

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8650	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/20/2021
NAME OF PROVIDER OR SUPPLIER MOTHER'S TOUCH SENIOR HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 8918 KING JOHN COURT, LAS VEGAS, NEVADA ,89149		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a State Licensure annual survey conducted in your facility on 05/20/21. This State Licensure survey was conducted by in accordance with Chapter 449, Residential Facility. The facility received an annual survey grade of A. The census at the time of survey was three. Three sample resident files were reviewed, and four employee files were reviewed. 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 deficiencies were identified:	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
0074 SS= E	Elder Abuse Training - NRS 449.093 Training to recognize and prevent abuse of older persons: Persons required to receive; frequency; topics; costs; actions for failure to complete. 1. An applicant for a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before a license to operate such a facility, agency or home is issued to the applicant. If an applicant has completed such training within the year preceding the date of the application for a license and the application includes evidence of the training, the applicant shall be deemed to have complied with the requirements of this subsection. 2. A licensee who holds a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must annually receive training to recognize and prevent the abuse of older persons before the license to operate such a facility, agency or home may be renewed. 3. If an applicant or	0074	Attached are the Elder Abuse Training of Staff #1 and #3. Going forward, the Administrator will check monthly for any documents that need updating for all employees to insure, no training is expired. The Administrator or the designated Staff will monitor all files for any document that needs renewal before it expires.	05/24/2021

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 Name: ROSAIE K. BACAL Title: ADMINISTRATOR
REPRESENTATIVE'S SIGNATURE

Date: 06/07/2021

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	licensee who is required by this section to obtain training is not a natural person, the person in charge of the facility, agency or home must receive the training required by this section. 4. An administrator or other person in charge of a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the facility, agency or home provides care to a person and annually thereafter. 5. An employee who will provide care to a person in a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the employee provides care to a person in the facility, agency or home and annually thereafter. 6. The topics of instruction that must be included in the training required by this section must include, without limitation: (a) Recognizing the abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; (b) Responding to reports of the alleged abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; and (c) Instruction concerning the federal, state and local laws, and any changes to those laws, relating to: (1) The abuse of older persons; and (2) Facilities for intermediate care, facilities for skilled nursing, agencies to provide personal care services in the home, facilities for the care of adults during the day, residential facilities for groups or homes for individual residential care, as applicable for the person receiving the training. 7. The facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care is responsible for the costs related to the training required by this section. 8. The			

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	administrator of a facility for intermediate care, facility for skilled nursing or residential facility for groups who is licensed pursuant to chapter 654 of NRS shall ensure that each employee of the facility who provides care to residents has obtained the training required by this section. If an administrator or employee of a facility or home does not obtain the training required by this section, the Division shall notify the Board of Examiners for Long-Term Care Administrators that the administrator is in violation of this section. 9. The holder of a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care shall ensure that each person who is required to comply with the requirements for training pursuant to this section complies with such requirements. The Division may, for any violation of this section, take disciplinary action against a facility, agency or home pursuant to NRS 449.160 and 449.163. Inspector Comments: Based on document review and interview, the facility failed to ensure 2 of 4 employees received annual training to care for elderly and disabled residents (Employee #1 and #3). Employee #1 (E1) was hired on 03/16/20, E1's personnel file lacked documented evidence of annual elder abuse training. Employee #3 (E3) was hired on 03/01/20, E3's personnel file lacked documented evidence of annual elder abuse training. On 05/20/21 at 10:00 AM, the Caregiver confirmed there was no documented evidence of training for elderly and disabled residents in the employee's records. Severity: 2 Scope: 2			

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(X4) ID PREFIX TAG 0620 SS= D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0620	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE 05/24/2021
	Written Policy on Admissions - NAC 449.2702 Written policy on admissions; eligibility for residency. (NRS 449.0302) 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; (b) Requires restraint; (c) Requires confinement in locked quarters; or (d) Requires skilled nursing or other medical supervision on a 24-hour basis. Inspector Comments: Based on interview, observation, and record review, the facility failed to obtain a bedfast waiver for 1 of 3 residents. (Resident #1) Findings include: Resident #1 (R1) was admitted on 03/01/21, the resident file lacked a bedfast waiver. On 05/20/21 at 11:50 AM, Caregiver confirmed R1's file lacked documentation of a bedfast waiver. Severity: 2 Scope: 1		Bedfast waiver was requested and received. Moving forward, Administrator will be more prompt in acquiring the waiver. Waiver is for R #1.	

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(X4) ID PREFIX TAG 0938 SS= D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0938	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE 05/25/2021
	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 information and any other information related to the resident, including, without limitation: (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he or she needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his or her ability to perform the activities of daily living; and (3) In any event, not less than once each year. Inspector Comments: Based on observation, interview and record review, the facility failed to complete an annual activities of daily living (ADL) screening for 1 of 3 residents (Resident #3). Resident #3 (R3) was admitted on 03/13/20, there was no evidence an annual ADL was completed for resident. On 05/20/21 at 11:15 AM, the Caregiver confirmed R3's record lacked an initial and annual ADL assessment. Severity: 2 Scope: 1		Resident #3 had her initial ADL assessment done at Admission (attached). It was found among the other Admission paperwork tab of the binder. New ADL for the annual has been completed 5/25/2021. Moving forward, the Administrator or the designated staff will ensure the forms and assessments are done annually in a timely manner, for all residents.	

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(X4) ID PREFIX TAG 1001 SS= D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Elderly Care Training for Caregivers - NAC 449.2758 Residential facility which provides care for elderly persons or persons with disabilities: Training for caregivers. (NRS 449.0302) 1. Within 60 days after being employed by a residential facility for elderly persons or persons with disabilities, a caregiver must receive not less than 4 hours of training related to the care of those residents. Inspector Comments: Based on document review and interview, the facility failed to ensure 1 of 4 employees received four hours of initial training to care for elderly and disabled residents (Employee #2). Employee #2 (E2) was hired on 04/02/21, E2's personnel file lacked documented evidence of initial elder abuse training. On 05/20/21 at 10:00 AM, the Caregiver confirmed there was no documented evidence of training for elderly and disabled residents in the employee's records. Severity: 2 Scope: 1	ID PREFIX TAG 1001	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Employee showed me her training from her previous employer which were all current. I asked her to make a copy for her files. I also wrongfully thought as all the training was current, there was no urgency to do the same training with me. My mistake and my apologies. A new Elder Abuse has been done as well as 9 hours of training at my facility. Moving forward, the Administrator will assure all new hires will get new required training at the facility.	(X5) COMPLETION DATE 05/25/202 1