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 _____	10/08/2019

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 an annual survey at your facility on 10/08/19, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for eight Residential Facility for Group beds for persons with mental illnesses and/or persons with chronic illnesses, Category I residents with seven low income beds. The census at the time of the survey was eight. Eight 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		

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: 10/29/2019

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 _____	10/08/2019

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
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 it was free of insects. Findings include: On 10/08/19 at approximately 10:15 AM, a tour of the facility revealed the following: Bedroom#1: A dead bed bug was observed by the on the floor board and multiple dark spots, which appeared as bed bug dropping, were observed on the bed sheets. Bedroom #2: Multiple dead bed bugs was observed on the mattress and on the counter. Multiple dark spots, which appeared to be bed bug droppings, were observed on the bed sheets. Bedroom #3: A live bed bug was observed on the mattress. Multiple dark spots, which appeared to be bed bug droppings, were observed on the bed sheets. Bedroom #4: Multiple dark spots, which appeared to be bed bug droppings, were observed on the bed sheets. Bedroom #5: Multiple dark spots, which appeared to be bed bug droppings, were observed on the bed sheets. On 10/08/19 at 10:40 AM, Employee #1 indicated that the pest control company to come to the facility on 08/22/19. The employee indicated that the pest control company came to the facility multiple times in the past month. The employee called the pest control company and the pest control company, which stated that they would come back to the facility to treat for bed bugs again free of charge. On 08/22/19 at approximately 10:25 AM, the following resident interviews were conducted: Resident #2 (R2) Acknowledged that there was a live bed bug on his sheet and killed it with his hands. R2 indicated that pest control has been to the home several times. Severity: 2 Scope: 3	0174	A. The Owner/Administrator already contacted a pest control company to come and take care of the issue. Said company came on the very day that the inspection was being done. B. The Owner/Administrator shall continue to regularly check with the Residents regarding their observations relative to the aforementioned issues. C. Accomplished 08-22-2019	08/22/2019