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
	2677	A. BUILDING _____ B. WING _____	07/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRINCESS 2 GROUP HOME	10019 PRINCESS CUT ST, LAS VEGAS, NEVADA ,89183

(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 survey conducted at your facility on 07/02/19, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for five Residential Facility for Group beds for persons with Mental Illness, Category I residents. The census at the time of the survey was three. Three resident files were reviewed and three 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 investigation, 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		
0102 SS= E	Personnel File - TB Screening - NAC 449.200 Personnel files. 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee; Inspector Comments: Based on interview and record review the facility failed to ensure 1 of 3 employees met the requirements for annual tuberculosis (TB) testing (Employee #2). Findings include: Employee #2 (E2) E2 was hired as a Caregiver with a start date of 12/05/06. The Employee file contained a TB one step read date of 03/04/19 and a second step read of 03/21/19, both with negative results. The employee file lacked documented evidence of annual TB testing for 2018. On the morning of 07/02/19, Employee #3 confirmed that E2's file lack documented evidence of an annual TB test for 2018. Severity: 2 Scope: 1	0102	A. The Owner immediately called the Doctor to request for copy of the E2's 2018 TB Test. B. The Administrator and Owner shall review the employee files to ensure that all requirements are updated and current. C. Completed 7/19/2019	07/19/2019

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: TESS CERVAS Title: Owner Date: 07/23/2019

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2677	A. BUILDING _____ B. WING _____	07/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRINCESS 2 GROUP HOME	10019 PRINCESS CUT ST, LAS VEGAS, NEVADA ,89183

(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
0104 SS= E	Personnel Files - Background Checks - NAC 449.200 Personnel files. (NRS 449.0302) 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. Inspector Comments: Based on file review and interview, the facility failed to ensure 1 of 3 employees met the background check requirements of Nevada Revised Statute (NRS) 449.124 (Employee #1). Findings include: Employee #1 (E1) E1 was hired as an Administrator on 03/01/17. The employee's file contained a Criminal History Statement, and an electronic fingerprint submission form dated 03/06/17. However, the employee's file lacked documented evidence of a Nevada Automated Background Check System (NABS) Clearance Letter from the fingerprints submitted on 03/06/17. On the morning on 07/02/19, Employee #3 acknowledged that the NABS Clearance Letter was not present in E1's file. Severity: 2 Scope: 1	0104	A. The Owner immediately printed a copy of E1's current NABS result and place it in the file. B. The Administrator and Owner shall review the employee files to ensure that all requirements are updated and current. C. Completed 7/4/2019	07/02/2019

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2677	A. BUILDING _____ B. WING _____	07/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRINCESS 2 GROUP HOME	10019 PRINCESS CUT ST, LAS VEGAS, NEVADA ,89183

(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
0178 SS= F	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview the facility failed to ensure the interior and exterior premises was maintained and free of hazards. Findings include: On the morning of 07/02/19, the following was observed: Backyard: - Loose Wood boards. - Two chairs with cracked seats. Bathroom (near kitchen) - Stained/dirty grout at base of shower. Interior of Home -Baseboard and walls throughout home scuffed and stained. Laundry Room: - Hole in the wall located under light switch. On the morning of 07/02//19, Employee #3 acknowledged environmental hazards in backyard and reported that they were due for removal. Employee #3 acknowledged scuffs/stains in grout, baseboards, and walls throughout home. Employee #3 advised that Employee #2 started painting but had not completed the entire area. On the afternoon of 07/02/19, Employee #3 acknowledged the hole in the wall and explained it would need to be repaired. Severity: 2 Scope: 3	0178	A. The Owner and Staff immediately addressed all issues mentioned. B. The Administrator, Owner and Staff shall routinely inspect the fixtures and structures of the the interior and exterior of the facility and take the necessary measures to rectify any issues found. C. Completed 7/7/2019	07/07/2019

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2677	A. BUILDING _____ B. WING _____	07/02/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRINCESS 2 GROUP HOME	10019 PRINCESS CUT ST, LAS VEGAS, NEVADA ,89183

(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
0938 SS= C	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 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: (g) An evaluation of the resident ' s ability to perform the activities of daily living and a brief description of any assistance he or she needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his or her ability to perform the activities of daily living; and (3) In any event, not less than once each year. Inspector Comments: Based on interview and record review, the facility failed to ensure an activities of daily living (ADL) assessment was completed annually for 2 of 3 residents (Resident #2 and Resident #3). Findings include: Resident #2 (R2) R2 was admitted on 03/08/18 with diagnoses including anxiety and schizoaffective disorder. R2's file contained an initial ADL assessment on 03/08/18. R2's file lacked an annual ADL assessment for 2019. Resident #3 (R3) R3 was admitted on 02/26/14 with diagnoses including type II diabetes, hypertension, anxiety and schizoaffective disorder. R3's file contained an annual ADL assessment dated 01/22/18 and lacked documented evidence of an annual ADL assessment for 2019 On the morning of 07/02/19, Employee #3 acknowledged that an annual ADL assessments had not been completed for R2 and R3 for 2019. Severity: 2 Scope: 2	0938	A. The Owner immediately made current ADL's for both R2 and R3. B. The Administrator and Owner shall review all Resident files to ensure that all requirements are updated and current. C. Completed 7/2/2019	07/02/2019