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 _____	11/10/2021

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 grading and infection control survey conducted at your facility on 11/10/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facilities for Groups. The facility is licensed for five Residential Facility for Group beds for elderly persons with Alzheimer's disease, Category II residents. The census at the time of survey was five. Five resident files and five employee files were reviewed. The facility received a grade of B. The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of nondiscrimination policy; posting of nondiscrimination statement and certain other information, NRS 449.102 - Duties of licensed facility to protect privacy of patient or resident, and LCB File No. R016-20 - Cultural competency training; complaint policy; development of gender identity/expression policy; designated person responsible for compliance with these regulations. Failure to comply with NRS 449.101, NRS 449.102 and LCB File No. R016-20 may result in future deficiencies. 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: BRAD BOMAN | Title: Administrator | Date: 12/02/2021

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0104 SS= D	Personnel Files - Background Checks - NAC 449.200 Personnel files. (NRS 449.0302) 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. Inspector Comments: Based on interview and record review, the facility failed to ensure a background check was completed for 1 of 5 employees (Employee #3). Employee #3 was hired in 2020 and had no documentation of a completed background check. The Manager confirmed there was no documentation of a completed background check for Employee #3. Severity: 2 Scope: 1	0104	Employee # 3 has been Fingerprinted and we are awaiting the results. They were taken on 11/29 and the notification was sent out sent to BG System on 11/20/2021. Employee # 1 will be responsible to assure new employees finger prints are done in a timely fashion. New employees will be advised of the F P requirements at hiring by Employee # 1 Employee # 2 will work with employee # 1 to insure the regulations are met by reviewing new hire documents at hiring and working with NABs.	12/02/2021
0274 SS= C	Nutrition & Serivce of Food-Menu Substitution - NAC 449.2175 5. Any substitution for an item on the menu must be documented and kept on file with the menu for at least 90 days after the substitution occurs. A substitution must be posted in a conspicuous place during the serving of the meal. Inspector Comments: Based on interview and document review, the facility failed to follow the posted menu and document substitutions. The posted menu documented roast beef sandwich for the 11/10/21 lunch meal. A Caregiver indicated pizza would be served. The Manager confirmed they commonly changed the menu and forget to document the substitutions. Severity: 1 Scope: 3	0274	The meals served each day are reflected on the Daily Neal calendar and the Meal Calendar is used as a guide for preparation each day. The Staff has been informed of the need to follow the Menu so the Residents eat Healthy and planned meals. Menu items will be monitored by Emp. # 1 3 to 4 times per week to insure the menus are followed correctly	12/02/2021

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0859 SS= D	Medical Care of Resident After Illness - NAC 449.274 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. (NRS 449.0302) 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his or her physician. The resident must be cared for pursuant to any instructions provided by the resident ' s physician. Inspector Comments: Based on interview and record review, the facility failed to ensure an annual physical exam was completed for 1 of 5 residents (Resident #5). Resident #5's (R5) last physical exam was completed on 06/08/20. The Manager confirmed R5's last physical exam was completed on 06/08/20 and was overdue. Severity: 2 Scope: 1	0859	Resident # 5 had a Physical done on 11/10/21. The Documentation is attached. New Resident Documents will be reviewed by employee # 1 to insure no new admits are admitted without the proper documents in place. Admission Documents needed are listed in the Policies & Procedures and the Procedures will be followed. Emp. # 2 will review New admit Docs to insure all items are done at Admission.	12/02/2021

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0936 SS= E	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: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on interview and record review, the facility failed to ensure a two step tuberculosis (TB) test was completed upon admission for a new resident and an annual TB test was completed for a current resident for 2 of 5 residents (Resident #2 and Resident #5). Resident #2 was admitted on 09/28/21 and had documented completion of a one step TB test dated 09/14/21. Resident #5 was admitted on 07/14/20 and last completed a TB test on 06/23/20. The Manager confirmed a second TB test for Resident #2 was needed and an annual TB test was overdue for Resident #5. Severity: 2 Scope: 2	0936	Resident # 5 Received a TB test (Step # 1) on 11/10/21 Resident # 5 Received a TB test (Step # 2) on 11/21/21 Resident # 2 Received a TB test (Step # 1) on 11/10/21 Resident # 2 Received a TB test (Step # 2) on 11/21/23 The Documents are attached. Employee # 1 in conjunction with Employee # 2 will review Resident files on a regular basis to insure TB tests are done at the appropriate time.	12/02/2021
1045 SS= C	Placard - Display - NAC 449.27704 Placard: Issuance and display; failure to comply. (NRS 449.0302) 2. The administrator shall, within 24 hours after receipt of the placard, display or cause the placard to be displayed conspicuously in a public area of the residential facility. Inspector Comments: Based on observation and interview, the facility failed to ensure a grade placard was displayed. The Managed acknowledged there was no posted grade placard. Severity: 1 Scope: 3	1045	The New Grade Placard for 2022 is now displayed on the wall in a conspicuous location. Employee # 1 and Employee # 2 will make sure the GRADE Placard stays in place in a easy to see location on the wall. If by chance it is removed by a Resident or someone else a New one will be printed by Emp. # 2 and put back on the wall. Emp. # 2 will do a weekly check to insure it stays up.	12/02/2021