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 _____	03/07/2019

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 an annual State Licensure grading survey conducted in your facility on 03/07/19. 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 four. Four resident files were reviewed 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 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		
0878 SS= D	NAC 449.2742(5)(6) - Medication / OTCs, Supplements, Change Order - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregivers and employees of facility. 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the	0878	1.a)Resident was admitted the night of 3/4/19. Administrator came to check on resident the following day, 3/5/19. Caregivers stated that Pepcid and Vitamin D2 are missing and that the daughter will be responsible for bringing these medications as she knows the primary care provider. On 3/6/19, administrator found out that resident will not be seen by her PCP till the week after. Administrator then called Home Health case manager and asked her to send their PCP to the group home to facilitate faster aquisition of the prescription for the two medications missing. Home Health PCP came on 3/8/19 and wrote the prescription. Missing medications were delivered and administered the same day (Exhibit 1a & 1b). b)Administrator told staff to communicate with discharge planners prior to discharge of potential residents that prescriptions or medicine should be complete upon	04/22/2019

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 _____	03/07/2019

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
	administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, the physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. Inspector Comments: Based on observation, interview and record review, the facility failed to ensure medication was filled in a timely manner for 1 of 4 sampled residents who were newly admitted (Resident #4). Findings include: Resident #4 (R4) R4 was admitted on 03/04/19 with diagnoses including dementia, chronic obstructive pulmonary disorder, pain, history of stroke and hypothyroidism. An Ultimate User Agreement dated 03/05/19, documented R4 required medication administration. An Inter-Facility Transfer After Visit Summary dated 02/28/19, documented R4 was to start taking Pepcid 20 milligrams (mg) 1 tablet by mouth two times a day and continue taking Vitamin D2 50,000 units 1 capsule by mouth once per week for three doses. A Medication Administration Record dated March 2019 lacked documented evidence Pepcid 20 mg and Vitamin D2 50,000 units were administered to R4. On 03/07/19 at 11:00 AM, R4's medication container was observed. The container held no Pepcid or Vitamin D2 medication for R4. On 03/07/19 at 11:00 AM, two Caregivers acknowledged Pepcid and Vitamin D2 were not available at the facility for R4. The Caregivers explained R4's family member had not brought the medication to the facility upon admission. The Caregivers acknowledged		admission or else resident will not be admitted in the facility. Administrator will continue to do medication reconciliation upon new resident's admission and monthly medication reviews will be done thereafter. In the event that the medication or prescription is not available, the new resident will be brought to Quick Care/ER by staff in order to get the required prescription/medication faster.	

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 _____	03/07/2019

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
	R4 had not received Pepcid 20 mg twice daily or Vitamin D2 1 capsule once per week since R4's admission on 03/04/19. One of the Caregivers indicated the pharmacy had been notified on 03/06/19. The Caregivers acknowledged R4's medication should have been filled in a timely manner upon R4's admission and prior to 03/06/19. Severity: 2 Scope: 1			
0999 SS= F	449.2756(1)(g) - Alzheimer's Facility-Toxic substances - NAC 449.2756 Residential facility which provides care to persons with Alzheimer's disease: Standards for safety; personnel required; training for employees. 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure toxic substances were inaccessible to the residents. Findings include: On 03/07/19 at 8:45 AM during a tour of the facility, a can of Lysol spray was observed unlocked underneath the kitchen sink. The kitchen door was open and unlocked. In the laundry room there were two bottles of Clorox cleaner, two containers of detergent and four cans of air freshener. The laundry room door was unlocked. On 03/07/19 at 8:45 AM, Employee #3 explained the employees were cleaning at the time the chemicals were observed. Employee #2 acknowledged the toxic substances in the kitchen and laundry room should have been kept locked and made inaccessible to residents. On 03/07/19 at 12:00 PM, Employee #2 indicated all toxic substances should have been locked and made inaccessible to the residents at all times. Severity: 2 Scope: 3 This was a repeat deficiency from the annual survey completed on 03/14/18.	0999	2.a)Lysol spray was transferred to the laundry area after inspection. Laundry room door was locked after inspection in the laundry room area took place. b)Residents were reminded to lock all toxic substances each and after use. Administrator to check for compliance when visiting the facility.	03/07/2019