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 _____	11/03/2022

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 and Infection Control State Licensure survey conducted at your facility on 11/03/22, 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 and disabled persons and/or 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 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: BRAD BOMAN | Title: Administrator | Date: 01/19/2023

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0936 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: (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 1 of 5 sampled residents had an initial tuberculin (TB) testing (Resident #2). Findings include: Resident #2 (R2) R2 was admitted to the facility on 10/18/22 with a diagnosis of congestive heart failure. R2's file lacked documented evidence of an initial TB test. On 11/03/22 at 9:30 AM, the Manager acknowledged R2 did not receive an initial TB test. Severity: 2 Scope: 1 Repeat Deficiency from the 11/10/21 annual survey.	0936	A TB Test was done but confusion about where it was led to not being in her file. Test attached.	01/19/2023

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0999 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 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 maintained in a locked area and were not accessible to residents. Findings include: On 11/03/22 at 10:00 AM, there were five unsecured spray bottles of disinfectant cleaners on top of the hallway cabinet. On 11/02/22 in the moring, the Manager acknowledged the cleaning spray bottles contained disinfectant chemicals and bleach and were accessible to residents and should be locked up. Severity: 2 Scope: 3	0999	The Cleaning materials are noe being stored in a Locked Closet. Staff is aware they need to be kept in the locked cabinet when not being used. I have uploaded a photo of the cleaning materials, a close up photo of the locked closet, and a photo of the closet showing it with the lock on it.	01/19/2023