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
	4093	A. BUILDING _____ B. WING _____	08/07/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JCR HOME CARE INC	7160 DARBY AVE, LAS VEGAS, NEVADA ,89117

(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 conducted in your facility on 08/07/19. This State Licensure Survey was conducted in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for ten Residential Facility for Group beds, with an endorsement to provide care for residents with Alzheimer's Disease. Category II residents. The census at the time of survey was six. Six resident files were reviewed and six 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 regulatory deficiencies were identified:	0000		
0174 SS= F	Health& Sanitation-odors-hazards-insects-dirt - NAC 449.209 Health and sanitation. (NRS 449.0302) 4. To the extent practicable, the premises of the facility must be kept free from: (a) Offensive odors; (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility; (c) Insects and rodents; and (d) Accumulations of dirt, garbage and other refuse. Inspector Comments: Based on observation and interview, the facility failed to ensure insulation located on top of a furnace was properly covered. Findings include: On 08/07/19 at 9:30 AM, during a facility tour, dark colored insulation was located on top of a furnace wrapped in a sheet. On 08/07/19 at 12:10 PM, the Administrator acknowledged the insulation wrapped in a sheet. The Administrator indicated the facility had placed the sheet around the insulation to avoid leaks. The Administrator acknowledged she should have had a professional come to the facility and assess the equipment. Severity: 2 Scope: 3	0174	1) The facility will correct this deficiency by calling the group home AC maintenance and have him fixed the expose insulation located on the top of a furnace was properly covered on the same day of the survey. 2) To ensure the deficiency does not reacur again the facility will make sure that before the A/C maintenance will leave the facility all expose on top of the furnace should be properly covered properly. 3) The administrator and the facility staff will monitor to ensure that the deficient will not recur. 4) The administrator will ensure the plan of correction will be implemented . 5) 8/72019. 6) please see the photo attachment.	08/07/2019

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: JASMINE CASTILLO Title: Administrator Date: 09/30/2019

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0430 SS= F	Requirements and Precautions - NAC 449.229 Requirements and precautions regarding safety from fire. (NRS 449.0302) 1. The administrator of a residential facility shall ensure that the facility complies with the regulations adopted by the State Fire Marshal pursuant to chapter 477 of NRS and all local ordinances relating to safety from fire. The facility must be approved for residency by the State Fire Marshal. 2. The Bureau shall notify the State Fire Marshal or the appropriate local government, as applicable, if, during an inspection of a residential facility, the Bureau knows of or suspects the presence of a violation of a regulation of the State Fire Marshal or a local ordinance relating to safety from fire. Inspector Comments: Based on observation and interview, the facility failed to comply with the regulations adopted by the State Fire Marshal. Findings include: On 08/07/19 at 9:30 AM during a facility tour, dark colored insulation was located on top of a furnace wrapped in a sheet. On 08/07/19 at 12:10 PM, the Administrator acknowledged the insulation wrapped in a sheet. The Administrator indicated the facility had placed the sheet around the insulation to avoid leaks. The Administrator acknowledged she should have had a professional come to the facility and assess the equipment. Severity: 2 Scope: 3	0430	1) The facility will correct this deficiency by following NAC Chapter 477 Fire Marshall general provision rules. 2) To ensure the deficiency does not reacur again the facility will make sure that we will read and review NAC Chapter 477 Fire Marshall General Provision rules and follow all the requirement egarding about the expose on top of the furnace. 3) The administrator and the facility staff will monitor to ensure that the deficient will not recur. 4) The administrator will ensure the plan of correction will be implemented . 5) 8/72019.	08/07/2019
0531 SS= E	Activities for Residents - NAC 449.260 Activities for residents. (NRS 449.0302) 1. The caregivers employed by a residential facility shall: (f) Encourage the residents to participate in the activities scheduled pursuant to paragraph (e); and Inspector Comments: Based on interview and document review, the facilty failed to offer and encourage activities for 4 of 6 sampled residents (Resident #3, #4, #5 and #6). Finding include: Resident #3 (R3) R3 was admitted on 11/06/18, with a dignosis of dementia. On 08/07/19 at 12:00 PM, R3 indicated R3 rarely participated in activities. R3 expressed a desire for the facility to offer more activity options. R3 expressed interest in going on trips outside the facility. Resident # 4 (R4) R4 was admitted on	0531	1) The facility will correct this deficiency by encourging all resident will do our daily activities especially the residents who are active . 2) To ensure the deficiency does not reacur again the facility staff will encourage all residents will do daily actives especially the active residents . 3) The administrator and the facility staff will monitor to ensure that the deficient will not recur. 4) The administrator will ensure the plan of correction will be implemented . 5) 8/9/19	08/07/2019

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	06/11/18, with diagnoses including chronic obstructive pulmonary disease and depression. On 08/07/19 at 9:15 AM, R4 indicated activities had not been offered in the facility. R4 explained R4 had watched television (TV) most of the day. R4 expressed interest in basketball and bowling. Resident #5 (R5) R5 was admitted on 05/25/18, with a diganoses including Alzheimer's Disease and bladder cancer. On 08/07/19 at 11:45 AM, R5 indicated R5 does not participate in activities. R5 expressed interest in more activities involving conversation and board games. Resident #6 (R6) R6 was admitted on 11/01/18, with diagnoses including prehypertension and altered mental status. On 08/07/19 at 9:30 AM, R6 indicated there were no activities. R6 explained R6 had watched TV most of the day. R6 expressed interest in exercises. On 08/07/19 at 9:45 AM, a Caregiver acknowledged R4 and R6 were not offered activities. On 08/07/19 at 12:15 PM, the Administrator acknowledged R4 and R6 were not encouraged to participate in activities. On 08/07/19 at 3:00 PM, the Administrator acknowledged the activity calendar for August 2019 included gardening as an activity. The Administrator indicated that the residents do not participate in gardening during the summer months due to excessive heat. Gardening was listed as an activity on 08/07/19 but no residents or staff were observed gardening. Severity: 2 Scope: 2			