

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 9063	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER MIMI'S CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3055 S PIONEER WAY, LAS VEGAS, NEVADA ,89117		
(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 conducted in your facility on 05/13/19, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten 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 ten. Ten resident files was reviewed and four employee file was reviewed. The facility received a grade of C. 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		
0074 SS= D	Elder Abuse Training - NRS 449.093 Training to recognize and prevent abuse of older persons: Persons required to receive; frequency; topics; costs; actions for failure to complete. 1. An applicant for a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before a license to operate such a facility, agency or home is issued to the applicant. If an applicant has completed such training within the year preceding the date of the application for a license and the application includes evidence of the training, the applicant shall be deemed to have complied with the requirements of this subsection. 2. A licensee who holds a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must annually	0074	Employee #3 has completed Elder Abuse training. Every April and October at the time of "Daylight Savings" beginning and ending the employees' files will be audited to ensure that all items required by regulation are in their files. We will use the employee checklist to ensure that all documents have not expired or are completed before the employee is allowed back on the floor to assist residents. The Administrator is responsible for ensuring the plan of corrections is implemented. On May 24, 2019 the corrective action was completed.	05/31/2019

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: PATRICIA THERESA BRUSHFIELD Title: Administrator

Date: 06/05/2019

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	receive training to recognize and prevent the abuse of older persons before the license to operate such a facility, agency or home may be renewed. 3. If an applicant or licensee who is required by this section to obtain training is not a natural person, the person in charge of the facility, agency or home must receive the training required by this section. 4. An administrator or other person in charge of a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the facility, agency or home provides care to a person and annually thereafter. 5. An employee who will provide care to a person in a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the employee provides care to a person in the facility, agency or home and annually thereafter. 6. The topics of instruction that must be included in the training required by this section must include, without limitation: (a) Recognizing the abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; (b) Responding to reports of the alleged abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; and (c) Instruction concerning the federal, state and local laws, and any changes to those laws, relating to: (1) The abuse of older persons; and (2) Facilities for intermediate care, facilities for skilled nursing, agencies to provide personal care services in the home, facilities for the care of adults during the day, residential facilities for groups or homes for individual residential care, as applicable for the person receiving the training. 7. The facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of			

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	adults during the day, residential facility for groups or home for individual residential care is responsible for the costs related to the training required by this section. 8. The administrator of a facility for intermediate care, facility for skilled nursing or residential facility for groups who is licensed pursuant to chapter 654 of NRS shall ensure that each employee of the facility who provides care to residents has obtained the training required by this section. If an administrator or employee of a facility or home does not obtain the training required by this section, the Division shall notify the Board of Examiners for Long-Term Care Administrators that the administrator is in violation of this section. 9. The holder of a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care shall ensure that each person who is required to comply with the requirements for training pursuant to this section complies with such requirements. The Division may, for any violation of this section, take disciplinary action against a facility, agency or home pursuant to NRS 449.160 and 449.163. Inspector Comments: Based on record review, document review and interview, the facility failed to ensure 1 of 4 employees completed the initial elder abuse prevention training (Employee #3). Findings include: Employee #3 Employee #3 was hired on 12/31/18 as a housekeeper. The employee's file lacked documented evidence of initial elder abuse prevention training. On 05/13/19 at 1:50 PM, the Owner was unable to provide documented evidence of elder abuse prevention training for Employee #3 and confirmed the employee had not completed the required training. Severity: 2 Scope: 1			

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(X4) ID PREFIX TAG 0620 SS= D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0620	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE 05/29/2019
	Written Policy on Admissions - NAC 449.2702 Written policy on admissions; eligibility for residency. (NRS 449.0302) 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast; (b) Requires restraint; (c) Requires confinement in locked quarters; or (d) Requires skilled nursing or other medical supervision on a 24-hour basis. Inspector Comments: Based on observation and interview, the facility retained a resident who was bedfast for 1 of 10 residents (Resident #1). Findings include: Resident #1(R1) R1 was admitted on 08/06/18, with diagnoses including hypertension and coronary artery disease. R1 was under the care of hospice. On 05/13/19 during a facility tour, R1 was observed lying in bed. R1 was unable to reposition or turn without staff assistance. The resident's medical record lacked documented evidence a bedfast exemption was obtained. On 05/13/19 at 10:15 AM, a Caregiver indicated R1 was unable to reposition in bed without assistance. The caregiver indicated R1 was dependent on others for care needs. On 05/13/19 at 11:00 AM, the Owner acknowledged the resident was bedfast. The Owner verbalized he should have applied for a bedfast exemption for R1. Severity: 2 Scope: 1		We will implement two (2) new forms before to be used at the time of admission. Thenew forms to be completed by the person screen the resident for Admission. We have developed a Pre-Admission Appraisal for bedsores and bedbound and ambulatory status. If any of these conditions listed above exist we will apply for a Exemption waiver with BHCQC before admission. The Administrator is the person responsible for the implantation of the correction.	

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(X4) ID PREFIX TAG 0830 SS= D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Exemption Requests - NAC 449.2736 Procedure to exempt certain residents from restrictions. (NRS 449.0302) 1. The administrator of a residential facility may submit to the Division a written request for permission to admit or retain a resident who is prohibited from being admitted to a residential facility or remaining as a resident of the facility pursuant to NAC 449.271 to 449.2734, inclusive. Inspector Comments: Based on observation, interview, and record review, the facility failed to obtain a written exemption to retain a bedfast resident for 1 of 10 residents (Resident #1). Findings include: Resident #1 (R1) R1 was admitted on 08/06/18, with diagnoses including hypertension and coronary artery disease. R1 was under the care of hospice. On 05/13/19 during a facility tour, R1 was observed lying in bed. R1 was unable to reposition or turn without staff assistance. The resident's medical record lacked documented evidence a bedfast exemption was obtained. On 05/13/19 at 10:15 AM, a Caregiver indicated R1 was unable to reposition in bed without assistance. The caregiver indicated R1 was dependent on others for care needs. On 05/13/19 at 11:00 AM, the Owner acknowledged the resident was bedfast. The Owner verbalized he should have applied for a bedfast exemption for R1. Severity: 2 Scope: 1	ID PREFIX TAG 0830	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) The owner or administrator will complete the Exemption Request – “Notice of RETENTION of a Resident Requiring Exemption”. The form will be forwarded along with all other documentst hat are requested in the form to the appropriate person at the HCQC. Upon admission or when the Resident has a change in condition that requires an Exemption, the facility will immediately complete the form, attached all records required and forward them to the appropriate department. Any person who needs to be reposition in bed will be an indication to our staff to initiate an Exemption Request. The Administrator is responsible for ensuring the plan of corrections is implemented. May 24, 2019, the corrective action was completed.	(X5) COMPLETION DATE 05/29/201 9
0895 SS= E	Administration of Medication Maintenance - NAC 449.2744 Administration of medication: Maintenance and contents of logs and records. (NRS 449.0302) 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident	0895	The staff will take an 8-hour refresher course on or before June 10th. The Administrator completed an in-service with the caregivers who pass medications. The facility will maintain a current Medication Administration Record (MAR) for each resident for whom medications are administered by facility. The MAR lists all prescription medications, over-the-counter medications, and dietary supplements prescribed for or used by the resident,directions for use, space to document when the medication is taken or	05/31/201 9

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	that reflect each current order or prescription of the resident ' s physician. Inspector Comments: Based on record review and interview, the facility failed to ensure the Medication Administration Record (MAR) was complete for 8 of 10 residents (Resident #2, #3, #5, #6, # 7, #8, #9 and #10). Findings include: Resident #2 (R2) R2 was admitted on 09/18/18, with diagnoses including hypertension and epilepsy. On 05/13/19 at 10:45 AM, a review of R2's MAR revealed medications had not been documented as given on 5/3, 5/4, 5/6, 5/7, 5/10 and 5/12. There was no documentation R2 had received the medications. Resident #3 (R3) R3 was admitted on 04/18/19, with diagnoses including chronic kidney disease and pre-diabetes. On 05/13/19 at 11:15 AM, a review of R3's MAR revealed medications had not been documented as given since 05/01/19. There was no documentation R3 had received the medications. Resident #5 (R5) R5 was admitted on 07/26/18, with diagnoses including hypertension and colon cancer. On 05/13/19 at 12:00 PM, a review of R5's MAR revealed medications had not been documented as given since 05/01/19. There was no documentation R5 had received the medications. Resident #6 (R6) R6 was admitted on 06/15/18, with diagnoses of Parkinson's disease. On 05/13/19 at 12:30 PM, a review of R6's MAR revealed medications had not been documented as given since 05/01/19. There was no documentation R6 had received the medications. Resident #7 (R7) R7 was admitted on 03/27/19, with diagnoses including Alzheimer's disease and spinal stenosis. On 05/13/19 at 1:15 PM, a review of R7's MAR revealed medications had not been documented as given since 05/01/19. There was no documentation R7 had received the medications. Resident #8 (R8) R8 was admitted on 03/31/19, with diagnoses including hypertension and diabetes. On 05/13/19 at 1:45 PM, a review of R8's MAR revealed medications had not been documented as given since 05/01/19. There was no documentation R8 had received the medications. Resident #9 (R9) R9 was admitted on 03/31/19, with		administered, and directions for monitoring medications. We have a new system that will be ready for operation in the next 30 days. The Administrator will be able to monitor the caregivers through a computerized system that allows the administrator to access their documentation from anywhere in the world. This is an integrated system for documenting all aspects of Residential Care Facilities. The Administrator is the person responsible to ensure that the owner and the caregivers follow the policies of the facility. The date of completion was May 31, 2019	

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	diagnoses including chronic obstructive pulmonary disease and cerebral infarction. R9's May 2019 MAR had not been signed by a Caregiver on 5/6, 5/7, 5/9, and 5/10. The MAR had been pre-signed for 5/17. There was no documentation R9 had received the medications. Resident #10 (R10) R10 was admitted on 03/08/19, with diagnoses of metastatic breast cancer. R10's May 2019 MAR had not been signed by a Caregiver on 5/6, 5/7, 5/8, 5/9, 5/10, 5/11, and 5/12. There was no documentation R10 had received the medications. On 05/13/19 at 2:15 PM, a Caregiver acknowledged the MAR was not accurate. The caregiver indicated she had given the medications. The caregiver verbalized she should have signed the MAR after giving the medications. On 05/13/19 at 2:30 PM, the Owner acknowledged the MAR's had not been signed. The Owner indicated it was the facility's error. Severity: 2 Scope: 3			
0938 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: (g) An evaluation of the resident 's ability to perform the activities of daily living and a brief description of any assistance he or she needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his or her ability to perform the activities of daily living; and (3) In any event, not less than once each year. Inspector Comments: Based on interview and record review, the facility failed to	0938	We Will use are admission package that includes the plan of care. When We do a <i>care plan</i> for a specific resident we: • Ascertain What the residents care and service needs are • We create a routine care schedule for staff to follow to assist the resident • We write pertinent information down on various types of documents so that everyone can understand the resident's health problems and needs, how to meet those needs and what to watch in relation to his/her health problems so that if symptoms should arise, the resident's physician can be notified • We address the resident's concerns and devise a system of support for his or her wellbeing • We use a team approach, with the resident, family member or responsible parties involved	05/29/2019

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	ensure an Activities of Daily Living (ADL's) Assessment was completed upon admission for 5 of 10 residents (Resident #1, #3, #8, #9 and #10). Findings include: Resident #1 (R1) R1 was admitted on 08/06/18, with diagnoses including hypertension and history of fall. R1's medical record lacked documented evidence of an initial ADL assessment. Resident #3 (R3) R3 was admitted on 04/18/19, with diagnoses including chronic kidney disease and pre-diabetes. R3's medical record lacked documented evidence of an initial ADL assessment. Resident #8 (R8) R8 was admitted on 03/31/19, with diagnoses including hypertension and diabetes. R8's medical record lacked documented evidence of an initial ADL assessment. Resident #9 (R9) R9 was admitted on 01/19/19, with diagnoses including cerebral infarction and chronic obstructive pulmonary disease. R9's medical record lacked documented evidence of an initial ADL assessment. Resident #10 (R10) R10 was admitted on 03/08/19, with diagnoses of metastatic breast cancer. R10's medical record lacked documented evidence of an initial ADL assessment. On 5/13/19 at 2:15 PM, the Owner acknowledged the ADL assessment was not completed for R1, R3, R8, R9 and R10. The Owner indicated the ADL assessment should have been completed. Severity: 2 Scope: 2		• We assign duties to specific staff members • We review as often as needed so that we can adjust the plan according to the president's current care needs and the effectiveness of the plan We will use a move-in checklist to ensure that all information has been completed for each resident. The Administrator is the person responsible for the implementation of the correction. The date of Correction is May 29, 2019	

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0992 SS= E	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: (c) At least one member of the staff is awake and on duty at the facility at all times. (d) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer ' s disease, successfully completes the training and continuing education required pursuant to NAC 449.2768. Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 4 employees received initial Alzheimer's training (Employees #1 and #2). Findings include: Employee #1 Employee #1 was hired on 06/12/18 as a Caregiver. The employee file lacked documented evidence of eight hours of Alzheimer's training. Employee #2 was hired on 06/12/18 as a Caregiver/Owner. The employee file lacked documented evidence of eight hours of Alzheimer's training. On 05/13/19 at 2:30 PM, the Owner acknowledged the Alzheimer's training's had not been completed. The Owner indicated they completed training in 2017 and was unaware training was required for 2018. Severity: 2 Scope: 2	0992	1. Employees# 1 AND #2 have completed ten (10) hours of Alzheimer's training on May 29, 2019. 2. All employees files will be reviewed every 6 months to ensure employees have all annual training required by regulations. 3. A personnel file checklist will be utilized to determine if re-certifications are needed. 1. Employees will be enrolled in re-certification classes prior to current expiration dates. 2. The Administrator will monitor for compliance. 3. Date of compliance May 30. 2019	05/31/2019

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(X4) ID PREFIX TAG 0994 SS= F	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. Inspector Comments: Based on observation and interview, the facility failed to ensure a bathroom cabinet was secured and locked containing an electric razor and a disposable razor. Findings include: On 05/13/19 during a facility tour, a cabinet in the hallway bathroom containing an electric razor and a disposable razor was unlocked and not secured. On 05/13/19 at 10:05 AM, a Caregiver acknowledged the cabinet was unlocked. The caregiver indicated the cabinet should have been locked. Severity: 2 Scope: 3	ID PREFIX TAG 0994	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) The administratorshall ensure that sharp tools and other items that could constitute a danger tothe residents are secured in a locked area so the resident is unable to use thetool. All of our caregiversare trained not to leave any sharp tools, razors or other items out. This action was by a CNA from the hospice,which left the razor in the cabinet. We will give each CNAand nurse that comes to our facility a copy of NAC 449. 2756 and explain ifthese regulations are violated by them, we will file a complaint with youragency. The administrator is the personresponsible to ensure that the owner and the caregivers follow the policies ofthe facility. The date ofcompletion will be May 31, 2019	(X5) COMPLETION DATE 05/31/2019

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 9063	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/13/2019
NAME OF PROVIDER OR SUPPLIER MIMI'S CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3055 S PIONEER WAY, LAS VEGAS, NEVADA ,89117		
(X4) ID PREFIX TAG 1001 SS= E	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Elderly Care Training for Caregivers - NAC 449.2758 Residential facility which provides care for elderly persons or persons with disabilities: Training for caregivers. (NRS 449.0302) 1. Within 60 days after being employed by a residential facility for elderly persons or persons with disabilities, a caregiver must receive not less than 4 hours of training related to the care of those residents. Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 4 employees received four hours of initial training to care for elderly and disabled residents, within 60 days of hire (Employee #1 and #2). Findings include: Employee #1 Employee #1 was hired on 06/12/18 as a Caregiver. The employee file lacked documented evidence of the initial four hours of caregiver training. Employee #2 was hired on 06/12/18 as a Caregiver/Owner. The employee file lacked documented evidence of the initial four hours of caregiver training On 05/13/19 at 2:30 PM, the Owner acknowledged the Caregiver training had not been completed. The Owner indicated they completed training in 2017 and was unaware training was required for 2018. Severity: 2 Scope: 2	ID PREFIX TAG 1001	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 1. Employees# 1 AND #2 have completed ten (10) hours of Alzheimer's training on May 29, 2019. 2. All Employees files will be reviewed every 6 months to ensure employees have all annual training required by regulations. 3. A personnel file checklist will be utilized to determine if re-certifications are needed. 1. Employees will be enrolled in re- certification classes prior to current expiration dates. 2. The Administrator will monitor for compliance. 3. Date of compliance May 30. 2019	(X5) COMPLETION DATE 05/23/201 9