

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 4093	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/03/2021
NAME OF PROVIDER OR SUPPLIER JCR HOME CARE INC		STREET ADDRESS, CITY, STATE, ZIP CODE 7160 DARBY AVE, LAS VEGAS, NEVADA ,89117		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure and infection control survey conducted at your facility on 12/03/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons, with an endorsement for Alzheimer's disease, Category II residents. The census at the time of the survey was 10. Ten resident files and seven employee files were reviewed. The facility received a grade of A. The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of non-discrimination 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 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:			

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 Name: JASMINE CASTILLO Title: Administrator
REPRESENTATIVE'S SIGNATURE

Date: 02/02/2022

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NAME OF PROVIDER OR SUPPLIER JCR HOME CARE INC		STREET ADDRESS, CITY, STATE, ZIP CODE 7160 DARBY AVE, LAS VEGAS, NEVADA ,89117		
(X4) ID PREFIX TAG 0936 SS= D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0936	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE 02/02/202 2
	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 record review and interview the facility failed to ensure 2 of 10 residents had a tuberculosis (TB) test upon admission and yearly thereafter (Residents #2 and #8). Findings include: Resident #2 (R2) R2 was admitted on 03/08/21 with diagnoses including chronic kidney disease, chronic obstructive pulmonary disease, major depression and delirium. A review of R2's file revealed no documented evidence of a two-step TB test completed upon admission. Resident #8 (R8) R8 was admitted on 11/26/19 with diagnoses including dementia without behavioral disturbance, degenerative joint disease and delusional disorder. A review of R8's file revealed no documented evidence of TB testing results. On 12/03/21 in the afternoon, in an interview with the facility Administrator, it was confirmed a TB test had not been completed for R2 and R8 upon admission to the facility. The Administrator indicated all residents were required to obtain TB testing upon admission to the facility and yearly thereafter. Severity: 2 Scope: 1		1) The facility will correct this deficiency by making sure upon admitting that any resident that will be admitted to the group home all of his/her TB test should be completed and properly documented prior to admitting . 2) In order to ensure the deficiency will not recur the administrator should check and make sure that all tb skin test is done and completed prior to be admitted. 3. The corrective action will be monitored to ensure the deficiency will not recur ALL residents should have all TB test or PPD done prior to be admitted and PPD should be done annually on the date of each admitted date no exception. 4) The administrator is responsible to ensure the plan of correction is implemented. 5) Feb. 2, 2022 6) Please see attachment	