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 _____	12/12/2019

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

(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 required re-grading and annual State Licensure survey initiated at your facility on 12/12/2019 and finalized on 12/12/2019. This State Licensure Survey was conducted in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 10 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 (6). 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 deficiency was/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: ROSALIE K. BACAL Title: ADMINISTRATOR Date: 12/22/2019

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 _____	12/12/2019

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

(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
0072 SS= D	Qualifications of Caregiver - Med Training - NAC 449.196 Qualifications and training of caregivers. (NRS 449.0302) 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Before assisting a resident in the administration of a medication, receive the training required pursuant to paragraph (e) of subsection 6 of NRS 449.0302, which must include at least 16 hours of training in the management of medication consisting of not less than 12 hours of classroom training and not less than 4 hours of practical training, and obtain a certificate acknowledging the completion of such training; (b) Receive annually at least 8 hours of training in the management of medication and provide the residential facility with satisfactory evidence of the content of the training and his or her attendance at the training; (c) Complete the training program developed by the administrator of the residential facility pursuant to paragraph (e) of subsection 1 of NAC 449.2742; and (d) Annually pass an examination relating to the management of medication approved by the Bureau. Inspector Comments: Based on document review and interview, the facility failed to ensure 1 of 6 employees received an initial 16 hour medication management training (Employee #4). The Medication Management Certificate on file for the employee was falsified. The test dates were whitened over and handwritten in. The instructor of the initial certificate certification expired in 2013. Severity: 2 Scope: 1	0072	This employee with the falsified medication training was informed after he returned to Vegas from his vacation, that he cannot work at the facility until he brings in a new and valid 16 hour medication training, until that time he is terminated. He was the part-time night shift person. In the future, Administrator will take a closer look at the documents a new hire brings in and verify any documents that seem questionable. Staff was given couple of schools teaching the course. The Administrator will review documents a new hire will provide to check for validity, going forward.	12/16/2019
0936 SS= E	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she 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	0936	Residents (couple) house call physician was requested upon admission to please do the 2 Step TB tests as the daughter neglected to procure it from the previous facility, however, despite several requests, the physician never did the 2nd Step. Upon getting the citation, he was called on Monday 12/16 several times by my staff and myself with no response, followed by the attached text. On Tuesday 12/17, Administrator called the home office of the physician managed by his wife and	12/20/2019

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 _____	12/12/2019

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

(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
	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 record review and interview, the facility failed to ensure 2 of 6 residents received timely tuberculosis testing (Resident #1 and #2). Resident #1 had a first step injection date of 10/05/18 and read date of 10/08/18. Resident #1 had a second step injection date of 08/12/19 and a read date of 08/14/19 (which was10 months late). Resident #2 had a one-step injection date of 09/10/18 and a read date of 09/12/18. The resident had a second step injection date of 08/12/19 and a read date of 08/14/19 (which was 11 months late). Severity: 2 Scope: 2		explained to her. She said the physician would be going out to the facility. I assumed he was coming out to do the TB tests. He came out on Tuesday, and was literally shouting at my staff; heard him myself as she called me when he arrived and left the phone on. He yelled and said they did not need it dispite being told by the staff that they did and that there was a citation and compliance was needed. He left adamantly refusing to do the TB tests. Administrator tried to search for mobile medical services for physicals, TB tests, etc. All needed to make an appointments at least a month off; then the Administrator started calling for a primary care facility that could provided the service and found one on Wednesday that gave an appointment for Friday afternoon, 12/20. Administrator transported them downtown to the medical office and got the 2 residents their 1step. 12/20. Administrator will be taking them back this afternoon for the check. They have been given an appointment for the 2nd Step on 1/3/2020, at which time the Administrator will take them for this and once read, the proof will be submitted via email to the surveyor. Being that 2 Steps cannot be accomplished within 10 days, especially with the residents' resistant physician, Administrator will assure that this gets done as scheduled with the medical office. Going forward, Administrator or designated staff will not allow a resident to move in until the family provides the required 2 Step TB tests. Administrator or designated staff will required all Admission paperwork be in proper order prior to Admission.	

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 _____	12/12/2019

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

(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
0994 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. Inspector Comments: Based on observation and interview, the facility failed to ensure scissors and razors were secured in a common bathroom. A caregiver explained the scissors and razors should not have been there. Severity: 2 Scope: 3	0994	The scissor was promptly removed and secured at the time Surveyor noted it. Administrator is constantly reminding all staff that knives, scissor, and any pointy or long narrow implements be kept in the locked kitchen drawer. It is generally kept locked, but the staff was using the scissors when she went to answer the doorbell of the surveyor, as explained to the Administrator. Administrator told her she should put it away before walking to open the door. Going forward, staff will be frequently reminded again to keep all dangerous implements in the locked drawer if not in use or if walking away from the implement. The Administrator or the designated staff will be vigilant about checking drawer and counters to reassure all dangerous implements are not accessible to the residents and are properly kept in a locked cabinet, closet, or drawer.	12/12/2019