

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

PRINTED: 6/15/2026
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/07/2023	
NAME OF PROVIDER OR SUPPLIER PEACE OF MIND, LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 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 at your facility on 02/07/23, in accordance with Nevada Administrative Code Chapter 449, Residential Facilities for Groups. The census at the time of the survey was eight. The sample size was five. The facility received a grade of A. There were two complaints investigated. Substantiated: 1. Complaint #NV00067904 was substantiated. (See Tag Y0878 and Y0883) 2. Complaint #NV00067557 was substantiated. (See Tag Y0178 and Y0850) The investigation of the complaints included: Observations of cleanliness of the facility, paramedics attending to a resident, staff to resident interactions, and resident medications. Interviews were conducted with residents, Caregivers, and the Owner. Record Review of five records, which included the residents of concern. Document Review included facility incident reports, medication received logs, and Medication Administration Records. 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					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER Name: MAEGAN PADILLA Title: Owner
REPRESENTATIVE'S SIGNATURE

Date: 03/23/2023

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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0178 SS= F	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility failed to ensure the premise was cleaned and well maintained as evidenced by: There was dried dog feces on the bedroom floor in the master bedroom. Three residents reported the Caregiver's dog urinated and defecated on the floor from time to time. The Caregiver acknowledged the dog feces on the floor and indicated the dog seldom had accidents in the house; however, sometimes it happened. Severity: 2 Scope: 3 Complaint #NV00067557	0178	What corrective actions will be accomplished for those residents found to have been affected by the deficient practice. Staff completed sanitization of resident room and common areas regarding pet feces and urine on day of discovery. Staff was re-educated on sanitization of home and infection control. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e., what program will be put into place to monitor the continued effectiveness of the systemic change. The dog is no longer in the community as of 2/28/23. Daily room sweeps will be completed by staff every shift for any areas that need to be sanitized. Staff will keep log of daily cleaning and will be checked weekly by administrator/designee moving forward. All findings will be reported to administrator on a weekly basis x 2 months and quarterly thereafter.	02/27/2023
0850 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) 1. If a resident of a residential facility becomes ill or is injured, the resident 's physician and a member of the resident 's family must be notified at the onset of illness or at the time of the injury. The facility shall: (a) Make all necessary arrangements to secure the services of a licensed physician to treat the resident if the resident 's physician is not available; and (b) Request emergency services when such services are necessary.	0850	What corrective actions will be accomplished for those residents found to have been affected by the deficient practice. Administrator to ensure that all current caregivers and med techs will be re-trained and new hire med techs will receive Inservice training on incident reports per community policy to be completed by administrator/designee 3/4/23.	03/01/2023

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	Inspector Comments: Based on record review and interview, the facility failed to complete incident reports for an incident of a fall and a transfer to the hospital for 1 of 5 residents (Resident #5) Findings include: Resident #5 (R5) R5 was admitted on 07/08/22, with diagnoses including hypertension and arthritis. R5 was transferred to the hospital on 11/17/22, due to pain. Hospital notes documented R5 sustained a fall five days prior to a hospital visit. The note indicated R5 fell and scraped their knee. R5's file lacked documented evidence an incident report was completed for a fall and the transfer to the hospital. The Medication Technician (Med Tech) reported R5 was outside and lost their balance. R5 fell on their knee and was able to stand back up unassisted. The Med Tech and the Owner indicated an incident report was not completed because the Administrator deemed it was not a fall. The Owner and Med tech were not aware an incident report should have been documented for a hospital transfer. Severity: 2 Scope: 3 Complaint #NV00067557		What measures will be put into place or what systemic changes you will make to ensure that deficient practice does not recur Incident report training to be provided by Administrator/designee upon hire of caregiver. Bi-annual refresher to also be completed by Administrator/designee to keep all med techs up to date on incident reporting. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e., what program will be put into place to monitor the continued effectiveness of the systemic change. Administrator/designee to review Inservice trainings periodically to ensure all current med techs have been through training for incident reports and appropriate documentation of completion on file. All findings to be reported to Administrator for review				
0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-the-counter medications and dietary	0878	0878 What corrective actions will be accomplished for those residents found to have been affected by the deficient practice. All Staff to be trained on missed medication notifications by 3/1/23. This training includes receipt log which has log in and log out for medications			02/28/2023	

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	supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (Previously Y 0879) (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, the physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. Inspector Comments: Based on record review and interview, the facility failed to ensure medications were on site for ten days for 1 of 5 residents (Resident #4). Findings include: Resident #4 (R4) R4 was admitted on 01/13/23, with a diagnosis of history of fractures throughout the body. The medication receipt log documented medications were received from the pharmacy on 01/26/23 for R4, which was 13 days after R4 was admitted. The medication receipt log lacked documented evidence R4 had medications upon admission. The facility could not produce R4's January 2023 Medication Administration Record (MAR). On 02/07/23, The Medication Technician (Med Tech)		How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e., what program will be put into place to monitor the continued effectiveness of the systemic change. All Staff to be trained on missed medication notifications by 3/3/23. Audit will be conducted by administrator or designee on MARs once a week for a month then bi-weekly for a month to verify any missed medications and follow up on notification of primary doctor.	

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	reported R4 was admitted from the hospital with five days' worth of medications; however, was unable to provide documented evidence of the medications or the January 2023 Medications Administration Record (MAR) documenting the medications were given. The Med Tech acknowledged R4 went without medications for ten days and explained medications were logged onto the medication receipt log when a resident was admitted, or a refill was received from the pharmacy. The Med Tech acknowledged the medications were not logged in when R4 was admitted to the facility and should have been. On 02/07/23, The Owner verbalized R4 was transported to the facility on 01/13/23 with medications; however, could not report how many days worth of medications were received. The Owner reported the Med Tech didn't report the missed doses until 01/26/23 when the medications were delivered. Severity: 2 Scope: 1 Complaint #NV00067904						

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0883 SS= E	Medication - Resident Refusal - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 7. If a resident refuses, or otherwise misses, an administration of medication, a physician must be notified within 12 hours after the dose is refused or missed. Inspector Comments: Based on record review and interview, the facility failed to ensure a physician was notified after a resident had missed medications for 1 of 5 residents (Resident #4). Findings include: Resident #4 (R4) R4 was admitted on 01/13/23, with a diagnosis of history of fractures throughout the body. The was no documented evidence R4's physician was notified after having missed ten days of medications. The facility could not locate the January 2023 Medication Administration Record (MAR) to verify how many doses of medications R4 had missed. The medication receipt log documented medications were received from the pharmacy on 01/26/23 for R4, which was 13 days after R4 was admitted. On 02/07/23, The Medication Technician (Med Tech) acknowledged R4 went without medications for ten days in January 2023. The Med Tech acknowledged the physician was not notified of the missed medications. On 02/07/23, The Med Tech and the Owner reported R4 was admitted with some medications, but could not produce documented evidence the medications were received. Severity: 2 Scope: 1 Complaint #NV00067904	0883	What corrective actions will be accomplished for those residents found to have been affected by the deficient practice. All Staff to be trained on medication refusal and primary doctor notifications by administrator/designee by 2/28/23. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur, i.e., what program will be put into place to monitor the continued effectiveness of the systemic change. All Staff to be trained on medication refusal notifications by 3/3/23. Audit will be conducted by administrator or designee on MARs once a week for a month then bi-weekly for a month to verify any medication refusals and follow up on notification of primary doctor		02/28/2023		