiver for a catheter if faced with that situation.	10/01/2024