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 _____	**07/09/2024**

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 and Facility Reported Incident State Licensure survey completed at your facility on 07/09/24, 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. The sample size was five. The facility received a grade of A. One complaint and two Facility Reported Incidences (FRI) were investigated. Substantiated: 1. Complaint #NV00071375 was Substantiated. (See Tag's Y0050 and Y0673). Substantiated without deficient practice: 2. FRI #9991 was substantiated without deficient practice. Unsubstantiated: 3. FRI #10015 could not be substantiated. No regulatory deficiencies could be identified. The investigation of the complaint and FRI's included: Observation of clothing, grooming and physical appearance for residents. Interviews were conducted with residents, Caregivers, the Owner and the receiving facility's Manager. Record review of five resident records, including the resident of concern, facility incident reports and facility Admission Agreement. 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 M ANDERSON Title: Administrator Date: 07/24/2024

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.

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 _____	**07/09/2024**

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
0050 SS= D	Administrator's Responsibilities - Oversight - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.27706, inclusive, and chapter 449 of NRS. Inspector Comments: Based on interview and record review, the facility failed to ensure oversite of an Alzheimer's resident who was transported alone in an Uber to the receiving facility for 1 of 5 residents (Resident #5). Findings include: Resident #5 (R5) R5 was admitted on 02/10/24 with Alzheimer's disease and hypertension. R5 was discharged on 07/02/24. Physical exam for R5 dated 01/08/24 documented R5 had a diagnosis of Alzheimer's disease. On 07/09/24 at 10:00 AM, the Owner indicated they sent R5 to a new facility via an Uber, for transportation, without a staff member. On 07/09/24 at 1:00 PM, a manager from the receiving facility, indicated they received R5 from the discharging facility via an Uber, without any staff members present. On 07/09/24 in the afternoon, the Owner confirmed R5 was discharged from their facility and sent to a new facility via an Uber driver, unaccompanied by any staff members from the facility. Severity: 2 Scope: 1 Complaint #NV00071375	0050	1) The group home will provide oversight and give direction to the team when a resident with dementia leaves the group home. 2) A family member, team member, owner or Administrator will accompany the resident with dementia 3) The team will communicate if a resident goes out with dementia and needs a ride along 4) Administrator or Designee 5) 7/18/24	07/18/2024

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 _____	**07/09/2024**

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
0673 SS= D	Discharge of Resident; Notice of Discharge - NAC 449.2708 Discharge of resident; notice of discharge; issuance of notice to quit to resident for improper or harmful behavior. (NRS 449.0302) 2. Except as otherwise provided in this section, before a resident may be discharged from a residential facility without his or her approval pursuant to this section, the facility must provide the resident, his or her representative and the person who pays the bill on behalf of the resident, if any, with written notice that the resident will be discharged. Inspector Comments: Based on interview and record review, the facility failed to ensure written and verbal notification, was given to the next of kin, prior to discharge of 1 of 5 residents (Resident #5). Findings include: Resident #5 (R5) R5 was admitted on 02/10/24 with Alzheimer's disease and hypertension. R5 was discharged on 07/02/24. Admission agreement documented, a 30-day notice, via mail or written report, would be given to the residents responsible party. Additionally, a three-day written notice would be given in the event a resident must be moved due to unsafe behavior. Review of R5's medical record, revealed there was no documented discharge paperwork. There was no documentation that the next of kin for R5, was notified that R5 was transported to another facility via Uber. On 07/09/24 in the morning, the Owner confirmed there was no documented discharge paperwork in the medical record of R5 and none were provided to the next of kin. Severity: 2 Scope: 1 Complaint #NV00071375	0673	1) Residents will be given a proper 30 day notice, if and when they are discharged for any reason. 2) A 30 day notice will be mailed to the responsible party and given to the resident. Documentation in the residents chart that communication took place with responsible party. A communication log will be in the front of the chart and all communication will be addressed there. 3) Administrator or Designee will review the charts and ensure that a copy of the 30 day notice letter is in the chart. 4) Administrator or Designee 5) 7/19/24	07/19/2024