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 _____	03/22/2023

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 an annual State Licensure and infection control survey conducted at your facility on 03/22/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for 10 Residential Facility for Group beds for elderly and disabled persons and/or Alzheimer's disease, Category II (Alzheimer's) residents. The census at the time of the survey was six. Six resident files and five employee files were reviewed. 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 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		
0870 SS= E	Medication Administration-Accuracy & Report - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregiver 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. (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).	0870	1. Facility Administrator together with the lead caregiver review and updated residents audit chart. A Copy of resident #4#5#6 medication review was place on file. 2. This Facility will review residents Audit Chart monthly together with the residents actual file. By this way will be avoiding missing documents in the residents file. 3. This facility will make sure that a copy be placed on the residents file upon received to avoid missing documents. 4. Administrator will monitor.	03/23/2023

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	Inspector Comments: Based on record review and interview, the facility failed to ensure a six month medication review with recommendations was completed for 3 of 6 residents (Resident #4, #5 and #6). Findings include: Resident #4 (R4) R4 was admitted on 11/15/21 with diagnoses including dementia, unspecified psychosis and chronic atrial fibrillation. There was no documented evidence of a six month medication review with recommendations in R4's medical record. Resident #5 (R5) R5 was admitted on 11/01/22 with diagnoses including cognitive dysfunction and hypothyroidism. There was no documented evidence of a six month medication review with recommendations in R5's medical record. Resident #6 (R6) R6 was admitted on 06/29/22 with diagnoses including diabetes, gait disturbances and high blood pressure. There was no documented evidence of a six month medication review with recommendations in R6's medical record. On 03/22/23 in the morning, the Lead Caregiver verbalized they weren't aware of this requirement and could not provide any documentation to satisfy the requirement. Severity: 2 Scope: 2			