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
	3730	A. BUILDING _____ B. WING _____	10/31/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IN TOUCH RESIDENTIAL CARE II	7457 WALNUT CREEK DRIVE, LAS VEGAS, NEVADA ,89147

(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 survey conducted in your facility on 10/31/17. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for eight Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illnesses and/or persons with chronic illnesses, Category I Residents with seven beds being low income. The census at the time of the survey was six. Six resident files were reviewed and two employee files were reviewed. The facility received a grade of A. The findings and conclusions of any investigation by the Health Division 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 deficiencies were identified:	0000		
0178 SS= F	449.209(5) - Health and Sanitation-Maintain Int/Ext - NAC 449.209 Health and sanitation. 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 facility was clean and maintained. Findings include: On 10/31/17 in the morning, observed the following: - Laundry: Heavy lint build up in dryer lint trap. - Room #3: Walls had lint/dirt build up through out the room. On 10/31/17 in the morning, Employee #2 acknowledged the observations and cleaned the lint trap during the inspection. This is a repeat deficiency from the annual survey completed on 10/06/16. Severity: 2 Scope: 3	0178	A. Lint build up from the Dryer lint trap in the Laundry Room and lint/dirt build up in Room #3 were immediately cleaned while Annual Survey was still on going. B. Administrator instructed the caregivers to routinely check the Dryer after use of a Resident. Also reminded the Residents to follow posted notice to clean after every use of the Dryer. C. Date accomplished October 31, 2017	10/31/2017

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: TERESITA ENRIQUEZ Title: Administrator Date: 11/07/2017

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0920 SS= F	449.2748(1-2) - Medication Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. 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. Medication 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 without supervision may keep his medication in his 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 stored and secured in a locked area. Findings include: On 10/31/17, during a morning tour of the facility, the following medications were discovered unsecured: Caregiver Room - Bottle of prescription medications (Metformin) and a small bag with unlabeled gel capsules in a large clear bag on a side table. On 10/30/17 in the morning, Employee #2 acknowledged the medication was unsecured and reported the caregivers should always keep the door to their room locked. Severity: 2 Scope: 3	0920	A. Caregiver #2 immediately locked the room while Annual Survey is ongoing and deny access to the medication from the Residents. B. The Administrator reminded Caregiver #2 to ensure that the Caregiver's Room is always locked or placed the medication in a locked drawer or cabinet. C. Date accomplished October 31, 2017	10/31/2017