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 _____	12/27/2022

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 at your facility on 12/27/22, 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 and/or Alzheimer's disease, Category II residents. The census at the time of the survey was 10. Ten resident files and five 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		
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 exterior of the building was free of debris and items which could potentially have been harmful to residents. Large amounts of trash, rubbish, broken equipment, construction material and tree branches were noted throughout the backyard. A caregiver confirmed there were multiple items present in the backyard which needed to be removed or thrown away. Severity: 2 Scope: 3	0178	1. The facility's Will correct this specific finding that we failed to ensure the exterior of the building was free of debris and items which could potentially have been harmful to residents. Large amounts of trash, rubbish, broken equipment, construction material and tree branches were noted throughout the backyard by removing all the garbage and cleaning it properly in ensure safety of the facility. 2. In order to ensure that deficient practice will not recur is to make sure that all trash must remove away from the facility for everyone safety. 3. In order to correct action any garbage that in the backyard must be removed as soon as possible in order will be monitored to ensure the deficient practice will not recur. 4. The administrator 5. 1/20/2023 was finish due to bad weather after was inspected. 6. see photo attachment	01/20/2023

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: 01/22/2023

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0923 SS= D	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician; and (b) Kept in its original container until it is administered. Inspector Comments: Based on observation, interview and record review, the facility failed to ensure medications were properly labeled for 1 of 10 residents (Resident #10). Findings include: Resident #10 (R10) was admitted on 09/03/19 with diagnoses including dementia and insomnia. Physician's orders dated 09/28/22 documented Vitamin C, 500 milligram (mg) tablet, take one tab by mouth daily, multivitamin, take one tab by mouth daily and acetaminophen, 500 mg tablet, take one tab by mouth four times a day as needed. Vitamin C, multivitamins and Acetaminophen were found in the bin of R10 without the resident's name, prescriber name and time to administer. On 12/27/22 at 10:45 AM, a Caregiver confirmed R10's Vitamin C, multivitamins and Acetaminophen were unlabeled without the prescribing physician's name, resident's name and time to administer. Severity: 2 Scope: 1	0923	1. On Dec. 27, 2023 the facility Resident #10 (R10) was admitted on 09/03/19 with diagnoses including dementia and insomnia. Physician's orders dated 09/28/22 documented Vitamin C, 500 milligram (mg) tablet, take one tab by mouth daily, multivitamin, take one tab by mouth daily and acetaminophen, 500 mg tablet, take one tab by mouth four times a day as needed. Vitamin C, multivitamins and Acetaminophen were found in the bin of R10 without the resident's name, prescriber name and time to administer. The facility corrected right away after the surveyor left the facility . 2. To ensure the facility that the deficient will not recur , every OTC medication that the doctor order must have resident’s name , prescriber name and time to administer as soon as the bottle on bottle use. 3. In order to correct action will not recur the staff who administered the new OTC must label right away before medication will be given to resident. 4. the administrator will implement the plan of correction. 5. Dec. 27, 2022 6. please see the attach photo	12/27/2022

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0994 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. Inspector Comments: Based on observation and interview, the facility failed to ensure all chemicals were locked up and made inaccessible to residents. During a tour of the facility, toilet cleaner and glass cleaner were observed in an unlocked bathroom. A Caregiver acknowledged there was an unlocked cabinet in a bathroom with chemicals in it which were not made inaccessible to residents. Severity: 2 Scope: 3	0994	1. The facility will correct the specific finding about the facility failed to ensure all chemicals were locked up and made inaccessible to residents. During a tour of the facility, toilet cleaner and glass cleaner were observed in an unlocked bathroom will make sure all toxic material must be place in a locked area that no residents are able to access except the staff. 2. in order to be in place that the deficient will not recur , any cleaning material after used must be place on a locked area where no resident aren’t able to access. 3. In Oder to monitored the corrected action will be monitored or ensure the plan of correction will not recur is all cleaning material when done using it should be place in a locked area where no resident aren’t able to access it. 4. the administrator will ensure the plan of correction will be implemented 5. 12/27/2022 7. All cleaning material are all place in a locked area that only employee are able to access it.	12/27/2022