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 _____	**07/08/2024**

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

(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 a complaint investigation conducted at your facility on 07/08/2024, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility 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 five. The sample size was five. There was one complaint investigated. Complaint #NV00071359 with the following allegations could not be substantiated. Allegation #1 Resident eloped from the facility. Allegation #2 Resident was fearful of staff. The investigation into the allegation included: Observation of facility staff, residents, and a tour of the facility. Interviews were conducted with four residents including the resident of concern, the Caregiver, and on-call Administrator. Reviewed five resident files: History and Physicals, Physician Placement Determinations, and diagnoses lists, and Admission Packets, including the resident of concern. 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. There were other regulatory deficiencies identified:	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: FREDA CASTRO Title: Administrator Date: 08/31/2024

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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0026 SS= D	Contents of License - Multiple Types - NAC 449.190 License: Contents; issuance of more than one type. 3. A residential facility may be licensed as more than one type of residential facility if the facility provides evidence satisfactory to the Bureau that it complies with the requirements for each type of facility and can demonstrate that the residents will be protected and receive necessary care and services. Inspector Comments: Based on clinical record review and interview, the facility failed to obtain an endorsement for Mental Illness (MI) and admitted and retained a resident with a MI diagnosis (Resident #1). Findings include: Resident #1 Resident #1 was admitted to the facility on 03/28/2017, with a diagnosis of schizoaffective disorder and vascular dementia. A History and Physical dated 11/16/2023, documented Resident #1 had a diagnosis of schizoaffective disorder. The facility lacked an MI endorsement to admit and retain residents with MI. On 07/08/2024 at 11:40 AM, the Designee confirmed the facility was not endorsed for MI and Resident #1 had a diagnosis of schizophrenia. Severity: 2 Scope: 1	0026	Tag 0026 The application for Mental Illness Endorsement application was placed and paid since 07/30 / 2023. The Mental Illness Endorsement was not available during the complaint investigation conducted last 07/08/24 until now. The Administrator of the facility had called multiple times to the HCQC since Sept 2023 which most of the time left voice messages and i never get a response. Finally, the Administrator started e mailing the personnel involved and please see attached conversation. The Administrator also had called and email the Carson City Fire Marshall to follow up with the application. The Administrator of the facility will constantly follow up to HCQC department and Fire Marshall for the status of the application until certification for Mental Illness will be obtained for Pleasant care Group Home at 639 K street so it will not be missed. Please see attachment payment receipt and conversation via email to the HCQC personnel and Fire Marshall Personnel.	08/31/2024