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 _____	04/14/2026

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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RFG 0001-Deficiencies	The Statement of Deficiencies was generated as a result of a state licensure survey conducted in your facility, in accordance with Nevada administrative code, chapter 449, and Nevada revised statutes chapter 449- Residential Facility for Groups (RFG), medical facilities and other related entities. The findings and conclusions of any investigation by the Division of Health Care Purchasing and Compliance shall not be construed as prohibiting any criminal civil investigation, actions or other claims for reliefs that may be available to any party under applicable federal, state or local law. Based on an inspection conducted, the items marked below identify the violation in operation of the RFG which must be corrected by the revisit/compliance date specified in writing by the health authority. Failure to comply with this notice and immediately correct the identified deficiencies may result in the suspension or termination of your provider agreement, funding, or future authorization as a provider authorized by the State	RFG 0001-Deficiencies		

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	of Nevada pursuant to NAC 433.384, and other applicable local and state laws. Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey completed at your facility on 04/14/26, 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 five. Five resident files and four employee files were reviewed. The facility received a grade of A.			

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Y 0104 SS= D	**NAC 449.200** **Personnel files** (1) (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. Inspector Comments: Based on interview and document review, the facility failed to ensure a background check was completed for the correct facility, for 1 of 4 employees (Employee #2). Findings include: Employee #2 (E2) was hired on 02/21/26 as a caregiver. Review of E2's employee record revealed a background check completed on 04/19/22 but listed under a different facility. There was no documentation of fingerprints or background check completion for the current facility. On 04/15/26 at 12:00 PM, the Administrator confirmed E2 had a documented background check from another facility but had not completed fingerprints or a background check for the current facility. Severity: 2 Scope: 1	Y 0104	1. Employee #2 submitted proof of electronic fingerprint submission. 2. This Facility from now on will make sure that proper requirements will be always in placed, submitted & impose before hiring new employees. 3. We will always ensure that employees' file be readily available for review. 4. Facility administrator will monitor.	04/15/2026
Y 0620 SS= D	**NAC 449.2702** **Written policy on admissions required; age and other eligibility requirements.** 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:	Y 0620	1. Facility Administrator submitted to the HCQC request form for a bedfast resident and summary was placed on file. 2. This Facility will review residents Audit Chart monthly. This way will avoid missing documents in the resident's file. 3. This facility will make sure that	04/21/2026

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	(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. 6. As used in this section: (a) “Bedfast” means a condition in which a person is: (1) Incapable of changing his position in bed without the assistance of another person; or (2) Immobile. (b) “Restraint” means: (1) A psychopharmacologic drug that is used for discipline or convenience and is not required to treat medical symptoms; (2) A manual method for restricting a resident’s freedom of movement or his normal access to his body; or (3) A device or material or equipment which is attached to or adjacent to a resident’s body that cannot be removed easily by the resident and restricts the resident’s freedom of movement or his normal access to his or her body. 5. A person may not reside in a residential facility if the person’s physician or the Bureau determines that the person does not comply with the requirements for eligibility.		administrator annually submits bedfast waiver for residents on bed confinement and application summary or results placed on the residents file for completeness. 4. Administrator will monitor.	

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	Inspector Comments: Based on observation, interview and record review, the facility failed to obtain a current waiver to retain a resident who was bedfast, for 1 of 5 residents (Resident #1). Findings include: Resident #1 (R1) was admitted on 09/17/24 with diagnosis including cerebral vascular accident and Alzheimer's disease. On 04/14/26 in the morning, R1 was observed lying in bed on their back. R1 was unable to demonstrate the ability to turn on their side without the assistance of staff. On 04/14/16 in the morning, a caregiver indicated R1 could only turn on their side with the assistance of staff. Review of R1's medical record documented a bedfast waiver dated 03/20/23 which expired after one year. There was no current bedfast waiver found for R1 in the past 12 months. On 04/15/26 at 12:00 PM, the Administrator confirmed R1 did not have a current bedfast waiver on file. Severity: 2 Scope: 1			
Y 0515 SS= F	NAC 449.259 **Supervision of residents.** 1. A residential facility shall ensure that the staff of the facility collaborate with each resident of the facility, the family of the resident and other persons who provide care for the resident, including, without limitation, a qualified provider of health care, as interpreted by section 8 of this regulation, to: (a) Develop a person-centered service plan for the resident; and (b) Review the person-centered service	Y 0515	1. Facility administrator together with Lead Caregiver review & updated residents audit chart for all residents. A copy of Resident #1 #2 #3 Person Centered Service Plan was placed on file. 2. This facility will review Residents audit chart monthly together with Residents actual file. By this way we will avoid missing Residents documents that needs to be updated. 3. This facility will make sure that all	04/21/2026

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	plan at least once each year. 2. A person-centered service plan developed pursuant to this section must include, without limitation: (a) Provisions concerning activities of daily living, medication management, cognitive safety, assistive devices, special needs, social and recreational needs and involvement of ancillary services; (b) Protective supervision as necessary for the resident; (c) The manner in which all caregivers will be informed of the required supervision of the resident; (d) The manner in which the facility will ensure that the resident has the opportunity to attend the religious service of his or her choice and participate in personal and private pastoral counseling; (f) Permission for the resident to enter or leave the facility at any time if the resident: (1) Is physically and mentally capable of leaving the facility; and (2) Complies with the rules established by the administrator of the facility for leaving the facility; (g) Laundry services for the resident unless the resident elects in writing to make other arrangements; (h) The manner in which the facility will ensure that the resident's clothes are clean, comfortable and presentable; (i) A requirement that the facility must inform the resident or his or her representative of the actions that the resident should take to protect the resident's valuables; (j) A written program of activities for the resident that includes scheduled and unscheduled activities that are suited to his or her interests and capacities; Inspector Comments: Based on interview and record review, the facility failed to ensure person centered care plans were completed annually for 3 of 5 residents (Resident #1, Resident #2, and Resident #3).		resident Person-Centered Service Plan is updated annually to avoid missing Residents documents on file. 4. The facility lead caregiver will monitor.	

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	Findings include: Resident #1 (R1) R1 was admitted on 09/17/24 with diagnoses including cerebral vascular accident and Alzheimer's disease. Review of R1's medical record revealed R1's care plan was last completed and reviewed on 02/21/25. There was no documentation a care plan was completed annually for R1. Resident #2 (R2) R2 was admitted on 09/09/24 with diagnosis including hypothyroidism. Review of R2's medical record revealed R2's care plan was last completed and reviewed on 10/29/24. There was no documentation a care plan was completed annually for R2. Resident #3 (R3) R3 was admitted on 11/01/22 with diagnoses including dementia. Review of R3's medical record revealed R3's care plan was last completed and reviewed on 01/04/25. There was no documentation a care plan was completed annually for R3. On 04/14/26 in the morning, a caregiver confirmed care plans were not completed annually for R1, R2 or R3. Severity: 2 Scope: 3			