STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4126	A. BUILDING _____ B. WING _____	09/15/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT CARE GROUP HOME	**639 K STREET, SPARKS, NEVADA ,89431**

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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 09/15/21. This State Licensure survey was conducted by the Division of Public and Behavioral Health in accordance with NAC 449, Residential Facilities for Groups. The facility was licensed for five Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was four. Four resident files and three employee files were reviewed. The facility received a grade of B. 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 are deficiencies were identified:	0000		
0104 SS= D	Personnel Files - Background Checks - NAC 449.200 Personnel files. (NRS 449.0302) 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. Inspector Comments: Based on record review, document review and interview, the facility failed to ensure 1 of 3 employees met the background check requirements of Nevada Revised Statute (NRS) 449.124 (Employee #3). Findings include: Employee #3 Employee #3 was hired as a Caregiver with a start date of 03/22/17. Employee #3's personnel file contained a Nevada Automated Background Check System (NABS) Clearance Letter dated 03/17/17. The background check was completed under a different facility's account. On 09/14/21 at 4:37 PM, the NABS system lacked documented evidence of Employee #3 in the NABS system for the facility. On 09/15/21 at 10:28 AM, the Caregiver acknowledged the background clearance	0104	This is in response to ID PrefixTag 0104 wherein employee #3's personnel file specifically the completed NevadaAutomated Background Check System (NABS) clearance was under a differentfacility account. Administrator was able to register employee #3 for a Nevada Automated Background Check Systems (NABS) clearance under Provider Identification Number: 4126 on September 20, 2021. (Please see NABS Registration attachment.) Employee #3 was able to submit his fingerprints on September 20,2021 in relation to the registration of the provider for a Nevada Automated Background Check Systems (NABS) clearance.(Please see Proof of Electronic Fingerprint Submission attachment.) The actions listed above by the Administrator and Employee would respond to the deficiency under background check requirements of Nevada Revised Statute (NRS) 449.124. Moving	09/30/2021

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	was for a different facility. Severity: 2 Scope: 1		forward,Administrator would be keen in checking clearances specially for employees who works in multiple facilities. The Administrator of the facility will ensure that all employee had met and up to date with the background check requirement of Nevada Revised Statute (NRS) 449.124 to 449.125.The Administrator of the facility will make sure that employees file is current with background check every 4 years and if they have to work in the other branch of facility that they are added to the NABS system to that certain facility location. The Administrator of the facility will do frequent monitoring of employee's background check to ensure that employees fingerprinting is up to date and his documented evidence of employee in NABS system to each facility account if the employee is working to different facility on each personnel file of employee. (see attachment of employee no,3 , Background check with NABS system account)	

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0106 SS= E	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 employee personnel file review, document review and interview, the facility failed to ensure 2 of 3 employees (Employee #2 and #3) maintained current cardiopulmonary resuscitation (CPR) and first aid training equivalent to the American Red Cross training, including in-person skills testing. Findings include: Employee #2 Employee #2 was hired as a Caregiver with a start date of 11/16/13. Employee #2's personnel file documented CPR and first aid training, dated 09/30/20. The facility failed to demonstrate the training and certification was the equivalent to CPR and first aid training from the American Red Cross. Employee #3 Employee #3 was hired as a Caregiver with a start date of 03/22/17. Employee #3's personnel file documented CPR and first aid training, dated 03/08/20. The facility failed to demonstrate the training and certification was the equivalent to CPR and first aid training from the American Red Cross. On 09/15/21 at 10:36 AM, the Caregiver confirmed Employee #2's and #3's CPR and first aid training certification did not meet the equivalent of the American Red Cross and verbalized both employees had been regularly scheduled to work with residents as a Caregiver since the expiration of their CPR and first aid training. Severity: 2 Scope: 2	0106	This is in response to ID PrefixTag 0106 wherein the facility failed to demonstrate that the training and certification of Employee #2 and Employee #3 is equivalent to the CPR and firstaid training from the American Red Cross. On September 21, 2021, employee #2 and employee #3 attended a certification class for CPR and first aid training under American Red Cross Training Services. (Please see Employee 2 FirstAid/CPR and Employee 3 First Aid/CPR attachments.) Administrator will strictly implement that all employee will get their First Aid/CPR trainings and certifications from American Red Cross. Administrator will be handling the enrollment of employees to such trainings and certifications. The Administrator of the facilitywill make sure all employees will get their first aid and CPR training only to equivalent from American Red Cross. The Administrator will make sure all employees file is up to date with certification and trainings. The Administrator of the facility will make sure employee will maintain current cardiopulmunary resuscitation,(CPR) and first aid training equivalent to American Red Cross training. The Administrator of the facility will continue to monitor the the CPR and first aid expiration dates of all employee and to update all employee profile. The Administrator of the facility had sent employee number 2 and number 3 to the class and completed the CPR and first aid training equivalent to American Red Cross Training.(Please see attachment for tag 0106)	09/30/2021

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0276 SS= F	Service of Food-Nutritious Meals;Frequency - NAC 449.2175 Service of food 7. Meals must be nutritious, served in an appropriate manner, suitable for the residents and prepared with regard for individual preferences and religious requirements. At least three meals a day must be served at regular intervals. The times at which meals will be served must be posted. Not more than 14 hours may elapse between the meal in the evening and breakfast the next day. Snacks must be made available between meals for the residents who are not prohibited by their physicians from eating between meals. Inspector Comments: Based on observation, document review, and interview, the facility failed to serve meals and drinks based on the posted meal times for the facility impacting 4 of 4 residents. Findings include: On 09/15/21 at 8:30 AM, upon entrance to the facility, Resident #3 answered the front entry door and verbalized the residents had not been fed breakfast and verbalized the Caregiver scheduled likes to get up later than other Caregivers. On 09/15/21 at 8:34 AM, the Caregiver presented and verbalized the Caregiver was toileting a resident. The posted meals times for the facility documented breakfast from 7:00 AM to 8:30 AM, Lunch from 11:30 AM to 12:30 PM and dinner from 5:00 PM to 6:00 PM. On 09/15/21 at 8:41 AM, during a tour of the facility, the stovetop was observed with spam was in a frying pan and cook rice was in a pot. On 09/15/21 at 8:56 AM, the Caregiver served the residents breakfast, including spam, oatmeal, coffee and juice. On 09/15/21 at 9:02 AM, the Caregiver confirmed the breakfast was not served during the posted meal time for breakfast. Severity: 2 Scope: 3	0276	This is in response to ID Prefix Tag 0276 wherein the facility failed to serve meals and drinks based on the posted meal times. Administrator provided an inservice to all employees and went over Nevada Administrative Codes (NAC)449.2175 Service of food (Please see Service of food in-service trainingattachment). Each employee was also refreshed about the importance of following meal times in the facility. Facility meal time were posted on the refrigerator door to remind everyone on when meals should be served. (please see attachment tag 0276) Administrator will also be doing an unannounced/surprise visit to the facility to ensure that serving meal times are strictly observed by the employees. Administrator will also be doing a one-on-one conversation with the residents of the facility (provided no medical history of Dementia) if serving meal times are properly observed by the employees. Administrator assures that proper meal time as scheduled will be strictly followed by caregivers as posted in the facility.	09/30/2021

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0859 SS= D	Medical Care of Resident After Illness - NAC 449.274 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. (NRS 449.0302) 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his or her physician. The resident must be cared for pursuant to any instructions provided by the resident ' s physician. Inspector Comments: Based on interview, document review and record review, the facility failed to ensure an annual physical examination with a review of systems signed by a medical professional was completed for 1 of 4 residents (Resident #4). Findings include: Resident #4 Resident #4 was admitted to the facility on 01/25/18 with diagnoses including dementia, hypothyroidism, hyperlipidemia, vitamin D deficiency and history of cerebral vascular accident. Resident #4's record documented an admission physical exam, dated 01/10/18. Resident #4's record lacked documented evidence of an annual physical exam for 2021. On 09/15/21 at 10:55 AM, the Caregiver confirmed the findings and was unable to provide documentation of an annual physical examination for Resident #4 for 2021. Severity: 2 Scope: 1	0859	This is in response to Prefix IDTag 0859 wherein the facility failed to ensure an annual physical examinationwith a review of system singed by a medical professional for resident #4. On the afternoon of September 15, 2021, Administrator immediately contacted the resident's guardian to schedule the resident to see her primary care physician for a physical exam. Administrator also advised the guardian to obtain an annual physical documentation signed by the resident's physician. Guardian was able to secure an appointment for resident #4 on September 20, 2021. The Guardian was given a form (General Physical Examination/Systems Review Form) to hand over to the resident's physician to be furnished and signed. On September 20, 2021, after the resident seen her primary care doctor, Resident came back with a furnished General Physical Examination/Systems Review Form. (Please see General Physical Examination/Systems Review attachment).The guardian was instructed that the resident residing in the group home needs General Physical Examination with review of the system annually. Also the caregivers was given in service training about the need of physical examinations and review of the system when resident is residing to the facility. The Administrator initiated a tracker form and instructed the caregivers to log and update the tracker sheets for easy access and monitoring of Annual Physical Assessment with Examination of the Body System is due for each resident in the facility. (see attachment Tag 0859 The Annual Physical Assessment)	09/30/2021

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0870 SS= D	Medication Administration-Accuracy & Report - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility. (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). Inspector Comments: Based on record review, document review and interview, the Administrator failed to ensure a medication profile review was completed at least once every six months for 1 of 4 residents residing in the facility for longer than six months (Resident #4). Findings include: Resident #4 Resident #4 was admitted to the facility on 01/25/18 with diagnoses including dementia, hypothyroidism, hyperlipidemia, vitamin D deficiency and history of cerebral vascular accident. Resident #4's record documented a six-month medication profile review, dated 08/24/21 and 10/08/20. Resident #4's medication profile review dated 08/24/21, was greater than 10 months after the 10/08/20 medication profile review. On 09/15/21 at 10:55 AM, the Caregiver confirmed Resident #4's findings and verbalized the medication profile reviews should have been completed every six months. Severity: 2 Scope: 1	0870	This is in response to Prefix IDTag 0870 wherein resident #4's medication review was done after 10 months (08/24/21)from previous medication review that was done on 10/08/2020. The Administrator will make sure that all resident's medication review will be done within a six-month period. Administrator made a tracker to track medication review compliance every six months. The Administrator made an in-service training to caregivers to reiterate importance of medication review and adherence to the rule of reviewing medications every six months. (Please see attachment for the Medication Review Tracker and In-service training). The Administrator of the facility has given training to all caregivers to help with obtaining medication review from residents primary MD and guardian by observing and easy access of monitoring the tracking method of medication review every six months. (see Attachment training in-service). The facility Administrator will make sure that all resident's chart will be reviewed on a quarterly basis for medication review compliance. The appointments of Resident #4 are being handled by a private guardian. The Administrator discuss the importance of medication review compliance every six months to the guardian of resident #4 via phone and e- mail,and for all residents living in the facility for Medication Administration Accuracy and reporting or NAC 449.2742.	09/30/2021