| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| JOHNSON GROUP CARE #1 | 1895 CARVILLE DR, RENO, NEVADA ,89512 |

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| 0000 | Initial Comments<br><br>Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 08/06/2025. 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 three. Three resident records and two employee records 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 deficiencies were identified: | 0000 | | |
| 0515 SS= F | Supervision and Treatment of Residents - NAC 449.259 & R043-22 Supervision and treatment of residents generally. (NRS 449.0302) 1. A residential facility shall ensure that the staff of the facility collaborate with each resident of the facility, the family of the resident and other persons who provide care for the resident, including, without limitation, a qualified provider of health care, as interpreted by section 8 of this regulation, to: (a) Develop a person-centered service plan for the resident; and (b) Review the person-centered service plan at least once each year.;<br><br>Inspector Comments: Based on record review and interview, the facility failed to develop person-centered service plans for 3 of 3 residents (Residents #1, #2 and #3). Findings include: Resident #1 Resident #1 was admitted to the facility on 06/20/2011, with a diagnosis of schizophrenia. Resident #2 Resident #2 was admitted to the facility on 02/05/2013, with diagnoses including chronic obstructive pulmonary disease and squamous cell carcinoma. Resident #3 | 0515 | Plan of Correction<br><br>0515: Supervision and Treatment of Residents- NAC 449.259 & R043-22<br><br>The facility had not developed a person-centered service plan for the residents to review at least once each year for Residents #1, #2, and #3.<br><br>1) How you will correct the specific finding(s) stated in the | 12/29/2025 |

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| | Resident #3 was admitted to the facility on 05/02/1994, with diagnoses including hyperlipidemia and breast cancer. Each resident record lacked a person-centered service plan. On 08/06/2025 at 11:20 AM, the Administartor confirmed not having completed service plans for the residents. The Administrator verbalized not having been aware of the requirement for service plans. Severity: 2 Scope: 3 | | Statement of Deficiencies (MUST ADDRESS); Corrective action has been completed. The Administrator ensured that all residents identified in the Statement of Deficiencies now have a current person-centered service plan in place. Each service plan will be reviewed at least once every year to maintain compliance and ensure that resident needs are accurately reflected.<br><br>2) What measures or systematic change(s) will be put into place to ensure the deficient practice does not recur (MUST ADDRESS); Administrator (Employee # 1) will ensure that a person-centered service plan is developed and implemented for each resident upon admission to the residence. Each plan will be reviewed annually in accordance with regulatory requirements. Additionally, the residential facility will notify residents in advance of upcoming plan expirations and will schedule a review date to ensure timely updates. These procedures will be incorporated into ongoing administrative practices to prevent recurrence of the deficient practice. | |

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| | | | 3) How the corrective action(s) will be monitored to ensure the deficient<br><br>practice will not recur (MUST ADDRESS); The residential facility will implement ongoing monitoring procedures to ensure continued compliance. Required documentation will be reviewed regularly by designated supervisory staff. Compliance with timelines for updating person-centered service plans will be tracked, including verification that each plan is reviewed with employees and residents **at least 30 days prior to expiration**. Additionally, service plans will be reassessed promptly whenever a resident experiences a significant medical change to ensure updates are completed as required. Any identified inconsistencies will be addressed immediately through corrective follow-up and staff re-education.<br><br>4) The title of the person (position) responsible for ensuring the plan of correction is implemented (DO NOT INCLUDE PERSONAL NAMES, | |

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| | | | JUST USE THE TITLE or POSITION) (MUST ADDRESS); The administrator (Employee #1) is responsible for ensuring full implementation and ongoing compliance with the Plan of Correction.<br><br>5) The date the corrective action will be completed (MUST INCLUDE); Administrator (Employee #1) developed person-centered service plans for Residents #1, #2, and #3 were developed and implemented by the administrator (employee #1) on December 19, 2025. All resident folders were updated accordingly. Resident service plans will continue to be reviewed annually, or sooner if a medical change occurs that requires an update.<br><br>6) You must attach all supporting documents into the system (MUST INCLUDE).<br><br>Supporting documentation has been attached. The attached materials include an example of the person-centered service plan format used by the facility. No resident-identifying or | |

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| | | | confidential information has been included.<br><br>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 all residential files remain current and contain all state-required documentation. Person-centered service plans will be developed for all new residents upon admission. Additionally, all existing resident plans will be reviewed **30 days prior to their expiration** to identify and correct any deficiencies and to ensure timely updates. | |
| 1825 SS= F | Designation/Training persons for IC Program - NAC 449.0109 Designation and training of person responsible for infection control. 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. 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 | 1825 | **Plan of Correction**<br><br>1825: Designation/Training persons for IC Program NAC449.0109<br><br>The facility designated a primary and secondary person responsible for the facility's infection control program for Employee #1 and Employee #2. | 12/29/2025 |

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| | 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.<br><br>Inspector Comments: Based on employee record review and interview the facility failed to ensure 1) the primary staff member responsible for infection control completed 15 hours of infection control and prevention training, and 2) failed to designate a secondary person for the program. Findings include: Employee #1 Employee #1 was hired in 1992 and had a title of Administrator. Employee #1's record lacked documentation infection control and prevention training had been completed. On 08/06/2025 at 11:32 AM, the Administrator confirmed the Administrator was the primary person responsible for the infection control program but had not completed the required 15 hours of training. The Administrator verbalized having started the training but did not complete it. The Administrator verbalized not having a second person designated for the program and was unaware a second person or backup person was required. This was a repeat deficiency from the 07/15/25 annual State Licensure survey. Severity: 2 Scope: 3 | | Registered for the course but both employees did not complete the training.<br><br>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 have completed 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.<br><br>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 | |

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| | | | 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. Employee #1 (administrator/primary person) and #2 (secondary person) are actively completing the Infection Preventionist Training. The training shall be done before/by December 31,2025. 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 Prevention Training is due to be completed. You must provide copies of your updated certification as soon as possible | |

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| | | | 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.<br><br>3) How the corrective action(s) will be monitored to ensure the deficient<br><br>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.<br><br>4) The title of the person (position) responsible for ensuring the plan of correction is implemented (DO NOT | |

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| | | | 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.<br><br>5) The date the corrective action will be completed (MUST INCLUDE); Both Employee #1 and # 2 are registered and actively completing the Infection Prevention Training. Employee # 1 and #2 will have training completed by December 31, 2025. The employee folder will be updated with recorded documentation.<br><br>6) You must attach all supporting documents into the system (MUST INCLUDE).<br><br>Supporting documentation- both employees are in the process of completing the training. Certification will be added to the employee file.<br><br>7) How you will identify and correct other areas having potential to be affected by the | |

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| | | | same deficient practice (if applicable) Administrator (Employee #1) will<br><br>ensure that the employees files are up to date and current with state required<br><br>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. | |
| 1840 SS= D | UNL Caregiver Training - R063-21 Sec. 4 1. An unlicensed caregiver who provides care to residents, patients or clients at a facility described in section 3 of this regulation shall annually complete evidence-based training provided by a nationally recognized organization concerning the control of infectious diseases. The training must include, without limitation, instruction concerning: (a) Hand hygiene; (b) The use of personal protective equipment, including, without limitation, masks, respirators, eye protection, gowns and gloves; (c) Environmental cleaning and disinfection; (d) The goals of infection control; (e) A review of how pathogens, including, without limitation, viruses, spread; and (f) The use of source control to prevent pathogens from spreading. 2. Each unlicensed caregiver who completes the training required by subsection 1 must provide proof of completion of that training to the | 1840 | **Plan of Correction**<br><br>1840: UNL Caregiver Training - R063-21 Sec. 4 1<br><br>The facility ensured that an unlicensed caregiver completed infection control and prevention training for Employee #2.<br><br>1) How you will correct the specific finding(s) stated in the Statement of | 12/29/2025 |

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| | administrator or other person in charge of the facility in which the unlicensed caregiver provides care.<br><br>Inspector Comments: Based on employee record review and interview, the facility failed to ensure an unlicensed caregiver completed infection control and prevention training for 1 of 2 employees (Employee #2). Findings include: Employee #2 Employee #2 was hired as a caregiver in 2012. Employee #2's record lacked documentation the employee had completed infection control and prevention training. On 08/06/2025 at 11:32 AM, the Administrator verbalized the caregiver had not completed the infection control and prevention training. Severity: 2 Scope: 1 | | Deficiencies (MUST ADDRESS); Corrective action is being accomplished as all employees have completed the required training in accordance with UNL Caregiver Training - R063-21 Sec. 4 1. The administrator of the residential facility will ensure that the required training and certificates are current and up to date for unlicensed caregivers completing infection control and prevention training.<br><br>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 will identify all unlicensed caregivers within the facility and ensure that the training for infection control and prevention training is completed annually. The training shall be completed within 30 days of their hire date. 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. | |

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| | | | Our records indicate your Hand Hygiene and Infection Control 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 certification must be provided to your administrator. Your completed certification or class completion form can be sent via email to your administrator.<br><br>3) How the corrective action(s) will be monitored to ensure the deficient<br><br>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.<br><br>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); | |

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| | | | The administrator (Employee #1) is responsible for ensuring the plan of correction is implemented.<br><br>5) The date the corrective action will be completed (MUST INCLUDE); Employee # 2 completed the Hand Hygiene and Infection Control training on December 19, 2025. The employee folder will be updated with recorded documentation.<br><br>6) You must attach all supporting documents into the system (MUST INCLUDE).<br><br>Supporting documentation has been attached that coincides with the numerical identifiers assigned to the employee for purposes.<br><br>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<br><br>ensure that the employees files are up to date and current with state required<br><br>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. | |

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| | | | 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. | |