DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**09/14/2023**

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 and complaint investigation initiated in your facility on 09/13/23 and concluding on 09/14/23. 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 or disabled persons, Category II residents. The census at the time of the survey was four. Four resident files and two employee files were reviewed. The facility received a grade of B. The sample size was four. One Complaint was investigated. Complaint #NV00069211 was substantiated. The allegation apples from a tree in the backyard were falling on the outside resident patio area and creating a tripping hazard was substantiated, see TAG Y0178. The following allegations could not be substantiated due to lack of evidence of noncompliance: Allegation #1: A resident was purchasing ensure through the payee and it was discontinued. Allegation #2: A resident was receiving small meal portions. Allegation #3: A resident was not allowed to leave the facility and take a bus to go shopping. Allegation #4: There was a roof leak in a resident's room. Allegation #5: Staff do not knock before entering a resident's room. Allegation #6: A resident's debit card was taken by the facility. Allegation #7: The facility was having a resident wear a brief and the resident was continent. The investigation into the allegations included: Observations of residents in their rooms and common areas and interaction between staff and residents. Interviews with two residents, including the resident of concern, a Caregiver and the Administrator. Clinical record review of four residents, including the resident of concern, including diagnoses, physical examinations,	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: FREDA CASTRO Title: Administrator Date: 11/07/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	physician's orders, activities of daily living assessments, medication administration records, and physician determinations. 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 deficiencies were identified:			

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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 an outside patio space for resident use was safe for use. Findings include: On 09/13/23, an apple tree covering an outside patio space in the backyard for resident use had apples falling from the tree hitting the patio and the table and chairs provided for the resident use. The falling apples created a hazard with the potential to hit the residents using the space and also created a tripping hazard on the patio. The concrete patio had uneven surfaces between the areas of the concrete and areas with exposed aggregate creating a tripping hazard. On 09/13/23 at 2:21 PM, the Caregiver confirmed the apples were falling from the tree creating a potential hazard when residents used the outside patio space and confirmed the issues with the concrete patio. Severity: 2 Scope: 3	0178	Tag 0178 The administrator of a residential facility will ensure that the premises are clean and that the interior, exterior of the facility are well-maintained. The facility administrator will ensure frequent rounding of the inside and outside of the facility to make sure the surrounding is clean and safe and not hazardous to the residents living to the facility. The facility had an apple tree at the backyard and some apple fruits tends to fall to the ground due to the mother natures, wind and beyond my control, fruits got blown by the wind. The facility administrator and caregiver tried to clean the backyard patio daily but had created tripping hazard to the residents who wants to walk outside the back patio. The Administrator had trimmed the branches of the apple tree that's covering the patio to free the area from falling apple fruit to the patio ground and prevent resident from tripping on apple fruit at the patio ground. (Please see attachment Tag 0178 A) The concrete had slightly uneven surfaces with exposed aggregate related to application of snow melt on wintertime. The uneven surface at the concrete patio was patched and no more exposed aggregate to prevent residents from potential tripping on uneven surface . (Please see attachment Tag 0178 B).	10/11/2023
1810 SS= F	Infection Control Program Inspector Comments: Based on document review and interview, the facility failed to develop an infection control program and corresponding policies to prevent and control infections within the facility potentially affecting 4 of 4 residents. Findings include: On 09/13/23, the facility	1810	TAG 1810 The facility was found to have lacked an infection control program policy in place to ensure, the safety needs of residents, staff and visitors. The Administrator of the facility had infection control policies in place since 2020	10/11/2023

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	lacked an infection control program with infection control policies in place to ensure the safety needs of residents, staff, and visitors. The facility's infection control program lacked: - Designation of a person to be responsible for coordinating the infection control program for the facility. - Policies and procedures for the control of infectious diseases that are based on current nationally recognized, evidence-based guidelines for the prevention and control of infectious diseases (such as from CDC). - Policies and procedures that reflect the scope and complexity of the services the facility provides. - A strategy for addressing an outbreak of an infectious disease and the effects of such an outbreak at the facility, including, without limitation, staffing shortages, new admissions and readmissions, visitation and protecting residents, patients or clients from the spread of the infectious disease. On 09/13/23 at 2:21 PM, the Caregiver was not able to produce any documentation of an infection control program addressing the current guidelines for infection control within the facility. Severity: 2 Scope: 3		when covid pandemic was on rise. The administrator of the facility had strict infection control that no resident or caregiver in the facility been sick during the three years of covid 19 pandemic. However, it was found out that the facility's infection control policies were lacking designated person to be responsible for coordinating the infection control program for the facility. The facility's infection control lacks a strategy for addressing visitation, new admission and readmission and addressing staffing issues during infectious disease outbreak. Aso, the caregiver on the day of survey had lack knowledge about the infection control binder or documentation that was available in the facility during the state survey. The Administrator of the facility had revised and added additional infection control policies that found lacking during the survey. The administrator of the facility had written and designated a person to be responsible for coordinating the infection control program for the facility (Please see Tag 1810 A). The Administrator of the facility had added in the Infection Control Policy Manual about what was lacking on policies and procedures for the control of infectious Diseases that are based on current nationally recognized, evidence-based guidelines for the prevention and control of infectious diseases such as from CDC. Facility administrator strategies for addressing visitation, new admission and re-admission and addressing staffing issues during infectious disease outbreak. (Please see Tag 1810 B) The administrator of the facility had given in service, re-orient the caregiver and given the knowledge about the infection control binder or documentation when and where to allocate the binder in time of need or questioning during the HCQC survey.	

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			The Administrator will ensure that other staff or caregivers will be given in-service or instructions where to allocate the updated Infection Control Policy facility Manual. The Administrator of the facility will frequently read the updated CDC guidelines to abreast with new directions and other important information up to date related to Infection control of new diseases, sign and symptoms, prevention and treatments.	
1815 SS= F	Emergency Preparedness Plan Inspector Comments: Based on interview and document review, the facility failed to develop an emergency preparedness plan potentially affecting 4 of 4 residents.. Findings include: There was no documented evidence of a written emergency preparedness plan at the time of the annual survey. On 09/13/23 at 2:21 PM, the Caregiver confirmed the facility did not have a written emergency preparedness plan. Severity: 2 Scope: 3	1815	Tag 1815 The Administrator of the facility had not developed facility emergency preparedness plan in the past. It was not asked from the past few years so this was very new requirement needed in the facility now. The administrator of the facility had developed facility emergency preparedness plan. (Please see Attachment TAG 1805)	10/11/2023

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1830 SS= F	Infection Control Required Training Inspector Comments: Based on personnel file review, document review, and interview, the primary and secondary infection control person lacked the required infection control training potentially affecting 4 of 4 residents. Findings include: On 09/13/23 at 12:00 PM, the personnel files for the Administrator and Caregiver, the only employees to serve as the primary and secondary infection control person, respectively, lacked documented evidence of 15 hours of training concerning the control and prevention of infectious disease from the approved nationally recognized organizations. On 09/13/23 at 2:21 PM, the Caregiver confirmed the required infection control and prevention training had not been completed by any employee working in the facility. Severity: 2 Scope: 3	1830	TAG 1830 The findings were that the personnel, the administrator and caregiver lacked documentation of 15 hours training concerning the control and prevention of infectious diseases. The Administrator and caregiver had re took trainings for Infection Control at suggested links from Infection Control and Epidemiology, CDC and The World Health Organization. Both administrator and caregiver had re-taken trainings Please see attachments. The Administrator had 15 hours of training concerning the control and prevention of infectious disease. (Please see attachment TAG 1830 A. The caregiver had 15 hours of training concerning the control and prevention of infectious disease. (Please see attachment TAG 1830 B)	11/07/2023