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 _____	03/15/2022

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 an annual State Licensure and infection control survey conducted at your facility on 03/15/22, 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, with an endorsement for Alzheimer's disease, Category II residents. The census at the time of the survey was five. Five resident files and four employee files were reviewed. The facility received a grade of B. The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of non-discrimination 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 regulatory 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: ROSALIE K. BACAL Title: RFA Date: 04/12/2022

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0072 SS= E	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 record review and interview, the facility failed to ensure Caregivers had evidence of current Medication Management training for 2 of 4 employees, Employee #3 (E3) and Employee #4 (E4). Review of E3 and E4's employee records revealed no current documentation for Medication Management training. The most recent training documentation expired on 02/13/22 for both E3 and E4. On 03/15/22 in the afternoon, the Lead Caregiver confirmed this finding and acknowledged the importance of having current training documentation. The Lead Caregiver indicated E3 and E4 would be prohibited from administering any medications until their Medication Management training was current. Severity: 2 Scope: 2	0072	The Medication re-cert was all done prior to licensing visit, however, E3 & E4 took it out of their file binders. I got it back from them and copies are now in their files. I usually make them keep the originals and keep copies in my files but they still manage to take things. Now, moving forward, all certificates are uploaded unto my computer files to make sure I have a copy. Moving forward, the Administrator or the designated lead staff will ensure files are current. E3 completed 2/13/2022; E4 completed 2/12/22.	03/16/2022

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0106 SS= E	Personnel File - 1st Aid & CPR - NAC 449.200 Personnel files 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1: (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation; Inspector Comments: Based on record review and interview, the facility failed to ensure Caregivers had current Cardiopulmonary Resuscitation (CPR) training for 2 of 4 employees, Employee #3 (E3) and Employee #4 (E4). A review of E3 and E4's employee records revealed no current documented CPR training. The most recent documented training expired on 02/20/22 for both E3 and E4. On 03/15/22 in the afternoon, the Lead Caregiver confirmed this finding and acknowledged the importance of having current CPR training. The Lead Caregiver indicated this deficiency would be corrected as soon as possible. Severity: 2 Scope: 2	0106	Administrator and/or the designated lead staff will make a master list of when renewals are due and ensure getting the re-training done on a timely manner. E3 & E4 completed their First Aid /CPR on 3/21/22. Moving forward, as mentioned, a calendar will be marked to get the requirements, prior to expiration for all staff.	03/21/2022

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0859 SS= D	Medical Care of Resident After Illness - NAC 449.274 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. (NRS 449.0302) 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his or her physician. The resident must be cared for pursuant to any instructions provided by the resident ' s physician. Inspector Comments: Based on record review and interview, the facility failed to ensure all admitted residents had a current physical examination for 1 of 5 residents, Resident #2 (R2). R2 was admitted to the facility on 11/24/21. Review of R2's records revealed no documented physical examination. On 03/15/22 in the afternoon, the Lead Caregiver confirmed this finding and acknowledged the importance of all residents having a physical examination before or upon admission and at least yearly thereafter. Severity: 2 Scope: 1	0859	Resident moved from another facility and no H&P came with her. However, Home Health from her insurance came out and did an H& P on 1/5/22, then again on 3/2/22, uploaded. Moving forward, the Administrator and/or designated lead staff will make sure any admission paperwork missing is followed-up until it gets done and in the binder. A reminder to get the requirements will be noted for daily view to the Administrator or the designated lead staff until completed.	01/05/2022

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0936 SS= D	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: (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 all residents had a documented 2-Step Tuberculosis (TB) skin test for 1 of 5 residents, Resident #1 (R1). R1 was admitted on 03/07/22 with diagnoses including arthritis, high blood pressure, generalized weakness and physical debility. Review of R1's records revealed documentation of only one step of the 2-Step TB skin test that was read on 03/03/22. There was no documentation of a second step test result. On 03/15/22 in the afternoon, the Lead Caregiver confirmed this finding and acknowledged the importance of having a 2-Step TB skin test result either before or within five days of admission for all residents. Severity: 2 Scope: 1	0936	R1 was admitted on 3/7/22, coming from a Nursing Home. The Nursing Home completed the first step on 3/3/22. We had to wait for her Home Health RN to do the 2nd step as the 2nd step is most often done 2 weeks after the first step. RN from Home Health was called immediately, and she came out the same day as licensing visit and gave the 2nd step which was read on 3/17. Moving forward, the Administrator or Designated lead staff will keep a note posted to remind about getting the TB tests done timely.	03/17/2022
1037 SS= D	Care to Persons with Dementia - NAC 449.2768 Residential facility which provides care to persons with dementia: Training for employees. (NRS 449.0302, 449.094) 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that: (a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer ' s disease, successfully completes: (3) If such an employee is licensed or certified by an occupational	1037	Following courses and hours were completed on 03/16/2022 and 03/23/2022 totaling 16.75 hours, with 8 hours on Alzheimers. Moving forward, the Administrator or the Designated Lead Staff will maintain the list of due dates for all training required for all staff to ensure this kind of lapse does not happen again moving forward.	03/23/2022

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	licensing board, at least 3 hours of continuing education in providing care to a resident with dementia, which must be completed on or before the anniversary date of the first date the employee was initially employed at the facility. The requirements set forth in this subparagraph are in addition to those set forth in subparagraphs (1) and (2), may be used to satisfy any continuing education requirements of an occupational licensing board, and do not constitute additional hours or units of continuing education required by the occupational licensing board. (4) If such an employee is a caregiver, other than a caregiver described in subparagraph (3), at least 3 hours of training in providing care to a resident with dementia, which must be completed on or before the anniversary date of the first date the employee was initially employed at the facility. The requirements set forth in this subparagraph are in addition to those set forth in subparagraphs (1) and (2). Inspector Comments: Based on record review and interview, the facility failed to ensure Caregivers had at least eight hours of current documented annual Caregiver training that included at least three hours of Alzheimer's training for 1 of 4 Employees, Employee #1 (E1). Review of E1's records revealed the most recent documented training was completed on 01/04/21. On 03/15/22 in the afternoon, the Lead Caregiver confirmed this finding and acknowledged the importance of this training. Severity: 2 Scope: 1			