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 _____	04/12/2023

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 04/12/23, 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 nine. Nine resident files and five employee files were reviewed. The facility received a grade of A. 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: 04/20/2023

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0178 SS= D	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 the exterior of the facility was well maintained. Findings include: On 04/12/23 at 9:00 AM, the facility's backyard area contained three electric exercise machines that were non-functional and in disrepair. The rocked area of the yard had multiple areas of grass and weeds. Around the shed, located in the corner of the backyard was 20 empty plastic five gallon water containers, seven different commodes and multiple wheel chairs and walkers. Located near the side of the driveway wall was a large accumulation of boxes, old linen and household items no longer usable. On 04/12/23 at 12:30 PM, the Administrator acknowledged the exterior of the facility needed cleaning and refuse needed to be discarded. Severity: 2 Scope: 1	0178	1) The exterior of the facility will be well maintained in the future, as required by regulation. 2) We removed all the plastic water containers, 3 electric exercise machines, commodes, wheelchairs and walkers as well as boxes, old linen and household items. We also removed weeds in the rocked area(See attachments A, A-1, A-2, A-3). The facility staff will contact the waste disposal company in a timely manner to maintain the backyard clean, free of clutter and also make sure the rocked area is free from weeds. 3) The owner will check the backyard weekly to make sure it is clean and well maintained. 4) The owner and the administrator will be responsible for monitoring this corrective action. 5) 04/20/23	04/20/2023