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 _____	11/08/2023

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 annual State Licensure survey completed at your facility on 11/08/23, 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 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 regulatory deficiencies were 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: 11/25/2023

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0087 SS= E	Limitation on Number of Residents - NAC 449.199 Staffing requirements 3. A residential facility must not accept residents in excess of the number of residents specified on the license issued to the owner of the facility. Inspector Comments: Based on observation, document review and interview, the facility failed to ensure Category 2 residents were not admitted or retained with a change of condition which was not the specified number or Category of residents on the facility's license for 2 of 4 residents (Resident #2 and Resident #4). Findings include: Review of the facility license documented the facility was licensed for five Category I residents and there was no documented evidence that the facility applied to the Bureau and updated the license. Resident #2 (R2) R2 was admitted to the facility on 09/04/18 with diagnoses of schizophrenia, hypertension, psychosis and dementia. The Standard Physician's Assessment dated 01/12/23 documented R2 was alert to person and place and was to be placed in a residential facility for Category 2 residents. Resident #4 (R4) R4 was admitted to the facility on 10/26/20 with a diagnosis of schizophrenia. The Standard Physician's Assessment dated 09/21/23 documented R4 was to be placed in a residential facility for Category 2 residents. The Standard Physician's Assessment did not indicate R4 was alert to person, place or time. On 11/09/23 in the morning, the Owner acknowledged the facility was licensed for Category 1 residents and not Category 2 residents. The Owner verbalized the physician likely filled out both R2 and R4's Standard Physician Assessment incorrectly but did not notify the physician. Severity: 2 Scope: 2	0087	1. Resident #2 andResident #4 physician provided the facility a new StandardPhysician's Assessment. 2. The facility will make sure to double check theveracity of the residents StandardPhysician's Assessment provided by their physician before filing. 3. This facility will make sure isin compliance with the Licensed it holds with the DPBH. 4. Thefacility administrator will monitor. 5. Completion date.	11/08/2023

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0102 SS= D	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 a tuberculosis (TB) screening was completed annually for 1 of 3 employees (Employee #1). Findings include: Employee #1 (E1) E1 was hired on 01/15/06 as an Owner/Director. Review of E1's employee record revealed an annual TB screening was last completed on 07/12/21. A TB Signs and Symptoms Form was completed on 07/08/23 to rule out TB. E1's file lacked documented evidence of a previous positive TB test and X-ray confirming E1 ever tested positive for TB and E1's file lacked documented evidence of an annual TB screening for 2023. On 11/08/23 in the morning, the Owner confirmed the last documented TB screening in the record of E1 was dated 07/12/21. The Owner verbalized that it was their understanding an employee did not need to complete an annual TB test if they had completed a Quantiferon TB test previously. The facility did not provide documented evidence that a Quantiferon or an annual TB screening had been completed after 07/12/21 for E1. Severity: 2 Scope: 1	0102	1. Employee #1 submitted a negative QuantiFERON result. 2. This facility will ensure that if QuantiFERON results are submitted it should be done yearly to avoid missing documents in the employee file. 3. This facility will review employee's record check list together with the actual employee's file. By this way, we will be able to track missing documents that needs to be done & filed. 4. The facility administrator will monitor. 5. Completion date.	11/13/2023