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
	8650	A. BUILDING _____ B. WING _____	03/28/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOTHER'S TOUCH SENIOR HOME	8918 KING JOHN COURT, LAS VEGAS, NEVADA ,89149

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0000	Initial Comments - Inspector Comments: This Statement of Deficiencies was generated as a result of a State Licensure re-grading survey conducted at your facility on 03/28/19, in accordance with Nevada Administrative Code (NAC), Chapter 449, Residential Facility for Groups. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons, and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was six. The facility received a grade of A. 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 investigations, 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		
0088 SS= C	4493199(4) - Staffing Schedule - NAC 449.199 Staffing requirements; limitations on number of residents; written schedule required for each shift. 4. The administrator of a residential facility shall maintain monthly a written schedule that includes the number and type of members of the staff of the facility assigned for each shift. The schedule must be amended if any changes are made to the schedule. The schedule must be retained for at least 6 months after the schedule expires.	0088	Completed 1/11/2019 . Staffing schedule is posted each month and kept current since January.	01/11/2019
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.	0178	The inside and the exterior of the facility is kept very clean every day since 1/10/2019 with no debris collected anywhere in the yard, since 1/10/2019	01/10/2019

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0431	449.229(2) - State Fire Marshall referral - NAC 449.229 Requirements and precautions regarding safety from fire. 2. The Bureau shall notify the State Fire Marshal or the appropriate local government, as applicable, if, during an inspection of a residential facility, the Bureau knows of or suspects the presence of a violation of a regulation of the State Fire Marshal or a local ordinance relating to safety from fire.	0431	The Fire sprinkler and. fire Alarm company comes, checks, inspects, and makes sure all equipment is working properly according to the schedules for maintenance outlined by the State Fire. Marshall. All is working appropriately and all tags are current as submitted last time POC was done. Monthly Fire Drill is done and posted on the wall.	02/01/2019
0620 SS= D	449.2702(4)(a), (6)(a)(1&2) - Admission Policy - NAC 449.2702 Written policy on admissions; eligibility for residency. 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast. 6. As used in this section: (a) "Bedfast" means a condition in which a person is: (1) Incapable of changing his position in bed without the assistance of another person; or (2) Immobile.	0620	Administrator will submit paperwork to get Bed Bound Waiver for any resident that requires it, and will submit promptly if recognized prior to admission.	02/01/2019
0830 SS= D	NAC 449.2736(1) - Exemption Requests - NAC 449.2736 Procedure to exempt certain residents from restrictions. 1. The administrator of a residential facility may submit to the Division a written request for permission to admit or retain a resident who is prohibited from being admitted to a residential facility or remaining as a resident of the facility pursuant to NAC 449.271 to 449.2734 , inclusive.	0830	Administrator will submit Exemption Request for any resident if they are or become bed bound.	02/01/2019

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0870 SS= D	449.2742(1)(a-c) 2 - Medication Administration - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregivers and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility; (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report; and (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). 2. Within 72 hours after the administrator of the facility receives a report submitted pursuant to paragraph (a) of subsection 1, a member of the staff of the facility shall notify the resident ' s physician of any concerns noted by the person who submitted the report. The report must be reviewed and initialed by the administrator.	0870	Administrator and or designated med tech will make sure all medications are verified by appropriately authorized medical professional, at least every 6 months or less, or anytime, there are changes in the order, added, deleted, increased, or decreased.	01/10/2019
0895 SS= D	449.2744(1)(b 1-4)+449.2746(2) - Medication / MAR-PRN MAR - NAC 449.2744 Administration of medication: Maintenance and contents of logs and records. 1. The administrator of a residential facility that provides assistance to residents in the administration of medication 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	0895	R4'S MAR for DESITIN cream was listed as BID, while the Hospice Plan of Care of 1/2/19 had it as a PRN. Resident had Tumeric once a day brought in by the daughter. Since last year, it was always 1 tab a day as an OTC supplement, however the same Hospice Plan of Care of 1/2/19 had it as a BID. I showed the RN from Hospice the discrepancies, and she realized their mistake and discontinued it as they were not needed, on 4/18/2019. Moving forward, the Administrator and or designated Med Tech will review any new Plan of Care paperwork Hospice brings in before filing them to verify their orders are congruent with facility MAR and the prescription bottles. Correct any	04/18/2019

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	prescription of the resident's physician. NAC 449.2746 (Refer to NAC 449.2742(5) The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744.) 2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the medication: (a) The reason for the administration; (b) The date and time of the administration; (c) The dose administered; (d) The results of the administration of the medication; (e) The initials of the caregiver; and (f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician. Inspector Comments: Based on interview and record review, the facility failed to ensure medications were documented and administered accurately per physician's orders for two of six residents (Resident #4, #1). Findings include: Resident #4 (R4) R4 was admitted to the facility on 06/23/17 with diagnoses including rheumatoid arthritis and diabetes mellitus II. R4 began receiving hospice services as of 01/02/19. The Medication Administration Record (MAR) for the month of March, 2019 listed Desitin Cream, apply BID (two times daily). However, the Hospice Plan of Care dated 01/02/19 documented the physician's orders: Apply "as needed for diaper rash". The MAR for the month of March, 2019 listed Tumeric, 450 milligrams (mg), 1 capsule by mouth each day. However, the Hospice Plan of Care documented the physician's orders: Apply 1 capsule BID. On 03/28/19 at approximately 10:45 AM, the Administrator verified the most recent physician's orders for the Desitin and the Tumeric were not documented correctly on the MAR's. Resident #1 (R1) R1 was admitted to the facility on 11/13/17 with diagnoses including atherosclerotic heart disease and angina pectoris. The Physician's Orders dated 03/20/19 indicated Saline Mist Spray, 1 spray each nostril per day. The medication bottle had a dispensed date of 03/21/19. There was no documented evidence the Saline Mist Spray		discrepancies with the Hospice RN, and or the pharmacy promptly. R1 March MAR for Saline Nasal Spray - Staff forgot to list on the MAR, Spray which was delivered on 3/21/19. Staff corrected it on the MAR on 3/28/19. The March MAR is attached. Moving forward, April has the Spray on the MAR and will continue until further changes from the hospice. The Administrator and or the Med Tech will assure no other medication is overlooked on the MAR, and that all medications in the Residents bins match the MAR and the PRN lists, as well as the list verified by Hospice on the Plan of Care.	

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	was administered per physician's orders from 03/21/19 through 03/28/19. On 03/28/19 at 10:50 AM, the Caregiver Manager verified the Saline Mist Spray should have been listed on the MAR, and indicated they "just forgot" to give the Saline Mist Spray to R1. Severity: 2 Scope: 1 Repeat Deficiency: 01/10/19			
0923 SS= E	449.2748(3)(a-b) - Medication Container - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. 3. Medication including, without limitation, any over-the-counter-medication or dietary supplement, must be: (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician; and (b) Kept in its original container until it is administered.	0923	All medications, including all over-the-counter medications and supplements will be labeled correctly. If over the counter, each medication or supplement shall have the resident's full name,, the name of the prescribing physician, kept in it's original container, and the content visibly labeled as to it's content.	01/10/2019

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0936 SS= D	449.2749(1)(e) - Resident file-NRS 441A Tuberculosis - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on interview and record review, the facility failed to ensure tuberculin testing was completed for 2 of six residents (Resident #5, #6). Findings include: Resident #5 (R5) R5 was admitted to the facility on 03/22/19 with diagnoses including cerebral vascular accident - left sided impairment and congestive heart failure. There was no documented evidence of initial 2-step tuberculin testing for R5. The only documented tuberculin test was a 1-step Mantoux tuberculin skin test administered on 03/02/19 and read on 03/09/19, 0 mm results. Resident #6 (R6) R6 was admitted to the facility on 01/23/19 with diagnoses including hypertension and major neurocognitive disorder. There was no documented evidence of initial 2-step tuberculin testing for R6. The only documented tuberculin test was a 1-step Mantoux tuberculin skin test administered on 01/27/19 and read on 01/29/19, negative results. On 03/28/19 at 11:00 AM, the Caregiver Manager verified there were no 2-step tuberculin testing for R5 and R6. Severity: 2 Scope: 1 Repeat Deficiency: 01/10/19	0936	R5 2 Step TB tests. When resident arrived from the Rehab Hospital, they neglected to send their TB tests along. Meanwhile, Administrator had the daughter take resident to immediately get a one-step first at a Walgreens, then followed up several times a day to get the copies of the records from the Rehab. When the fax arrived, it indicated that the patient refused to have her PPD done so the hospital did a chest x-ray. With the one step and the negative evidence of the chest x-ray, the Administrator thought the chest x-ray would supersede any skin tests. Administrator now is aware that a 2 step skin test must be done, always. Administrator or designated staff will always insist on a current 2 step PPD, during Admission or prior to. Administrator will confirm with any hospital or Rehab a resident will be discharged from, moving forward. R6 2 Step performed paperwork from the Rehab lacked the date the results were read. Administrator immediately went to the Rehab to request for the original paperwork in their file which indicates the testing and the results with the date read. Administrator will read all supposed proofs from Rehabs to make sure the date of testing, the date of reading, and the results are all properly stated on the discharge paperwork so this kind of oversight will not happen.	04/14/2019

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0990 SS= F	449.2756(1)(a) - Alzheimer's facility pools - NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (a) Swimming pools and other bodies of water are fenced or protected by other acceptable means.	0990	A new padlock has been placed with spare key to lock the pool gate. The pool is always locked except when the pool cleaner is is working, then he promptly locks the gate. He was given a spare key. The Administrator and or designated staff checks after the pool cleaner leaves to make sure he does not forget to lock the padlock; so far he has been very good and promises to be so. However, the Administrator and the staff will continue to check to reassure the lock is fully locked at all times.	01/10/2019
0992 SS= F	449.2756(1)(c) - Alzheimer's Fac awake staff - NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (c) At least one member of the staff is awake and on duty at the facility at all times.	0992	New hires were made and the current staffing is adequate to have one awake staff during the night. Current Staffing is 4 excluding the Administrator who used to do much of the night shift.	02/01/2019
0995 SS= F	449.2756(1)(f)(1-4) - Alzheimer's Facility - Yard - NAC 449.2756 Residential facility which provides care to persons with Alzheimer's disease: Standards for safety; personnel required; training for employees. 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (f) The facility has an area outside the facility or a yard adjacent to the facility that: (1) May be used by the residents for outdoor activities; (2) Has at least 40 square feet of space for each resident in the facility. (3) Is fenced. (4) Is maintained in a manner that does not jeopardize the safety of the residents. All gates leading from the secured, fenced area or yard to an unsecured open area or yard must be locked and keys for gates must be readily available to the members of the staff of the facility at all times.	0995	All exterior gates a kept locked and the keys are always available inside the facility and managed by the lead staff at all times. The exterior is checked daily by lead staff to make sure there is nothing unsafe in the yard, especially with the heavy winds of late. If a resident or residents do spend some activity time in the yard, a staff is always with them for safety.	01/10/2019