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 _____	01/05/2026

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
RFG 0001-Deficiencies	The Statement of Deficiencies was generated as a result of a state licensure survey conducted in your facility, in accordance with Nevada administrative code, chapter 449, and Nevada revised statutes chapter 449- Residential Facility for Groups (RFG), medical facilities and other related entities. The findings and conclusions of any investigation by the Division of Health Care Purchasing and Compliance shall not be construed as prohibiting any criminal civil investigation, actions or other claims for reliefs that may be available to any party under applicable federal, state or local law. Based on an inspection conducted, the items marked below identify the violation in operation of the RFG which must be corrected by the revisit/compliance date specified in writing by the health authority. Failure to comply with this notice and immediately correct the identified deficiencies may result in the suspension or termination of your provider agreement, funding, or future authorization as a provider authorized by the State	RFG 0001-Deficiencies		

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	of Nevada pursuant to NAC 433.384, and other applicable local and state laws. Inspector Comments: This Statement of Deficiencies was generated as a result of an annual survey initiated at your facility on 01/05/26. The facility is licensed for ten Residential Facility for Groups beds for elderly and disabled persons and Alzheimer's disease, Category II residents. The census at the time of the survey was eight. Eight resident files and four employee files were reviewed. The facility received a grade of A.			
Y 1825 SS= F	**NAC 449.0109 Designation and training of person responsible for infection control.** 3. The program to prevent and control infections within the facility for the dependent developed pursuant to paragraph (a) of subsection 1 must provide for the designation of: (a) A primary person who is responsible for infection control; and (b) A secondary person who is responsible for infection control when the primary person is absent to ensure that someone is responsible for infection control at all times. 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less	Y 1825	1. The facility corrected the specific finding by taking an infection control class . A total Of 15 hours for 2 days Jan. 6 and 7, 2026. Both employee 1 and 2 took the class together and have completed enough to cover what requirements . 2. To ensure that the deficiency will not reoccur the administrator Will make sure that both employee one and two who are the primary and secondary Infection control manager Will make sure that we should be on top on our training before our annual 15 hours training due date. 3. In order, the corrective action will monitor to ensure that the deficient practice does not recur that administrator will monitor and update our training before each 12 months cycle period end.. 4. The administrator is responsible of ensuring the plan of correction is	01/09/2026

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	than 15 hours of training concerning the control and prevention of infections provided by 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, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training. Inspector Comments: Based on record review and interview, the facility failed to ensure the primary and secondary infection control staff completed 15 hours of infection control training annually (Employees #1 and Employee #2). Findings include: Employee #1 (E1): E1 was hired on 08/01/94 as the Administrator. E1 was identified as the primary infection control manager for the facility. E1's file documented E1 last completed 15 hours of infection control training on 10/27/24. Employee #2 (E2): E2 was hired on 08/01/24 as a Caregiver. E2 was identified as the secondary infection		implemented. 5. Jan. 9 2026 6. Please see the attachment.	

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	control manager for the facility. E2's file documented E2 last completed 15 hours of infection control training on 10/25/24. On 01/05/26 in the morning, the Administrator confirmed E1 and E2 were the primary and secondary infection control managers and had not completed a total of 15 hours of annual approved infection control training in the past 12 months. Severity: 2 Scope:3			