DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**10/12/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PEACE OF MIND, LLC	**4354 E HARMON AVE, LAS VEGAS, NEVADA ,89121**

(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 a complaint investigation completed in your facility on 10/12/22, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The census at the time of the survey was eight. The sample size was eight. The facility received a grade of A. One complaint was investigated. Complaint #NV00066938 with six allegations was unsubstantiated. Allegation #1 - The facility staff used resident's narcotics for personal use was unsubstantiated based on observation of staff administering medications to residents and not using resident's medications for personal use. Interview with the staff of concern verbalized staff never used resident's medications for personal use. The review of the Medication Administration Record (MAR) documented all medications were prescribed to residents and were administered as prescribed. Allegation #2 - The facility staff were falsifying and not signing the MAR was unsubstantiated based on review of the current MAR. The MAR had all current staff signatures to show medications were administered. Interviews with staff who administered medications confirmed there were no false signatures on the MAR. Allegation #3 - The facility failed to change soiled incontinent pads was unsubstantiated based on no odors of urine or feces were present in the facility at the time of the investigation. The facility had an adequate supply of incontinent pads. Interviews with residents who wore or did wear incontinent pads reported no issues with being changed as necessary. Staff reported to changing residents regularly and as needed. Allegation #4 - The facility overmedicated residents at night was unsubstantiated based on observation of resident's condition and alertness. Residents reported medications were administered as	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: Title: Date:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	prescribed. The MAR did not document additional medications, including narcotics were administered at night. Allegation #5 - The facility staff were physically abusive to residents was unsubstantiated based on observation of staff interactions with residents. Residents showed no signs of physical abuse such as bruising, and residents and staff reported to not being aware of any physical abuse at the facility. Allegation #6 - The facility staff did not have current Cardiopulmonary Resuscitation (CPR) was unsubstantiated based all staff had current CPR cards through an accredited business. The investigation into the allegations included: Observations of staff interactions with residents in regard to temperament. Residents were alert and oriented and showed no signs of being overmedicated. Interviews with a Medication Technician, the owner, the residents, and a family member of a resident. Record review of staff, Medication Administration Record and resident files. No regulatory deficiencies were identified. No further action necessary. Please retain a copy for your records.			