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 _____	**08/22/2019**

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 a complaint investigation completed in your facility on 08/22/19, in accordance with Nevada Administrative Code (NAC), Chapter 449, Residential Facilities for Groups. The census at the time of the survey was seven. There was one complaint investigated. Complaint #NV00058340 was substantiated. The allegation there were bed bugs present in the facility was substantiated (See Tag Y0174). 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		
0174 SS= F	Health& Sanitation-odors-hazards-insects-dirt - NAC 449.209 Health and sanitation. (NRS 449.0302) 4. To the extent practicable, the premises of the facility must be kept free from: (a) Offensive odors; (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility; (c) Insects and rodents; and (d) Accumulations of dirt, garbage and other refuse. Inspector Comments: Based on observation and interview, the facility failed to ensure the facility was free of insects. Findings include: On 08/22/19 at approximately 10:50 AM, a tour of the facility revealed the following: Bedroom#1: A dead bed bug was observed by the door and one dead bed bug was under the bed with bed bug feces. Bedroom #2: Multiple dead bed bugs, bed bug casings and bed bug feces were observed by the dresser and behind the bed. A live bed bug was observed under the mattress. Bedroom #3: A live bed bug was	0174	A. The Owner/Administrator alreadycontacted a pest control company to come and take care of the issue. Saidcompany came on the very day that the inspection was being done. B. The Owner/Administrator shall continue to regularlycheck with the Residents regarding their observations relative to theaforementioned issues. C. Accomplished 08-22-2019	08/22/2019

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: TERESITA ENRIQUEZ Title: Administrator Date: 10/07/2019

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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	observed on the floor in the corner of the room and a live bed bug was behind the dresser. Multiple dead bed bugs, bed bug casings and bed bug feces were observed behind the bed. Bedroom #4: Multiple bed bugs, bed bug casings and bed bug feces were observed on the wall near the bed, near the closet and behind the dresser. Bedroom #5: Bed bug feces were observed behind the bed. Three live bed bugs were observed crawling on the floor between the laundry room and the caregiver room. There was a musty odor characteristic of bed bugs present throughout the facility. On 08/22/19 at 10:45 AM, Employee #1 indicated a resident informed them of bed bugs in the facility one week ago. Employee #1 indicated they purchased pesticide for bed bugs and sprayed the facility, as well as shampooed the carpets themselves. Employee #1 revealed they were informed again of bed bugs in the facility by an outside agency on 08/19/19, which prompted the employee to schedule the pest control company to come to the facility on 08/22/19. On 08/22/19 at approximately 11:00 AM, the following resident interviews were conducted: Resident #2 reported they had seen bed bugs in the facility as recent as 08/21/19. Resident #3 reported they had seen small bugs in the facility, on their mattress and blanket. Resident #3 indicated they had bug bites and had informed the caregiver. Resident #3 indicated they killed the bugs themselves. Resident #4 reported they had seen bed bugs in the facility and most recently saw three bed bugs on their bed on 08/22/19. Resident #4 reported they had bug bites on their arms, legs and neck. Severity: 2 Scope: 3			