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 _____ | 04/18/2022 |

| 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<br><br>Inspector Comments: This Statement of Deficiencies was generated as a result of an annual grading and infection control State Licensure survey conducted at your facility on 04/18/22, in accordance with Nevada Administrative Code, Chapter 449, Residential Facility for Groups. The facility is licensed for eight Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness and/or persons with chronic illness, Category I residents. The census at the time of the survey was seven. Seven resident files and two employee files were reviewed. The facility received a grade of A. The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of nondiscrimination policy; posting of nondiscrimination statement and certain other information, NRS 449.102 - Duties of licensed facility to protect privacy of patient or resident, and LCB File No. R016-20 - Cultural competency training; complaint policy; development of gender identity/expression policy; designated person responsible for compliance with these regulations. Failure to comply with NRS 449.101, NRS 449.102 and LCB File No. R016-20 may result in future deficiencies. 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 deficiency was 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: 04/26/2022

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| 0895 SS= D | Administration of Medication Maintenance - NAC 449.2744 Administration of medication: Maintenance and contents of logs and records. (NRS 449.0302) 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall maintain: (b) A record of the medication administered 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.<br><br>Inspector Comments: Based on record review and interview, the facility failed to ensure the Medication Administration Record (MAR) was accurate for 1 of 7 residents (Resident #4). Findings include: On 04/18/22 in the morning, a review of the May 2022 MAR revealed the following: Resident #4's medication was onsite and the physician's order indicated Quatiapine 400 milligrams (mg), take one tab by mouth at bedtime. Documentation revealed the medication had been duplicated on the MAR. On 04/18/22 in the morning, Employee #1, the Administrator, acknowledged the deficiencies. Severity: 2 Scope: 1 | 0895 | 1. The employee #1, the administrator acknowledged the deficiency citation.<br>2. The administrator made the correction in the MAR. The duplicated entry of patient #4 Quetiapine 400mg, 1 tab by mouth at bedtime had been eliminated.<br>3. The administrator will ensure that the MAR is accurate and no duplication for each patient in the facility.<br>4. Date of correction: April 18, 2022. | 04/26/2022 |