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 _____ | **04/15/2024** |

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

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| 0000 | Initial Comments<br><br>Inspector Comments: This Statement of Deficiencies was generated as a result of an annual, complaint investigation and Facility Reported Incident State Licensure survey completed at your facility on 04/15/24, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons and/or Alzheimer's disease, five Category I residents and five Category II Alzheimer's residents. The census at the time of the survey was eight. Eight resident files and five employee files were reviewed. The census at the time of the survey was eight. The sample size was eight. The facility received a grade of B. One complaint and three Facility Reported Incidences (FRI) were investigated. Unsubstantiated: 1. Complaint #NV00070725 was unsubstantiated. Substantiated without deficient practice: 2. FRI #9663 was substantiated without deficient practice. 3. FRI #9681 was substantiated without deficient practice. 4. FRI #9699 was substantiated without deficient practice. The investigation of the complaint and FRI's included: Observation of grooming and physical appearance for residents, resident care, no pests in the facility, interactions with residents and Caregivers, and a tour of the facility. Interviews were conducted with residents, Caregivers and the Administrator. Record review of eight resident records and five employee files. 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 REPRESENTATIVE'S SIGNATURE Name: TRINA ANDERSON Title: Administrator Date: 05/16/2024

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.<br><br>Inspector Comments: Based on observation and interview, the facility failed to ensure the facility and outside area was clean and well maintained. Findings include: The following observations were made on 04/15/24: - The refrigerator had a red sticky substance spilled on the lower shelves and bottom area of the refrigerator - The counter between the kitchen and the dining room area was cluttered with folded clothes, socks and other miscellaneous items. - On the walls in the dining area, entry way and living room area had accumulations of dark colored dust, and debris. - The outside area was cluttered with a yellow mop and bucket, two commodes, a Hoyer lift, a broken bedside table, a stack of bed parts on two other bedside tables. On 03/19/24 in the afternoon, the Administrator acknowledged the facility and outside area were not clean and well maintained. Severity: 2 Scope: 3 This was a repeat deficiency from the 05/18/23 and 02/07/23 surveys. | 0178 | 1) The walls and fans will be cleaned. The exterior of the backyard will be cleaned up and items will be placed in storage.<br>2) Walls will be wiped down bimonthly to ensure the sanitation of the group home along with the ceiling fans.<br>3) The corrective action will be monitored on a monthly basis by the Administrator.<br>4) Administrator or designee<br>5) 5/04/24 | 05/04/2024 |
| 0895 SS= D | Administration of Medication Maintenance - NAC 449.2744 and R043-22 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; (4) Instructions for administering the medication to the resident | 0895 | 1) Caregivers will ensure that they are giving the medications before initialing; using the triple check system.<br>2) When completing the MAR monthly. The team will triple check the MAR with the script, and the medication bottle to ensure that the medication and instructions are correct.<br>3) Monthly the MAR will be reviewed by the Owner and or Administrator<br>4) Administrator or designee<br>5) 4/15/24 | 04/15/2024 |

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| | that reflect each current order or prescription of the resident's physician, physician assistant or advanced practice registered nurse, including, without limitation, whether the medication is to be administered according to a routine schedule or as needed; (5) Any change in an order or prescription of a resident ' s physician, physician assistant or advanced practice registered nurse,including, without limitation, the discontinuation of the medication; (6) Any time when the resident is out of the facility; and (7) Any mistakes made in the administration of medication.<br><br>Inspector Comments: Based on interview, observation and record review, the facility failed to ensure the Medication Administration Record (MAR) included accurate documentation for 2 of 8 residents medications (Resident #1 and #6). Findings include: Resident #1 (R1) R1 was admitted to the facility on 02/24/24 with diagnoses including dementia and hypertension. R1's file revealed a physician's order documenting Levothyroxine tablet 100 micrograms, take one tablet by mouth once daily for thyroid, discontinued on 03/08/24. On 02/24/24 in the afternoon, the medication container for R1 did not contain the medication Levothyroxine. R1's April 2024 MAR documented Levothyroxine tablet 100 micrograms, take one tablet by mouth once daily and was initialed as being administered by the Caregivers daily until 04/14/24. On 02/24/24 in the afternoon, the Administrator acknowledged Levothyroxine tablet 100 micrograms, take one tablet by mouth once daily for thyroid was discontinued on 03/08/24. The Administrator verbalized the Caregivers were initialing the medication as being administered but were not giving the medication and R1's MAR was incorrect. Resident #6 (R6) R6 was admitted to the facility on 02/19/24 with diagnoses including dementia and hypertension. R6's file revealed a physician's order dated 03/23/24 | | | |

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| | documented amlodipine 5 milligram tablet, take one tablet by mouth daily. On 02/24/24 in the afternoon, the medication container for R6 contained a medication labeled amlodipine 5 milligram tablet, take one tablet by mouth daily. R6's April 2024 MAR documented amlodipine 2.5 milligram tablet, take one tablet by mouth daily. R6's file revealed a physician's order dated 03/19/24 documented Atorvastatin calcium 40 milligram tablet, take one tablet daily in the evening. On 02/24/24 in the afternoon, the medication container for R6 contained a medication labeled Atorvastatin calcium 40 milligram tablet, take one tablet daily in the evening. R6's April 2024 MAR documented Atorvastatin calcium 20 milligram tablet, take one tablet daily in the evening. On 02/24/24 in the afternoon, the Administrator acknowledged R6's MAR was incorrect. Severity: 2 Scope: 1 This is a repeat deficiency from the survey dated 08/07/23. | | | |

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| 0999 SS= F | Alzheimer 's Care Standards for Safety - NAC 449.2756 and R043-22 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 or other forms of dementia who meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 shall ensure that: (g) All toxic substances are not accessible to the residents of the facility.<br><br>Inspector Comments: Based on observation and interview, the facility failed to ensure toxic substances were secured. Findings include: On 03/19/24 in the morning, located in a bathroom labeled employees only was a bottle of sink and drain cleaner, and a can of Wizard Air Freshener. The door to the bathroom was open and unsecured. On 03/19/24 in the morning, a Caregiver acknowledged these substances should not have been available to residents. On 03/12/24 in the afternoon, the Administrator acknowledged toxic substances should have been secured and not available to residents. Severity: 2 Scope: 3 This was a repeat deficiency from the 05/18/23 and 08/07/23 surveys. | 0999 | 1) All items were immediately removed and locked up.<br>2) Any items that may be toxic to residents will be locked up for their safety. When items are used for cleaning they will be used and then put away. Training was presented to the team about about safety of residents with toxic items.<br>3) Administrator will review each room and ensure that all items that may be potential hazard are locked up with residents name.<br>4) Administrator or designee<br>5) 4/16/24 | 04/16/2024 |
| 1540 SS= D | Cultural Competency Training - Cultural Competency Training R016-20 Sec. 14 1. Pursuant to subsection 1 of NRS 449.103, within 30 business days after the course or program is assigned a course number by the Division pursuant to section 18 of this regulation or within 30 business days of any agent or employee being contracted or hired, whichever is later, and at least once each year thereafter, a facility shall conduct training relating specifically to cultural competency for any agent or employee of the facility who provides care to a patient or resident of the facility so that the agent or employee may: (a) More effectively treat patients or care for residents, as applicable; | 1540 | 1) Caregiver started her Culture of competency immediately<br>2) Upon being hired within the first week, employee will complete the culture of competency<br>3) Monthly Administrator will review the new hire binders to ensure that they have culture of competency<br>4) Administrator or designee<br>5) 4/17/24 | 04/17/2024 |

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| | and (b) Better understand patients or residents who have different cultural backgrounds, including, without limitation, patients or residents who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103. R016-20 Sec. 14 2. The facility shall provide the training required by subsection 1 through a course or program that is approved by the Director of the Department or his or her designee pursuant to section 17 of this regulation and is assigned a course number by the Division pursuant to section 18 of this regulation. R016-20 Sec. 14 3. The facility shall keep documentation in the personnel file of any agent or employee of the facility of the completion of the cultural competency training required pursuant to subsection 1. R016-20 Sec. 15 1. Within 90 days after a facility is licensed to operate, the facility must submit to the Department on a form prescribed by the Department the course or program which the facility will use to provide cultural competency training. The facility may: (a) Develop or operate the course or program; or (b) Contract with a third party to develop and operate the course or program. R016-20 Sec. 15 2. The course or program submitted by the facility pursuant to subsection 1 must address patients or residents who have different cultural backgrounds from that of the agent or employee of the facility, including, without limitation, patients or residents who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103. R016-20 Sec. 15 3. When a facility submits a course or program pursuant to subsection 1, the facility must also provide to the Department the following information for the instructor of the course or program: (a) The application of the instructor who will teach the course or program; (b) Three letters of recommendation for the instructor, including, without limitation, at least one letter of recommendation in which the | | | |

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| | recommender has knowledge of the methods the instructor uses in teaching a cultural competency course or program; and (c) The resume of the instructor of the course or program that includes, without limitation, the education, training and experience the instructor has in providing cultural competency training. R016-20 Sec. 15 4. Except as otherwise provided in subsection 5, when a facility submits a course or program pursuant to subsection 1, the facility must also provide to the Department: (a) The syllabus of the course or program; (b) The following information: (1) The name of the facility; (2) The address of the facility; (3) The electronic mail address of the facility; (4) The license number of the facility; and (5) The name and contact information of a person who represents the facility and who can discuss the course or program submitted by the facility pursuant to subsection 1; (c) If the facility contracts with a third party who develops and operates the course or program, the following information: (1) The name of the third party; (2) The address of the third party; (3) The electronic mail address of the third party; and (4) The name and contact information of a person who represents the third party and who can discuss the course or program submitted by the facility pursuant to subsection 1; (d) Evidence that the subjects covered by the course or program include, without limitation, the course materials required by section 16 of this regulation; (e) A sample sign-in sheet for the course or program that contains: (1) The dates of the course or program; and (2) A place for a participant of the course or program to print and sign his or her name; (f) A sample evaluation form that a participant of the course or program may complete at the end of the course or program which evaluates: (1) The content of the course or program; (2) The instructor of the course or program; and (3) The manner in which the course or program is presented to the participant; and (g) A sample | | | |

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| | document that a participant of the course or program may complete at the end of the course or program in which the participant can perform a self-evaluation. R016-20 Sec. 15 5. A facility may submit a course or program pursuant to subsection 1 without submitting the information required in subsection 4 if the course or program: (a) Is provided by: (1) A nationally recognized organization, as determined by the Director of the Department; (2) A federal, state or local government agency; or (3) A university or college that is accredited in the District of Columbia or any state or territory of the United States; and (b) Provides proof of completion upon the participant of the course or program completing the course or program that the Director or his or her designee determines to be satisfactory. R016-20 Sec. 15 6. When a facility submits pursuant to subsection 1 a course or program that is described in subsection 5, the facility must also provide to the Department: (a) The name of the course or program; (b) The name of the organization, agency, university or college providing the course or program; (c) If the course or program is provided online, the URL of the course or program; (d) If the course or program is provided through a training system, access to the training system; (e) If the course or program is not provided online or through a training system, the syllabus of the course or program; (f) The following information: (1) The name of the facility; (2) The address of the facility; (3) The electronic mail address of the facility; (4) The license number of the facility; and (5) The name and contact information of a person who represents the facility and who can discuss the course or program submitted by the facility pursuant to subsection 1; and (g) Any other information the Department requests to assist the Director or his or her designee in determining whether or not to approve the course or program pursuant to section 17 of this regulation. 7. As used in this section, | | | |

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| | "URL" means the Uniform Resource Locator associated with an Internet website. R016-20 Sec. 16 1. A course or program subject to the requirements of subsection 4 of section 15 of this regulation must include, without limitation, the following course materials: (a) An overview of cultural competency; (b) An overview of implicit bias and indirect discrimination; (c) The common assumptions and myths concerning stereotypes and examples of such assumptions and myths; (d) An overview of social determinants of health; (e) An overview of best practices when interacting with persons who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103; (f) An overview of gender, race and ethnicity; (g) An overview of religion; (h) An overview of sexual orientation and gender identities or expressions; (i) An overview of mental and physical disabilities; (j) Examples of barriers to providing care; (k) Examples of language and behaviors that are discriminatory; and (l) Examples of a welcoming and safe environment. R016-20 Sec. 16 2. The course materials included in a course or program, including, without limitation, the course materials required by subsection 1, must include, without limitation: (a) Evidence-based, peer-reviewed sources; (b) Source materials that are used in universities or colleges that are accredited in the District of Columbia or any state or territory of the United States; (c) Source materials that are from nationally recognized organizations, as determined by the Director of the Department; (d) Source materials that are published or used by federal, state or local government agencies; or (e) Other source materials that are deemed appropriate by the Department. R016-20 Sec. 17 4. The facility shall submit the additional information that the facility needs to submit pursuant to paragraph (b) of subsection 3 within 45 days after being notified that the course or program is not approved pursuant to paragraph (a) of | | | |

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| | subsection 3. Upon receiving the additional information, the Director or his or her designee may approve the course or program. If the additional information is not received or fails to include all of the information that the Director or his or her designee informed the facility that it needed to submit, the Director or his or her designee shall not approve the course or program.<br><br>Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 5 employees received cultural competency training within 30 days upon hire (Employee #5). Findings include: Employee #5 (E5) E5 was hired on 02/28/24 as a Caregiver. E5's file lacked documented evidence of cultural competency training. The Administrator sent this surveyor a cultural competency certificate date 04/15/24 for E5 via email on 04/18/24. On 04/18/24 via email the Administrator verified E5 did not have cultural competency training within 30 days upon hire. Severity: 2 Scope: 1 This is a repeat deficiency from the survey dated 05/18/23. | | | |
| 1700 SS= F | Annual Assessment of History of Each Resident - NRS 449.1845 Administrator of residential facility for groups to conduct annual assessment of history of each resident and cause provider of health care to conduct certain examinations and assessments; placement based on assessment. 1. The administrator of a residential facility for groups shall: (a) Annually cause a qualified provider of health care to conduct a physical examination of each resident of the facility; (b) Annually conduct an assessment of the history of each resident of the facility, which must include, without limitation, an assessment of the condition and daily activities of the resident during the immediately preceding year; and (c) Cause a qualified provider of health care to conduct an assessment of the condition and | 1700 | 1) Physician placement forms were completed immediately, once placement form was received.<br>2) New patients will have a physician placement form completed before move in.<br>3) New patient charts will be reviewed monthly to ensure all items are in place.<br>4) Administrator or designee<br>5) 5/08/24 | 05/08/2024 |

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| | needs of a resident of the facility to determine whether the resident meets the criteria prescribed in paragraph (a) of subsection 2: (1) Upon admission of the resident to the facility; and (2) If a physical examination, assessment of the history of the resident or the observations of the administrator or staff of the facility, the family of the resident or another person who has a relationship with the resident indicate that: (I) The resident may meet those criteria; or (II) The condition of the resident has significantly changed. 2. If, as a result of an assessment conducted pursuant to paragraph (c) of subsection 1, the provider of health care determines that the resident: (a) Suffers from dementia to an extent that the resident may be a danger to himself or herself or others if the resident is not placed in a secure unit or a facility that assigns not less than one staff member for every six residents, any residential facility for groups in which the resident is placed must meet the requirements prescribed by the Board pursuant to subsection 2 of NRS 449.0302 for the licensing and operation of residential facilities for groups which provide care to persons with Alzheimer's disease or other severe dementia. (b) Does not suffer from dementia as described in paragraph (a), the resident may be placed in any residential facility for groups. 3. As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031. (Added to NRS by 2019, 2594)<br><br>Inspector Comments: Based on interview and record review, the facility failed to ensure an initial placement assessment was obtained for 8 of 8 residents (Resident #1, #2, #3, #4, #5, #6, #7, and #8). Findings include: Resident #1 (R1) R1 was admitted on 02/21/24 with diagnoses including dementia and hypertension. R1's record lacked a completed placement assessment. Resident #2 (R2) R2 was admitted on 02/14/24 with diagnoses including Alzheimer's disease. R2's record lacked a | | | |

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 _____ | **04/15/2024** |

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

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|---|---|---|---|---|
| | completed placement assessment. Resident #3 (R3) R3 was admitted on 12/01/23 with diagnosis including epilepsy and hypertension. R3's record lacked a completed placement assessment. Resident #4 (R4) R4 was admitted on 02/28/24 with diagnosis including decubitus ulcer and benign prostatic hyperplasia . R4's record lacked a completed placement assessment. Resident #5 (R5) R5 was admitted on 03/12/24 with diagnoses including malignant neoplasm of the uterus and hypertension. R5's record lacked a completed placement assessment. Resident #6 (R6) R6 was admitted on 03/19/24 with diagnoses including dementia and hypertension. R6's record lacked a completed placement assessment. Resident #7 (R7) R7 was admitted on 01/26/24 with diagnosis including heart disease. R7's record lacked a completed placement assessment. Resident #8 (R8) R8 was admitted on 10/23/23 with diagnoses including end-stage renal disease. R8's record lacked a completed placement assessment. On 04/15/24 in the afternoon, the Administrator acknowledged an initial placement assessment was not obtained for Resident #1, #2, #3, #4, #5, #6, #7, and #8. Severity: 2 Scope: 3 | | | |