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 _____	03/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOTHERS BEST CARE FOR THE ELDERLY	1225 S 8TH STREET, LAS VEGAS, NEVADA ,89104

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RFG 0001-Deficiencies	The Statement of Deficiencies was generated as a result of a state licensure survey conducted in your facility, in accordance with Nevada administrative code, chapter 449, and Nevada revised statutes chapter 449- Residential Facility for Groups (RFG), medical facilities and other related entities. The findings and conclusions of any investigation by the Division of Health Care Purchasing and Compliance shall not be construed as prohibiting any criminal civil investigation, actions or other claims for reliefs that may be available to any party under applicable federal, state or local law. Based on an inspection conducted, the items marked below identify the violation in operation of the RFG which must be corrected by the revisit/compliance date specified in writing by the health authority. Failure to comply with this notice and immediately correct the identified deficiencies may result in the suspension or termination of your provider agreement, funding, or future authorization as a provider authorized by the State	RFG 0001-Deficiencies		

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	of Nevada pursuant to NAC 433.384, and other applicable local and state laws. Inspector Comments: This Statement of Deficiencies was generated as a result of an annual state licensure survey completed in your facility on 03/17/2025, in accordance with Nevada Administrative Code (NAC), Chapter 449, Residential Facilities for Groups. The facility is licensed for ten Residential Facility for Group beds for persons with mental illness, Category II residents. The census at the time of survey was eight. Eight resident files and four employee files were reviewed. The facility received a grade of A.			
Y 0172 SS= F	NAC 449.209 2. Containers used to store garbage outside of the facility must be kept reasonably clean and must be covered in such a manner that rodents are unable to get inside the containers. At least once each week, the containers must be emptied, and the contents of the containers must be removed from the premises of the facility. 3. Containers used to store garbage in the kitchen and laundry room of the facility must be covered with a lid unless the containers are kept in an enclosed cupboard that is clean and prevents infestation by rodents or insects. Containers used to store garbage in bedrooms and bathrooms are not required to be covered unless they are used for food, bodily waste or	Y 0172	-Multiple boxes of clothing that were stored against the wall of the storage shed were removed as was told the surveyor at the time of survey. Date completed: 03/21/26 -Ceiling in the laundry area was fixed. See attached picture. Date completed: 03/29/26 -Two separate areas of the ceiling awning that provides drainage from the roof were all fixed, including the BBQ pit area and the corner going towards the area where the storage shed is. See pictures attached. Date completed: 03/29/26 -Problem with German roaches is a on-going process, in fact the Pest Control company came in for their routine service on 03/24/26. Completed Service Report attached. On top of professional pest control, we also help by manually spraying bug spray and traps. Administrator already gave directive to all staff to be more discrete in placing traps and glue trays in areas that is not visible or in the way of residents and visitors. Glue trays were removed right away. Date completed: 03/17/26 Pest Control Service completed: 03/24/26 _The resident room with a lot of accumulated things was organized. See	03/29/2026

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	medical waste. 4. To the extentpracticable, the premises of the facility must be kept free from: (a) Offensive odors; (b) Hazards, including obstacles that impede the freemovement of residents within and outside the facility; (c) Insects and rodents; and (d) Accumulations of dirt, garbage and other refuse. 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 interior and exterior of the home were well maintained and free of debris and clutter. Findings include: The following were observed in the facility. -Multiple boxes of clothing were stored against the wall of the residence in the rear of the home. Other accessories were observed stored throughout the backyard and stored against the wall of the storage shed near the clothing line area in rear of the residence.		picture attached. Date completed: 03/29/26	

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	-The ceiling in the laundry storage area was cracked, sinking towards the floor, and was held together with cardboard, duct tape, and caulking. -Two separate areas of the ceiling (awning that provides drainage from the roof) located in the outdoor smoking-patio area was cracked and peeling. The drainage pipe had visible corrosion and deterioration inside. The ceiling had visible buckling towards the ground and was being held together with duct tape and carboard panels. On 03/17/26, in the morning, Employee #2 confirmed they had just moved from their apartment and the multiple boxes, multiple suitcases, supplies, and clothes stored in the backyard were awaiting shipment to the Philippines the week of 03/23/26. On 03/17/26, in the morning, German cockroaches were observed both dead and alive in multiple rooms of the home, which included the kitchen, common areas, resident rooms, and bathrooms. On 03/17/26, in the morning during inspection of the facility 3 glue trays full of German Cockroaches were propped against the living room and entryway into Resident #2 & Resident #3's bedroom. On 03/17/26, in the morning this inspector lifted a fire riser room safety tag to determine the fire inspector dates of last certification when two adult German Cockroaches fell to the floor from the tags. On 03/17/26, 9:30 AM, a Caregiver acknowledged there was a problem with cockroaches throughout the facility.			

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	On 03/17/26, at 9:50 AM, the Administrator confirmed the facility had issues with cockroaches throughout the facility since December 2024, which included resident rooms and the bathrooms. The facility had a contract with a local pest control company which documented treatment of German cockroaches, however the cockroach issue was still on going. On 03/17/26, in the morning, the Administrator confirmed there were large amounts of items stored by residents, in residents' rooms that needed to be removed or relocated. The Administrator confirmed there were cracked ceilings, in need of repair, in the outdoor smoking area. This was a repeat deficiency from complaint investigation on 03/11/25. Severity: 2 Scope: 3			
Y 0890 SS= D	NAC 449.2744 **Administration of medication: Maintenance of logs and records; contents.** 1. The administration of a residential facility that provides assistance to residents in the administration of medications shall maintain: (a) A log for each medication received by the facility for use by a resident of the facility. The log must include: (1) The type and quantity of medication received by the facility; (2) The date of its delivery; (3) The name of the person who accepted the delivery; (4) The name of the resident for whom the medication is prescribed; and (5) The date on which any unused medication is removed from the facility or destroyed. (b) A record of the medication administered	Y 0890	Not being able to sign the MAR is an oversight. The Med Tech was in the middle of doing meds when she got called away. She was able to give the morning meds to Resident #3 but was no able to sign. The MAR was submitted for review to the surveyor not realizing that the MAR was not signed for this one resident. Administrator gave directive that before they close that MAR Log, all the time, Med Techs need to double check that all MARs are signed. Administrator will audit every 2 weeks to avoid this deficiency. Date Completed: 03/17/26	03/17/2026

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	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, physician assistant or advanced practice registered nurse, including, without limitation, whether the medication is to be administered according to a routine schedule or as needed; (5) Any change in an order or prescription of a resident's physician, physician assistant or advanced practice registered nurse, including, without limitation, the discontinuation of the medication; (6) Any time when the resident is out of the facility; and (7) Any mistakes made in the administration of medication. (Cross-reference to NAC 449.2742(5)) 2. The administrator of the facility shall keep a log of caregivers assigned to administer medications that indicates the shifts during which each caregiver was responsible for assisting in the administration of medication to a resident. This requirement may be met by including on a resident's medication sheet an indication of who assisted the resident in the administration of the medication, if the caregiver can be identified from this indication. Inspector Comments: Based on interview and record review, the facility failed to ensure the Medication Administration Record (MAR) included accurate documentation for 1 of 7 residents (Resident #3). Findings include:			

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	Resident #3 (R3) R3 was admitted to the facility on 01/13/26, with diagnoses including cerebrovascular accident, hypertension, cognitive deficit, and coronary artery disease. R3's file documented physician's orders dated 01/14/26 for the following medications and R3's March 2026 MAR lacked Caregiver initials documenting the following medications were administered to R3 on 03/16/26 and 03/17/26. - Asprin-low dose 81, take one tablet by mouth once daily. - Atorvastatin 80 milligrams, take one tablet by mouth at bedtime. - Lisinopril 10 milligrams, take one tablet by mouth once daily. - Sertraline HCL 50 milligrams, take one tablet by mouth once daily. - Vitamin B 100 milligrams, take one tablet by mouth twice daily. - Metoprolol tartrate 25 milligrams, take one tablet by mouth at bedtime. - Oxcarbazepine 150 milligrams, take one capsule by mouth two times daily. - Quetiapine fumarate 100 milligrams, take one tablet by mouth once daily. On 03/17/26 in the afternoon, the Administrator verbalized they continued to administer R3's medications but did not initial the medications as being administered on R3's March 2026 MAR. Scope: 2 Severity: 1			