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 |
|---|---|---|---|
| | 240 | A. BUILDING _____ B. WING _____ | 03/21/2022 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| JOHNSON GROUP CARE #1 | 1895 CARVILLE DR, RENO, NEVADA ,89512 |

| (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<br><br>Inspector Comments: This Statement of Deficiencies was generated as a result of regrading State Licensure survey initiated at your facility on 03/21/22, in accordance with Nevada Administrative Code (NAC) Chapter 449.. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness Category 1 residents. The census at the time of the survey was seven. On 03/29/22, Resident #7 was discharged from the facility, resulting in a census o six. 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. No regulatory deficiencies were identified. No further action necessary. Please retain a copy for your records. | 0000 | | |
| 0087 SS= F | Limitation on Number of Residents - NAC 449.199 Staffing requirements 3. A residential facility must not accept residents in excess of the number of residents specified on the license issued to the owner of the facility. | 0087 | Plan of Correction<br><br>Y 087 NAC 449.199 (3) Limitations on Number of Residents Residential facility has been in constant communication with resident #7 service coordinators working diligently on establishing placement. There was a waiting period which caused delays.<br><br>#1 Corrective action was accomplished by adjusting resident numbers to match census. The residential facility will not and has not accepted residents in excess to the number of six residents specified on the license issued to the owner of the facility.<br><br>#2 Residential facility will continue to identify the needs of other residents and ensure that service coordinator's search for placement is established in advance for transfers. The residential facility will not accept residents unless a bed is vacant and available at the time of<br><br>transfer to ensure that the same deficiency does not occur. | 03/29/2022 |

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: PEGGY MONTGOMERY | Title: Administrator | Date: 05/05/2022 |
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| | | | Measures have been put in place to ensure that this deficit does not occur: residential facility will ensure that residents requiring room and board, meals, assistance, and limited supervision does not exceed the specified number on the facility's license for a total census of six. The residential facility will continue to monitor residents needs; review with service coordinators changes in care plan, and ensure that a detailed plan is created for changes in placement that includes dates for transfer or discharge for that<br><br>resident.<br><br>#3To monitor performance the residential facility will document facilities census, communicate with service coordinators census numbers (full/vacancy), track and monitor detailed plan for transfers and discharge. This will be achieved and sustained as the residential facility will not accept residents in excess to the number of six residents specified on the license issued to the owner of the<br><br>facility.<br><br>#4 The administrator (Employee #1) is responsible for ensuring the plan of correction is implemented.<br><br>#5 Resident is no longer residing at the residential facility as of 3/29/22. Documentation was provided to Health Facilities Inspector. | |