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 _____	08/29/2023

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 a State Licensure annual grading survey conducted at your facility on 08/29/23. This survey was conducted by the Division of Public and Behavioral Health 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 chronic illnesses, Category I residents. The census at the time of the survey was six. Two resident files and four 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 deficiencies were identified:	0000		
0072 SS= D	Qualifications of Caregiver - Med Training - NAC 449.196 Qualifications and training of caregivers. (NRS 449.0302) 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Before assisting a resident in the administration of a medication, receive the training required pursuant to paragraph (e) of subsection 6 of NRS 449.0302, which must include at least 16 hours of training in the management of medication consisting of not less than 12 hours of classroom training and not less than 4 hours of practical training, and obtain a certificate acknowledging the completion of such training; (b) Receive annually at least 8 hours of training in the management of medication and provide the residential facility with satisfactory evidence of the content of the training and his or her attendance at the training; (c) Complete the training program developed by the administrator of the residential facility pursuant to paragraph (e) of subsection 1 of	0072	Plan of Correction 0072: Qualifications of Caregiver-Med Training Employee #2 Employee #2 was unable to complete the second portion of Medication Management training due to the employee experiencing illness during their annual Medication Management training which. Employee # 1 has been the sole caregiver providing assistance to residents with the administration of medication.	01/30/2024

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	NAC 449.2742; and (d) Annually pass an examination relating to the management of medication approved by the Bureau. Inspector Comments: Based on employee record review and interview, the facility failed to ensure 1 of 2 employees, who administered medications, received at least eight hours of Medication Management training annually (Employee #2). Findings include: Employee #2 Employee #2 was hired as a Caregiver with a start date of 11/01/1992. Employee #2's record contained an annual Medication Management training certificate with an expiration date of 03/04/23. On 08/29/23 at 10:33 AM, the Owner/Caregiver confirmed Employee #2's Medication Management training had expired on 03/04/23 due to the employee experiencing illness during their annual Medication Management training. Severity: 2 Scope: 1		1) How you will correct the specific finding(s) stated in the Statement of Deficiencies (MUST ADDRESS); Corrective action is being accomplished as all employees will complete the required training in accordance to NAC 449.196 Qualifications and training of caregivers (NRS 449.0302). The administrator of the residential facility will ensure that the required training and certificates are current and up to date prior to the date of expiration. The administrator will review with employee(s) required annual trainings and expiration of certificates. 2) What measures or systematic change(s) will be put into place to ensure the deficient practice does not recur (MUST ADDRESS); Employee # 2 is required to complete at least eight hours of Medication Management training annually.The residential facility will continue to ensure that all caregivers complete the required training prior to the expiration date of certification. Measures have been put in place to ensure that this deficit does not reoccur:	

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			The residential facility will notify employee(s) of upcoming expiring certifications via email notification and hand delivery. The notification will read as follows: Please be advised, as a condition of your employment, you are required to maintain valid certifications. Our records indicate your **Medication Management Training** has expired. You must provide copies of your updated certification **as soon as possible upon your return to work**. Additionally, copies of your certification must be provided to your administrator. Your completed certification or class completion form can be sent via email to your administrator. 3) How the corrective action(s) will be monitored to ensure the deficient practice will not recur (MUST ADDRESS); The residential facility will continue to monitor required employee training; review with employees new and upcoming annual training, alert employees of certifications that are due to expire in a timely manner. Employees will receive notification 90 calendar days in advance up to and including a	

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			Final Notice:Response Required 30 days prior to expiration via email notification and hand delivery. 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);Employee # 2 received notice and registered for Medicine Management training to be completed on February 26, 2024. Employee folder will be updated with recorded documentation within 30 calendar days. 6) You must attach all supporting documents into the system (MUST INCLUDE). Supporting documentation has	

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			been attached that coincides with the numerical identifiers assigned to the employee for purposes of confidentiality provided by the Health Facilities Inspector which includes email notification and scheduled annual training for the employee. 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 the employees files are up to date and current with state required documents. Administrator will review with employee(s) new and upcoming annual training, alert employees of certifications that are due to expire in a timely manner. Employees will receive notification 90 calendar days in advance up to and including a Final Notice:Response Required 30 days prior to expiration via email notification and hand delivery.	
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	0936	Plan of Correction	09/27/2023

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	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 1of 6 residents met the requirements concerning tuberculosis (TB) testing in accordance with Nevada Administrative Code (NAC) 441A (Resident #1). Findings include: Resident #1 Resident #1 was admitted to the facility on 11/12/1993, with diagnosis including schizophrenia, hyopthyroid, and high blood pressure. Resident #1's record documented the resident had a TB test read, read as negative, on 05/17/22; however, did not have a completed second step. Additionally, the resident's file lacked documented evidence of a TB test completed in 2023. On 08/29/23 at 11:42 AM, the Owner/Caregiver verbalized the resident's two step TB test was not completed, due to lack of cooperation from the resident. The Owner/Caregiver verbalized the resident refused to follow the facility's policies, and the Owner/Caregiver was aware of the requirement for all residents to receive their annual one step TB test and a completed two step upon admission. Severity: 2 Scope: 1		0936: Maintenance and Contents of Separate File All residents have on file screening for Tuberculosis Skin Test. Resident # 1's record documented the resident had a TB test read, read as negative on 05/17/22; resident did not need a second step. Additionally, the resident's file did not lack documented evidence of a TB test in 2023. Resident #1's record document shows that the resident completed the TB test however the resident's two step TB test was not completed. Resident #1 refused to follow the facilities policies, and the Administrator was aware of the requirement for all residents to receive their annual one step TB test and a completed two step upon admission. 1) How you will correct the specific finding(s) stated in the Statement of Deficiencies (MUST ADDRESS); Corrective action has been accomplished to ensure that each resident is scheduled to have an annual Tuberculosis Skin Test while residing at the residential facility. The residential facility will ensure that these documents are current and up to date noting any	

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			changes with residents placement.Should residents refuse to comply with screening the administrator will review with service coordinators changes in Plan and placement of care. Resident #1 was removed from the residential facility on September 27, 2023 as the resident continued to refuse to follow the facilities policies. 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 Tuberculosis Skin Test and completion of Placement Determination for each resident. The residential facility will not continue to accept residents unless said tests 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	

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			supervision have completed Tuberculosis Skin Test 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 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.	

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			5) The date the corrective action has been completed (MUST INCLUDE); AND Resident #1 is no longer residing at the residential facility. As notated in the attached document below all recorded documentation of Tuberculosis Skin Test annual test have been provided. Change of placement was made on September 27, 2023. 6) You must attach all supporting 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 all recorded documentation of Tuberculosis Skin Test annual test have been provided. Change of placement on September 27, 2023. 7) How you will identify and	

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			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.	