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 _____	11/22/2021

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 an infection control and annual State Licensure survey conducted at your facility on 11/22/21. This State Licensure Survey was conducted in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for five Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness, Category II residents. The census at the time of the survey was four. The facility received a grade of A. The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of antidiscrimination policy; posting of nondiscrimination statement and certain other information, NRS 449.102 - Duties of licensed facility to protect privacy of patient or resident, and LCB File No. R016-20 - Cultural competency training; complaint policy; development of gender identity/expression policy; designated person responsible for compliance with these regulations. Failure to comply with NRS 449.101, NRS 449.102 and LCB File No. R016-20 may result in future deficiencies. 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		

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: CHERRY DAELTO Title: Administrator Date: 12/15/2021

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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 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 interview and record review, the facility failed to ensure annual tuberculin testing was completed for 2 of 4 residents (Resident #1 and Resident #2). Findings include: Resident #1 (R1) R1 was admitted on 7/15/19, with diagnoses of chronic schizophrenia. On 11/22/21, R1's medical record lacked documented evidence of an annual tuberculin (TB) test. R1's last completed a two step TB test on 1/16/20. On 11/22/21, Employee #1 (E1) confirmed R1's medical record lacked documentation of an annual TB test for 2021. Resident #2 (R2) R1 was admitted on 10/26/20, with diagnoses of schizophrenia. On 11/22/21, R2's medical record lacked documented evidence of an annual tuberculin (TB) test. R2 completed a QuantiFERON test on 6/23/20. On 11/22/21, Employee #1 (E1) confirmed R1's medical record lacked documentation of an annual TB test for 2021. Severity: 2 Scope: 1	0936	1. Quantiferon TB test for both Resident#1 and Resident#2 done. 2. Together with all other Residents documentation this facility will make sure to be current & keep posted for an updated results. 3. By reviewing residents record checklist together with the actual residents file this facility will be able to track missing file that need to be done and file whenever results is available. 4. Administrator will monitor.	11/29/2021