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
	8683	A. BUILDING _____ B. WING _____	11/29/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MASTER CARE GROUP HOMES, LLC	6562 W. MESA VISTA, LAS VEGAS, NEVADA ,89118

(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 a facility/resident wellness check conducted in your facility on 11/29/17. This State Licensure survey was conducted by the authority of NRS 449.0307, Powers of the Division of Public and Behavioral Health. The facility is licensed for five Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was five. 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:	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: CRISANTA PASION Title: Administrator Date: 12/19/2017

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0991 SS= F	449.2756(1)(b) - Alzheimer's Fac door alarm - NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure 2 of 3 of exit doors had operational alarms, buzzers, or other audible devices which are activated when a door is opened. Findings include: On 11/29/17 at 10:15 AM, during arrival and tour of the facility observed the following: When surveyor arrived the large front garage door was observed open half way and when the front door was opened by a caregiver, there was no audible alarm. The doors leading to the laundry room and garage were open with no audible alarm. A sign on the doors indicated they were to remain locked at all times. Employee #1 acknowledged the observations and reported the front door alarm needed a battery and the alarm to the garage was off because they were working in the garage and upon the surveyor's arrival they left to take the surveyor on a tour of the facility. Employee #1 reported they did not close the door or turn on the alarm when entering from the garage. Severity: 2 Scope: 3	0991	a)As per caregiver 1 when she opened the front door for inspector there was a sound on the front door but it was low. As per caregiver 2, he turned off the alarm on the laundry and the garage door entryway because he needs to go back and forth by the 2 areas as he's working on something and he doesn't want to bother the residents. Alarm batteries were replaced on the front door entryway later that day. Alarm on the laundry and garage door entryway were switched back on by caregiver 2. b)Administrator told caregivers to replace alarm batteries immediately as soon as they notice the alarm sound weakening. Administrator also told caregivers not to shut off alarm even if they are present in the area as residents can easily walk off in the area without their notice especially when they get busy. Administrator will be checking for compliance when visiting the facility. c)11/29/17	11/29/2017