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 _____	11/07/2023

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 survey completed at your facility on 11/07/23 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility 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 the 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 investigations, 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: 11/29/2023

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 _____	11/07/2023

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
0740 SS= D	Residents Requiring Indwelling Catheter - NAC 449.272 Residents requiring use of indwelling catheter. (NRS 449.0302) 1. A person who requires the use of an indwelling catheter must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless: (a) The resident is physically and mentally capable of caring for all aspects of the condition, with or without the assistance of a caregiver; (b) Irrigation of the catheter is performed in accordance with the physician ' s orders by a medical professional who has been trained to provide that care; and (c) The catheter is inserted and removed only in accordance with the orders of a physician by a medical professional who has been trained to insert and remove a catheter. Inspector Comments: Based on observation, record review and interview, the facility failed to obtain a medical exemption to maintain a resident who had a urinary catheter for 1 of 5 residents (Resident #2). Findings include: Resident #2 (R2) R2 was admitted on 07/14/23 with diagnoses including urinary tract infection (UTI), Alzheimer's Disease, and Metabolic Encephalopathy. On 11/07/23 in the afternoon, R2 was observed to have a urinary catheter. R2's file lacked documented evidence of a medical exemption waiver for the catheter. On 11/07/23 in the afternoon, the Caregiver confirmed R2 was not capable of caring for all aspects of the catheter independently. On 11/07/23 in the afternoon, the Caregiver confirmed the facility had not submitted for approval to the Bureau a medical exemption waiver for the catheter. Severity: 2 Scope: 1	0740	Bed Bound Waiver is Attached Corrected on 11/27/2023 We have obtained a waiver for the Stated Condition We will make sure Waivers are obta0000ined before Residents are admitted. Hourly Monitoring will be done by Staff to insure there are no problems Cora Pinto - Owner - will insure the plan is implemented Corrective action was implemented on 11/27/2023 Corrected on 11/23/2023	

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 _____	11/07/2023

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
0820 SS= D	Tracheostomy or Open Wound - NAC 449.2734 Residents having tracheostomy or open wound requiring treatment by medical professional; residents having pressure or stasis ulcers. (NRS 449.0302) 1. A person who has a tracheostomy or an open wound that requires treatment by a medical professional must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless: (a) The wound is in the process of healing or the tracheostomy is stable or can be cared for by the resident without assistance; (b) The care is provided by or under the supervision of a medical professional who has been trained to provide that care; or (c) The wound is the result of surgical intervention and care is provided as directed by the surgeon. Inspector Comments: Based on observation, record review and interview, the facility failed to obtain a medical exemption to maintain a resident who had wounds for 1 of 5 residents (Resident #3). Findings include: Resident #3 (R3) R3 was admitted on 10/09/23 with diagnoses including cellulitis of left lower limb, acute embolism and thrombosis of unspecified deep veins of left lower extremity, cellulitis of right lower limb, and unspecified open wound, left lower leg. On 11/07/23 in the morning, R3 was observed lying in bed with bandages on legs and feet. R3 and the Caregiver confirmed R3 was receiving wound care from a wound care company, through hospice care. The Caregiver explained they were not supposed to touch the wounds. In a phone interview on 11/07/23 in the morning, a nurse from the R3's hospice company confirmed R3's wounds on right lower leg and left dorsal foot received care from the wound care company twice a week, and indicated R3's wounds were not healing. R3's file lacked documented evidence of a medical exemption waiver for R3's wounds. On 11/07/23 in the afternoon, the Caregiver confirmed the facility had not submitted for approval to the Bureau a medical exemption waiver for R3's wounds. Severity: 2 Scope: 1	0820	Bed Bound Waiver is Attached Corrected on 11/27/2023 E have obtained a Waiver for the Resident and will see that she is cared for. Bed Bound waivers will be processed before accepting new Residents needing the Waiver. The Resident will be monitored throughout the day to assure there are no problems Cora Pinto - Owner - will assure this plan will be implemented Corrective action was implemented on 11/23/2023 Corrected on 11/23/2023	