Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	10272	A. BUILDING _____ B. WING _____	10/16/2024

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

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey completed at your facility on 10/16/24 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with Mental Illness, Category II residents. The census at the time of the survey was eight. Eight resident files and eight employee files were reviewed. The facility received a grade of B. 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		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: MARIA T N ACOBA Title: Administrator Date: 11/09/2024

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0065 SS= D	Qualifications of Caregivers-Age-Eng-Training - NAC 449.196 and LCB File No. R043-22 Qualifications and training of caregivers. (NRS 449.0302) 1. A caregiver of a residential facility must: (a) Be at least 18 years of age; (b) Be responsible and mature and have the personal qualities which will enable him or her to understand the problems of elderly persons and persons with disabilities; (c) Understand the provisions of NAC 449.156 to 449.27706, inclusive, and sections 2 to 16 inclusive of this regulation and sign a statement that he or she has read those provisions; (d) Demonstrate the ability to read, write, speak and understand the English language; (e) Possess the appropriate knowledge, skills and abilities to meet the needs of the residents of the facility; and (f) Not later than 60 days after commencing employment with the residential facility, receive not less than 4 hours of a combination of tier 1 and tier 2 training related to care for the residents of the facility; and (g) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. Such training must include, without limitation, at least 2 hours of tier 2 training. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 8 employees received Mental Illness training (Employee #1). Findings include: Employee #1 (E1): E1 was hired as a Caregiver on 04/01/24. E1's file lacked documented evidence of at least four hours of a combination of Tier 1 and Tier 2 Caregiver training. On 10/16/24 in the afternoon, the Administrator acknowledged E1 did not have evidence of caregiver training in their file, and was unable to provide documented evidence of a combination of Tier I and Tier II caregiver training for E1. Severity: 2 Scope: 1	0065	A) Immediately after the survey done on October 16,2024; Administrator contacted the person who gave the trainings to the employees because as per my knowledge ; Employee #1 did his Caregiving Training already on which said Trainor verified and the certificate was printed and given to us and hereto attached is Exhibit "A" TAG Y 0065 for Employee #1 certificate of completion for his Caregiving Training. B) Administrator should check employees files regularly so that all necessary trainings and other requirements are updated and current. C) Administrator should monitor for compliance. D) Person responsible: Administrator E) Completion date : October 17, 2024	10/17/2024
0895 SS= E	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	0895	A) A corrected medication administration record for resident #4 is attached and marked as Exhibit "B" TAG Y 0895 specifying the right medication administration frequency as per Physician Order 09/20/24. The medication	10/16/2024

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	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 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. Inspector Comments: Based on record review, document review and interview, the facility failed to ensure the Medication Administration Record (MAR) was accurate for 3 of 8 residents (Residents #4, #6, and #7). Findings include: Resident #4 (R4) R4 was admitted on 09/18/24 with diagnoses including End Stage Renal Disease, Diabetes Mellitus Type 2, anxiety disorder, and hypertension. R4's October MAR documented Hydralazine 100 milligrams (mg) tablet, take one tablet by mouth three times a day, Monday, Wednesday, Friday, Sunday. A physician order dated 09/20/24 documented Hydralazine 100 mg tablet, one tablet orally three times a day. R4's medication bin contained Hydralazine Hydrochloride (HCl) 100 mg tablet, take one tablet by mouth three times a day. On 10/16/24 in the afternoon, the Caregiver/ Medication Technician acknowledged the MAR did not accurately reflect the physician's order of three times daily. Resident #6 (R6) R6 was admitted on 04/01/24 was diagnoses including gingivitis, hypothyroidism, hypertension, and cardiovascular accident. R6's medication bin contained Metoclopramide 10 mg tablet,		administration record for resident "6" is now corrected with the prn medication entered and documented as per attachment "B-1" TAG Y 0895; Exhibit "B-2" TAG Y 0895 is hereto attached indicating medication for Resident "7" that is not entered into the medication administration record is now corrected. B) Administrator called for a meeting for all employee and brought up to them the proper documentation of medications and do always check the name; right dose and the right route; and that all medications ordered by the resident physician are entered into the MAR. C) Administrator should always double check the MAR and that all medications ordered by the resident physician are entered and documented. Monitor for compliance. D) Person responsible: Administrator E) Completion date: October 16, 2924 .	

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	generic for Reglan, take one tablet by mouth every six hours as needed for nausea and vomiting. A physician order dated 6/30/23 documented Metoclopramide 10 mg tablet, generic for Reglan 10 mg tablet, take one tablet every six hours as needed for nausea. Metoclopramide 10 mg tablet was not documented on R6's October 2024 MAR. On 10/16/24 in the afternoon, the Administrator acknowledged Metoclopramide should have been documented on the October 2024 MAR. Resident #7 (R7) R7 was admitted on 07/21/24 with diagnoses including hypertension, coronary artery disease, gastroesophageal reflux (GERD), arthritis, Dementia, anxiety, and depression. R7's medication bin contained Papaya Enzyme with Chlorophyll. A physician order dated 07/31/24 documented Papaya Enzyme with Chlorophyll Chewable Tablets: give two by mouth after each meal. R7's October 2024 MAR did not document Papaya Enzyme with Chlorophyll. On 10/16/24 in the afternoon, the Caregiver/Medication Technician acknowledged Papaya Enzyme should have been documented on the October 2024 MAR. Severity: 2 Scope: 2			

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0936 SS= D	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 8 residents met the requirements for tuberculosis (TB) testing in accordance with Nevada Administrative Code (NAC) 441A (Residents #4 and #7). Findings include: Resident #4 (R4) R4 was admitted on 09/18/24 with diagnoses including End Stage Renal Disease, Diabetes Mellitus Type II, anxiety disorder, hypertension, hyperkalemia, and anemia. R4's file lacked documented evidence of an initial 2-Step TB test upon admission. Resident #7 (R7) R7 was admitted on 07/21/24 with diagnoses including hypertension, coronary artery disease, gastroesophageal reflux disorder (GERD), arthritis, Dementia, anxiety, and depression. R7's file documented a 1-Step TB test on 08/17/24. R7's file lacked documented evidence of a second step TB test to complete a 2-Step TB test, per the requirement. On 10/16/24 in the afternoon, the Administrator acknowledged the lack of a 2-Step TB test for R4 upon admission to the facility, and the lack of a second step TB test, per the requirement, for R7 upon admission to the facility. Severity: 2 Scope: 1	0936	A) Administrator contacted the Home Health Agency for Resident # 4 and requested for a new 2 step TB test and said TB testing is hereto attached and marked as exhibit "C" TAG Y 0936 for said resident and so with Resident "7" a new 2 step TB test has been requested from which said proof of testing is attached and marked as Exhibit "C-1" TAG Y 0936. B) Administrator reminded the Admission personel to make sure that TB testings are done upon admittance into the facility within 24 hours. C) Administrator should check residents files regularly and monitor for compliance. D) Person responsible: Administrator E) Completion date: October 26, 2024	10/26/2024

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1011 SS= D	Care for Persons with Mental Illnesses - NAC 449.2764 Residential facility which offers or provides care for persons with mental illnesses: Application for endorsement; training for employees. (NRS 449.0302) 2. A person who provides care for a resident of a residential facility for persons with mental illnesses shall, within 60 days after becoming employed at the facility, attend not less than 8 hours of training concerning care for residents who are suffering from mental illnesses. Inspector Comments: Based on record review and interview, the facility failed to ensure 8 hours of mental Illness training was completed within 60 days of hire for 1 of 8 employees (Employee #1). Findings include: Employee #1 (E1) E1 was hired on 04/01/24 as a Caregiver. E1's file lacked documented evidence 8 hours of mental illness training. On 10/16/24 in the afternoon, the Administrator acknowledged E1 lacked 8 hours of mental illness training. Severity: 2 Scope: 1	1011	A) Administrator verified with the employees Trainor regarding Employee #1 attending the Mental Illness training which he attested to have missed issuing the certificate for said employee; so a copy was given to us and hereto attached as Exhibit "D" TAG Y 1011; proof of completion for Employee #1 for the required Mental Illness training. B) Administrator should regularly check employees files and keep them updated and comply to all the requirements. C) Monitor for compliance. D) Person responsible: Administrator E) Completion date: October 17, 2024	10/17/2024

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1830 SS= F	Infection Control Required Training - Infection Control Required Training LCB File No. R048-22 Sec. 5 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training. Inspector Comments: Based on record review and interview, the facility failed to ensure the primary and secondary infection control staff completed 15 hours of infection control training (Employees #3 and #8). Findings include: Employee #3 (E3) E3 was hired as the Lead Caregiver on 04/01/24. E3's file lacked documented evidence of 15 hours of infection control training regarding the control and prevention of infections from an approved organization. Employee #8 (E8) E8 was hired as a Medication Technician on 07/15/24. E4's file lacked documented evidence of 15 hours of infection control training regarding the control and prevention of infections from an approved organization. On 10/16/24 in the afternoon, the Administrator acknowledged E3 and E8 were the primary and secondary infection control staff and had not met the requirement of 15 documented hours of approved infection control training required of the primary and secondary infection control staff. Severity: 2 Scope: 3	1830	A) It's the responsibility of the Administrator to remind staff about trainings that needs to be completed upon hiring. Immediately ordered Employee #3 and #8 to take their Infection Control required training to be in compliance and hereto attached as Exhibit "E" TAG Y 1830 and Exhibit "E-1" TAG Y 1830 certificate of completion of Infection Control training of said employees. B) Administrator should always check employees files and see to it that all requirements as per regulations are met. C) Administrator should monitor for compliance. D) Person responsible: Administrator E) Completion date: November 08, 2024	11/08/2024