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 _____	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
C J HOMES	**1627 GABRIEL DR, LAS VEGAS, NEVADA ,89119**

(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 survey completed in your facility on 03/27/24, in accordance with Nevada Administrative Code (NAC) Chapter 449, Requirements for Residential Facilities for Groups. The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons, and/or persons with mental illness, and/or persons with chronic illness, Category II 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 was investigated. Unsubstantiated: Complaint #NV00070643 could not be substantiated. No regulatory deficiencies could be identified. The investigation of Complaints included: Observation of appropriate grooming and physical appearance of residents, no odors in the facility and appropriate fall precautions in place for residents who are fall risks. Interviews were conducted with residents, Caregivers and the Owner. Clinical Record Review of five records, which included the resident of concern. Document Review included facility policy and procedures on hygiene care and incident reports. 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. A deficiency unrelated to the complaint was identified. The following regulatory deficiency was identified:	0000		
0690 SS= D	Residents Requiring Use of Oxygen - NAC 449.2712 Residents requiring use of oxygen. (NRS 449.0302) 1. A person who requires the use of oxygen must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless he or she: (a) Is	0690	**#0690 : Residents Requiring Use of Oxygen** 1) How you will correct the specific finding(s) stated in the Statement of Deficiencies (MUST ADDRESS); The group home will make sure that all oxygen is properly secured before storing.	04/02/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: TESS PASCUAL Title: Owner/Provider Date: 04/18/2024

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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	mentally and physically capable of operating the equipment that provides the oxygen; or (b) Is capable of: (1) Determining his or her need for oxygen; and (2) Administering the oxygen to himself or herself with assistance. 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician; and (b) Ensure that: (1) The resident ' s physician evaluates periodically the condition of the resident which necessitates his or her use of oxygen; (2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored; (3) Persons do not smoke in those areas where smoking is prohibited; (4) All electrical equipment is inspected for defects which may cause sparks; (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; (6) The equipment used to administer oxygen is in good working condition; (7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and (8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident. Inspector Comments: Based on observation and interview, the facility failed to ensure oxygen (O2) canisters were properly secured and stored. Findings include: On 03/27/24 in the morning, two unsecured O2 canisters were found sitting on the floor of a hallway closet. The O2 canisters were not properly secured in a holding unit. On 03/27/24 in the morning, a Caregiver confirmed there were two O2 canisters improperly stored and secured in a closet and they needed to be placed in a holder to ensure they would not fall over. Severity: 2 Scope: 1		2) What measures or systematic change(s) will be put into place to ensure the deficient practice does not recur (MUST ADDRESS); To ensure the deficient practice does not recur, the group home manager and caregivers will make sure that all oxygen is properly secured by the wall and in its proper canister. 3) How the corrective action(s) will be monitored to ensure the deficient practice will not recur (MUST ADDRESS); All oxygen that is not currently in use by the resident will be properly secured and stored to ensure the deficient practice will not recur. 4) The title of the person (position) responsible for ensuring the plan of correction is implemented (DO NOT INCLUDE PERSONAL NAMES, JUST USE THE TITLE or POSITION) (MUST ADDRESS); The group home manager and the caregiver on duty are the people responsible for ensuring the plan of correction is implemented. 5) The date the corrective action will be completed (MUST INCLUDE); AND On 04/02/2024, the corrective action was completed. 6) You must attach all supporting documents into the email (MUST INCLUDE). Please see attached picture.	