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 _____	11/06/2024

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 11/06/24 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 elderly and disabled persons and/or persons with Mental Illness, Category I residents. The census at the time of the survey was three. Three resident files 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 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: 11/25/2024

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0106 SS= D	Personnel File - 1st Aid & CPR - NAC 449.200 Personnel files 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1: (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation; Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 3 employees received the in person component of cardiopulmonary resuscitation (CPR) and first aid training per the requirement (Employee #3). Findings include: Employee #3 (E3) E3 was hired on 08/05/20 as the Administrator. E3 completed CPR training provided by an online company on 04/14/23. The training through this company did not contain the in-person component, a requirement per the regulation. The online training the facility utilized was reviewed and the training lacked documented evidence of the in-person component. On 11/06/24 in the afternoon, the Administrator confirmed the CPR training from the online company was solely online and did not have an in-person component. The Administrator was not aware the in-person component was a requirement. The Administrator confirmed they took the training without the in-person component. Severity: 2 Scope: 1	0106	1. Employee #3 submitted schedule to do the in person first aid and cardiopulmonary resuscitation (CPR) training tomorrow between 11:00AM to 1:00PM. 2. The employees of this facility must comply with the in-person component of the first aid and cardiopulmonary resuscitation (CPR) training. 3. We will monitor this action by having them sign the reminder letter of the in-person component of the first aid and cardiopulmonary resuscitation (CPR) training for the documents that need their attention to have up-to-date employees' files. 4. The Manager/Owner will monitor. 5. Completion date.	11/25/2024

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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 back yard was clean and well-maintained. Findings include: On 11/06/24 in the morning, the following items were on the backyard patio: - A toilet tank lid - Several cinder blocks - Planks of wood - An exercise table holding a box containing items for house painting - A box of kitchen cooking items for recycle - Construction equipment - Electrical cords - A shop vac - Several buckets - Dog refuse in several spots - A pallet leaning up against the cinder block wall - A large bowl of dirty water containing over 30 cigarette butts On 11/06/24 in the morning, the Owner acknowledged the items and agreed the back yard should be cleared of unnecessary items and should be better maintained. Severity: 2 Scope: 3	0178	1. Immediately put away the following: toilet tank lid - Several cinder blocks - Planks of wood- exercise table holding a box containing items for house painting - box of kitchen cooking items for recycle- Construction equipment - Electrical cords - shop vac - Several buckets - Dog refuse in several spots - pallet leaning up against the cinder block wall - large bowl of dirty water containing over 30 cigarette butts. 2. This facility will make sure that back yard was clean and well maintained at all times 3. A monthly Calendar was made to remind upcoming tasks& making sure tasks were done. 4. The administrator will monitor.	11/11/2024

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1820 SS= F	Infection Control Policy - Infection Control Policy LCB File No. R048-22 Sec. 5. 2. To carry out the infection control program developed pursuant to paragraph (a) of subsection 1, the facility shall adopt an infection control policy. The policy must include, without limitation, current infection control guidelines developed by a nationally recognized infection control organization that are appropriate for the scope of service of the facility. Such nationally recognized organizations include, without limitation, the Association for Professionals in Infection 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. Inspector Comments: Based on document review and interview, the facility failed to adopt a comprehensive infection control policy which included guidelines developed by a nationally recognized infection control organization. Findings include: On 11/06/24 in the morning, a review of facility policies and procedures revealed the lack of a comprehensive infection control plan which was appropriate for the scope of service of the facility. On 11/06/24 in the morning, the Owner acknowledged the lack of a comprehensive infection control policy. Severity: 2 Scope: 3	1820	1. The facility conducted a meeting on the importance of having to adopt a comprehensive infection control policy to include guidelines by the nationally recognized infection control organization. 2. This facility immediately gathered information to be able to have an Infection Prevention and Control Plan Policy in placed file for reference. 3. This facility will make sure that all employees are made aware of adapting the Infection Prevention and Control Plan Policy to avoid future infection outbreak. 4. Administrator will monitor	11/25/2024