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 _____	07/15/2024

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 07/15/24. 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 was licensed for six Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illnesses, Category I residents. The census at the time of the survey was four. Four 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		
1825 SS= F	I C Program Responsible Person and Designee - IC Program Responsible Person and Designee LCB File No. R048-22 Sec. 5 3. The program to prevent and control infections within the facility for the dependent developed pursuant to paragraph (a) of subsection 1 must provide for the designation of: (a) A primary person who is responsible for infection control; and (b) A secondary person who is responsible for infection control when the primary person is absent to ensure that someone is responsible for infection control at all times. Inspector Comments: Based on interview and record review, the facility failed to ensure a primary and secondary person responsible for the facility's infection control program were identified with the potential to affect 4 of 4 residents. Findings include: On 07/15/2024 at 10:44 AM, the facility lacked documented evidence to identify a primary and secondary person responsible for the facility's infection control program. On 07/15/2024 at 10:50 AM, the Caregiver verbalized the facility had not designated a	1825	Plan of Correction 1825: I C Program Responsible Person and Designee The facility had not designated a primary and secondary person responsible for the facility's infection control program for Employee #1 and Employee #2. 1) How you will correct the specific finding(s) stated in the Statement of Deficiencies	08/02/2024

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	primary and secondary person responsible for the facility's infection control program. Severity: 2 Scope: 3		(MUST ADDRESS); Corrective action is being accomplished as all employees will complete the required training in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The administrator of the residential facility will ensure that the required training and certificates are current and up to date for I C Program Responsible Person and Designee - IC Program Responsible Person and Designee LCB File No. R048-22 Sec. 5 3. 2) What measures or systematic change(s) will be put into place to ensure the deficient practice does not recur (MUST ADDRESS); Employee # 1 administrator has identified the following within the facility: The program to prevent and control infections within the facility for the dependent developed pursuant to paragraph (a) of subsection 1 must provide for the designation of: (a) A primary person who is responsible for infection control; and (b) A secondary person who is responsible for infection control when the primary person is absent to ensure that someone is	

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			responsible for infection control at all times. On Wednesday July 24, 2024 administrator contacted the Health Program Specialist I with the Division of Public and Behavioral Health| HCQC to receive the information to enroll in the training program. (A) Primary Person- Employee #1 (B)Secondary Person- Employee # 2 The residential facility will continue to ensure that all caregivers complete the required training prior to deadlines and that certification of completion is presented. Measures have been put in place to ensure that this deficit does not reoccur: The residential facility will notify employee(s) of upcoming training 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 complete the required training. Our records indicate your Infection Preventionist Training is due to be completed. You must provide copies of your updated certification as soon as possible upon your return to work. Additionally, copies of your	

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			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 legislative 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 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)	

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			is responsible for ensuring the plan of correction is implemented. 5) The date the corrective action will be completed (MUST INCLUDE); Employee # 1 and Employee # 2 received notice and registered for Infection PreventionTraining to start August 3, 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 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	

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			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.	