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 _____ | 04/01/2024 |

| 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 |
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| 0000 | Initial Comments<br><br>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 04/01/24, 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 four. Four resident files and four 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 | | |

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: CHERRY DAELTO Title: Adminitrator Date: 04/15/2024

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| 0874 SS= F | Medication Administration-Report Received - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 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, physician assistant or advanced practice registered nurse of any concerns noted by the person who submitted the report. The report must be reviewed and initialed by the administrator.<br><br>Inspector Comments: Based on record review and interview, the facility failed to ensure six-month Medication Reviews were initialed and dated by the Administrator within 72 hours for 3 of 4 residents (Resident #1, #3 and #4) Findings include: Resident #1 (R1) R1 was admitted on 11/15/21 with diagnoses including dementia and hypertension. R1's record documented a medication review dated 11/03/23. The review lacked documented evidence the Administrator initialed and dated the review. Resident #3 (R3) R3 was admitted on 11/01/22 with diagnoses including dementia and depression. R3's record documented a medication review dated 11/16/23. The review lacked documented evidence the Administrator initialed and dated the review. Resident #4 (R4) R4 was admitted on 09/17/21 with diagnoses including dementia and hypertension. R4's record documented a medication review dated 12/22/23. The review lacked documented evidence the Administrator initialed and dated the review. On 04/01/24 in the afternoon, a Caregiver acknowledged R1's, R3's, and R4's record lacked documented evidence their six-month Medication Reviews were initialed and dated by the Administrator within 72 hours. Severity: 2 Scope: 3 | 0874 | 1. Facility Administratortogether with the lead caregiver review and updated residents audit chart. Resident #1, #3 and #4 medication review were initialed and dated by the Administrator and was place on file.<br>2. This Facility will review residents AuditChart monthly. By this way will be avoiding missing info in the resident’sfile.<br>3. This facility will make sure that administratorsign, and date medication review placed on the residents file with completeness.<br>4. Administrator will monitor. | 04/02/2024 |

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| 0938 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: (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.<br><br>Inspector Comments: Based on record review and interview, the facility failed to ensure an Activities of Daily Living (ADL) Assessment was completed annually for 1 of 4 residents. (Resident #1 (R1) Findings include: Resident #1 (R1) R1 was admitted on 11/15/21. R1's record revealed an ADL Assessment dated 11/15/22. R1's record lacked documented evidence of a completed annual ADL Assessment. On 04/01/24 in the afternoon, a Caregiver acknowledged R1's record lacked documented evidence of a completed annual ADL Assessment. Severity: 2 Scope: 1 | 0938 | 1. Facility Administratortogether with the lead caregiver review and updated residents audit chart. ACopy of resident #1 ADL Assessment was place on file.<br>2. This Facility will review residents AuditChart monthly together with the residents' actual file. By this way will beavoiding missing documents in the resident's file.<br>3. This facility will make sure that a copy beplaced on the residents file upon done to avoid missing documents.<br>4. Administrator will monitor. | 04/02/2024 |
| 1830 SS= D | Infection Control Required Training - Infection Control Required Training LCB File No. R048-22 Sec. 5 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease | 1830 | 1. 1. BothEmployee #2 and #3 with hireddate 02/15/23 submitted infection control.<br>2. 2, ThisFacility from now on will make sure that proper requirements will always | 04/13/2024 |

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| | Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training.<br><br>Inspector Comments: Based on record review and interview, the facility failed to ensure the primary and secondary infection control designees completed 15 hours of infection control training from a nationally recognized organization (Employee #2 and #3). Findings include: Employee #2 (E2) E2 was hired on 02/15/23 as a Caregiver. E2's file lacked documented evidence of 15 hours of infection control training regarding the control and prevention of infections from an approved organization. Employee #3 (E3) E3 was hired on 02/15/23 as a Caregiver. E3's file lacked documented evidence of 15 hours of infection control training regarding the control and prevention of infections from an approved organization. On 03/25/24 in the afternoon, a Caregiver confirmed E2 was the primary infection control program designee and E3 was the secondary infection control designee. The Caregiver acknowledged E1 and E3's files lacked documented evidence of 15 hours of infection control training regarding the control and prevention of infections from an approved organization. Severity: 2 Scope: 1 | | beplaced, submitted & impose before hiring new employees.<br><br>3. 3. Wewill always ensure that the employees' files be readily available for review.<br><br>4. 4. Thefacility manager will monitor.<br><br>5. | |