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
	4409	A. BUILDING _____ B. WING _____	04/25/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
L & J GROUP HOMECARE	**1604 WILDWOOD DRIVE, LAS VEGAS, NEVADA ,89108**

(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 and infection control survey conducted at your facility on 04/25/22, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illnesses, 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. The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of antidiscrimination policy; posting of nondiscrimination statement and certain other information, NRS 449.102 - Duties of licensed facility to protect privacy of patient or resident, and LCB File No. R016-20 - Cultural competency training; complaint policy; development of gender identity/expression policy; designated person responsible for compliance with these regulations. Failure to comply with NRS 449.101, NRS 449.102 and LCB File No. R016-20 may result in future deficiencies. 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 regulatory deficiencies were identified:	0000		

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: MINKYUNG LIM | Title: Administrator | Date: 05/23/2022

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0106 SS= D	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 interview and document review, the facility failed to ensure initial cardiopulmonary resuscitation (CPR) training was completed for 1 of 4 employees (Employee #3). The Administrator and Manager confirmed there was no current CPR training on file for Employee #3. Severity: 2 Scope: 1	0106	Tag 0106 1) Corrective action will be taken by ensuring initial cardiopulmonary resuscitation (CPR) training is completed upon hire and renewed every 2 years for all employees. The employee #3 attended CPR class and received the certification on 04/27/2022 (See attachment A). 2) The new employee checklist will be implemented as a tool to make sure all requirements are met (See attachment B). And the checklist will be reviewed quarterly to stay in compliance. 3) We will monitor the corrective action by using the new employee checklist and it will be completed annually. 4) The owner and the administrator will be responsible for monitoring this corrective action. 5) 05/05/2022	05/05/2022

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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 interview and record review, the facility failed to ensure a six-month medication review was completed for 1 of 8 residents (Resident #2). Resident #2 was admitted to the facility on 06/10/21. Resident# 2's file contained one medication review dated 06/12/21. The Manager confirmed a current six-month medication review was not documented and on file for Resident #2. Severity: 2 Scope: 1	0870	Tag 0870 1) The medication reviews for all residents will be conducted on time in the future, as required by regulation. Resident #2's last medication review was completed on 06/12/2021. The staff have been persistently contacting resident #2's doctor's office requesting the medication review, but due to lack of communication it was never received. The resident #2 found a new doctor and the medication review was done on 03/14/2022 during the initial visit (See attachment A). The resident #2 will obtain a new medication review within the next 6 months. The new resident checklist will be implemented as a tool to make sure all requirements are met (See attachment B) 2) The owner and the administrator will monitor more closely to the medication reviews to make sure they are obtained before the due date. 3) We will review and monitor medication reviews more strictly every 30 days to stay in compliance. 4) The owner and the administrator will be responsible for monitoring this corrective action. 5) 05/05/2022	05/05/2022

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0895 SS= E	Administration of Medication Maintenance - NAC 449.2744 Administration of medication: Maintenance and contents of logs and records. (NRS 449.0302) 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident ' s physician. Inspector Comments: Based on interview and record review, the facility failed to ensure the Medication Administration Record (MAR) accurately documented the medications for 2 of 8 residents (Resident #3 and Resident #7). Findings include: Resident #3 (R3) was admitted on 02/16/22 with diagnoses including hypertension and anxiety. R3 was prescribed Trazadone 50 milligram (mg) tab, take one by mouth as needed for insomnia. This medication was onsite but not documented on the MAR. Resident #7 (R7) was admitted on 04/15/22 with diagnoses including heart disease. R3 was prescribed Alprazolam 0.25 mg tab, take by mouth once daily. This medication was prescribed on 04/18/22 and the medication blister pack was missing seven days of pills. The medication was being administered to the resident and was not documented on the MAR. On 04/25/22 at 10:35 AM, the Manager confirmed the MAR's for R3 and R7 were inaccurate. R3's MAR was missing Trazadone 50 mg and R7's MAR was missing Alprazolam 0.25 mg. Severity: 2 Scope: 2	0895	Tag 0895 1) Corrective action will be taken by ensuring the Medication Administration Record (MAR) is accurately documented for all residents. The med techs immediately reviewed R#3' and #7's MAR and corrected the medication that was missing (See attachment C and D). On the every 1st day of the month, the employees will review the MAR to make sure ALL medications are accurately documented and recorded when administered. 2) The owner and the employees will review MAR more closely when it is delivered from the pharmacy to make sure all medications for residents are accurately recorded and documented. 3) The owner and the administrator will review the MAR every week or as needed when there are changes in resident's medications to make sure all are accurate and in compliance. 4) The owner and the administrator will be responsible for monitoring this corrective action. 5) 05/09/2022	05/09/2022