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 _____	10/13/2022

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 Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 10/13/22. This State Licensure Survey was conducted in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. 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 six. Six resident files and two employee files were reviewed. The facility received a grade of A. 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 deficiency was identified:	0000		
1700 SS= F	Annual Assessment of History of Each Resident Inspector Comments: Based on record review and interview, the facility failed to obtain a Standard Physician Assessment and Placement Determination for 6 of 6 residents (Resident #1, #2, #3, #4, #5, and #6). Findings include: Resident #1 Resident #1 was admitted to the facility on 02/05/13, with a diagnosis of acute respiratory failure. Resident #1's record lacked documented evidence a Standard Physician Assessment and Placement Determination had been completed. Resident #2 Resident #2 was admitted to the facility on 05/02/94, with a diagnosis of paranoid schizophrenia. Resident #2's record lacked documented evidence a Standard Physician Assessment and Placement Determination had been completed. Resident #3 Resident #3 was admitted to the facility on 11/12/93, with diagnoses including schizophrenia and hypothyroidism. Resident #3's record lacked documented evidence a Standard Physician Assessment and Placement Determination had been completed. Resident #4 Resident	1700	Plan of Correction 1700: Annual Assessment of History of Each Resident. All residents have on file a physician's assessment but the documents were missing the signature of the physician. Administrator was unaware of the Placement Determination form that is required to be in the file. The required Physician Assessment and Placement Determination form has been shared with the administrator. Each resident is scheduled to have an annual evaluation with their physician, at this time all required documents will be completed and placed in the file. 1) How you will correct the specific finding(s) stated in the Statement of	11/15/2022

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	#4 was admitted to the facility on 06/14/18, with diagnoses including hypertension dyslipidemia and schizophrenia. Resident #4's record lacked documented evidence a Standard Physician Assessment and Placement Determination had been completed. Resident #5 Resident #5 was admitted to the facility on 08/23/19, with a diagnosis of schizoaffective disorder. Resident #5's record lacked documented evidence a Standard Physician Assessment and Placement Determination had been completed. Resident #6 Resident #6 was admitted to the facility on 06/20/11, with diagnoses including pre-diabetes and schizophrenia. Resident #6's record lacked documented evidence a Standard Physician Assessment and Placement Determination had been completed. On 10/13/22 at 1:15 PM, the Administrator confirmed a Standard Physician Assessment and Placement Determination had not been completed for Resident #1, #2, #3, #4, #5, and #6. The Administrator verbalized not having been aware of the requirement and the reason for a Physician Assessment and Placement Determination and was unfamiliar with the Physician Assessment and Placement Determination form. Severity: 2 Scope: 3		Deficiencies (MUST ADDRESS); Corrective action is being accomplished as all residents have prescheduled annual examinations that are coming up. During this time the required document(s) Standard Physician Assessment and Placement Determination will be completed by the physician. The residential facility will ensure that these documents are current and up to date noting any changes prescribed by the physician. 2) What measures or systematic change(s) will be put into place to ensure the deficient practice does not recur (MUST ADDRESS); The residential facility will continue to identify the needs of residents. All records will be up to date and enclose documented evidence of a Standard Physician Assessment and completion of Placement Determination for each resident. The residential facility will not accept residents unless said forms are completed and current for placement. Measures have been put in place to ensure that this deficit does not reoccur: the residential facility will ensure that residents requiring room and board, meals, assistance, and limited supervision have completed Standard Physician Assessment and completion of Placement Determination prior to entering the facility. 3) How the corrective action(s) will be monitored to ensure the deficient practice will not recur (MUST	

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			ADDRESS); The residential facility will continue to monitor residents need of care; review with service coordinators changes in Plan (if needed) and ensure that a detailed plan is created for changes in placement that includes dates of physician visit and placement of care. 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 administrator (Employee #1) is responsible for ensuring the plan of correction is implemented. 5) The date the corrective action will be completed (MUST INCLUDE); AND Residents have begun seeing their physician based on pre scheduled annual appointments. As notated (referenced #6) in the attached document below all annual appointments have begun and are scheduled to be completed no later than December 27, 2022. During the scheduled annual appointment physician's are completing the required document. All residential folders will be up to date within 60 calendar days. 6) You must attach all supporting	

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			documents into the system (MUST INCLUDE). Supporting documentation has been attached that coincides with the numerical identifiers assigned to the residents for purposes of confidentiality provided by the Health Facilities Inspector which includes scheduled annual appointments for each resident. 7) How you will identify and correct other areas having potential to be affected by the same deficient practice (if applicable) Administrator (Employee #1) will ensure that residential files are up to date and current with state required documents. At each annual appointment and/or if there is a change in plan of care ensure that residents have the completed documentation.	