

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

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER: |                                                                                                                          | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____                              |                            | (X3) DATE SURVEY<br>COMPLETED<br><br><b>08/05/2025</b> |  |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>L &amp; J GROUP HOMECARE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                       |                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>1604 WILDWOOD DRIVE, LAS VEGAS, NEVADA ,89108</b> |                            |                                                        |  |
| (X4)<br>ID<br>PREFIX<br>TAG                                         | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY<br>OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ID<br>PREFIX<br>TAG                                   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |                                                                                                   | (X5)<br>COMPLETION<br>DATE |                                                        |  |
| 0000                                                                | Initial Comments<br><br>Inspector Comments: This Statement of Deficiencies was generated as a result of a mandatory state licensure grading resurvey completed at your facility on 08/05/25, 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. Six resident files and two 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 deficiency was were identified: | 0000                                                  |                                                                                                                          |                                                                                                   |                            |                                                        |  |
| 0102<br>SS= D                                                       | Personnel File - TB Screening - NAC 449.200 Personnel files. 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: (d) The health certificates required pursuant to chapter 441A of NAC for the employee;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0102                                                  |                                                                                                                          |                                                                                                   |                            |                                                        |  |
| 0104<br>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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0104                                                  |                                                                                                                          |                                                                                                   |                            |                                                        |  |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER Name: MINKYUNG LIM  
REPRESENTATIVE'S SIGNATURE

Title: Administrator

Date: 08/13/2025

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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| 0178<br>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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0178                                                  |                                                                                                                          |                                                                                                   |                            |                                                        |  |
| 0370<br>SS= D                                                       | Housing for staff members - NAC 449.224 Housing for staff members. (NRS 449.0302) 1. Bedrooms must be provided for any members of the staff of a residential facility and their families who live at a residential facility. The bedrooms must comply with the provisions of subsections 2 to 8, inclusive, of NAC 449.218 and the provisions of NAC 449.220 and 449.221.                                                                                                                                                                                                                                                                                                                                                                        | 0370                                                  |                                                                                                                          |                                                                                                   |                            |                                                        |  |
| 0430<br>SS= F                                                       | Requirements and Precautions - NAC 449.229 Requirements and precautions regarding safety from fire. (NRS 449.0302) 1. The administrator of a residential facility shall ensure that the facility complies with the regulations adopted by the State Fire Marshal pursuant to chapter 477 of NRS and all local ordinances relating to safety from fire. The facility must be approved for residency by the State Fire Marshal. 2. The Bureau shall notify the State Fire Marshal or the appropriate local government, as applicable, if, during an inspection of a residential facility, the Bureau knows of or suspects the presence of a violation of a regulation of the State Fire Marshal or a local ordinance relating to safety from fire. | 0430                                                  |                                                                                                                          |                                                                                                   |                            |                                                        |  |
| 0450<br>SS= D                                                       | First Aid & CPR - NAC 449.231 First aid and cardiopulmonary resuscitation. (NRS 449.0302) 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training.                                                                                                                                                                                                                                                  | 0450                                                  |                                                                                                                          |                                                                                                   |                            |                                                        |  |

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| 0515<br>SS= F                                                       | Supervision and Treatment of Residents -<br>NAC 449.259 & R043-22 Supervision and<br>treatment of residents generally. (NRS<br>449.0302) 1. A residential facility shall<br>ensure that the staff of the facility<br>collaborate with each resident of the facility,<br>the family of the resident and other persons<br>who provide care for the resident, including,<br>without limitation, a qualified provider of<br>health care, as interpreted by section 8 of<br>this regulation, to: (a) Develop a person-<br>centered service plan for the resident; and<br>(b) Review the person-centered service<br>plan at least once each year.; | 0515                                                  |                                                                                                                          |                                                                                                   |                            |                                                        |  |

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| 0690<br>SS= F                                                       | Residents Requiring Use of Oxygen - NAC 449.2712 Residents requiring use of oxygen. (NRS 449.0302) 1. A person who requires the use of oxygen must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless he or she: (a) Is mentally and physically capable of operating the equipment that provides the oxygen; or (b) Is capable of: (1) Determining his or her need for oxygen; and (2) Administering the oxygen to himself or herself with assistance. 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician; and (b) Ensure that: (1) The resident ' s physician evaluates periodically the condition of the resident which necessitates his or her use of oxygen; (2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored; (3) Persons do not smoke in those areas where smoking is prohibited; (4) All electrical equipment is inspected for defects which may cause sparks; (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; (6) The equipment used to administer oxygen is in good working condition; (7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and (8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident. | 0690                                                  |                                                                                                                          |                                                                                                   |                            |                                                        |  |

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| 0870<br>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). | 0870                                                  |                                                                                                                          |                                                                                                   |                            |                                                        |  |

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| 0920<br>SS= D                                                       | Medication: Storage - NAC 449.2748<br>Medication: Storage; duties upon discharge,<br>transfer and return of resident. (NRS<br>449.0302) 1. Medication, including, without<br>limitation, any over-the-counter medication,<br>stored at a residential facility must be stored<br>in a locked area that is cool and dry. The<br>caregivers employed by the facility shall<br>ensure that any medication or medical or<br>diagnostic equipment that may be misused<br>or appropriated by a resident or any other<br>unauthorized person is protected.<br>Medications for external use only must be<br>kept in a locked area separate from other<br>medications. A resident who is capable of<br>administering medication to himself or<br>herself without supervision may keep the<br>resident ' s medication in his or her room if<br>the medication is kept in a locked container<br>for which the facility has been provided a<br>key. 2. Medication stored in a refrigerator,<br>including, without limitation, any over-the-<br>counter medication, must be kept in a<br>locked box unless the refrigerator is locked<br>or is located in a locked room. | 0920                                                  |                                                                                                                          |                                                                                                   |                            |                                                        |  |
| 0950<br>SS= D                                                       | Hospice Care Responsibilities of Staff -<br>NAC 449.275 Residential facility which<br>provides residents with hospice care:<br>Responsibilities of staff; retention of<br>resident with special medical needs. (NRS<br>449.0302) 1. A residential facility that<br>provides services to a resident who elects<br>to receive hospice care shall obtain a copy<br>of the plan of care required pursuant to<br>NAC 449.0186 for that resident.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0950                                                  |                                                                                                                          |                                                                                                   |                            |                                                        |  |

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| 1011<br>SS= D                                                       | <p>Care for Persons with Mental Illnesses - NAC 449.2764 Residential facility which offers or provides care for persons with mental illnesses: Application for endorsement; training for employees. (NRS 449.0302) 2. A person who provides care for a resident of a residential facility for persons with mental illnesses shall, within 60 days after becoming employed at the facility, attend not less than 8 hours of training concerning care for residents who are suffering from mental illnesses.</p> <p>Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 2 employees completed eight hours of mental illness training within 60 days of hire. (Employee #2) Findings include: Employee #2 (E2) E2 was hired on 03/01/25 as a Caregiver. E2's record documented four hours of mental illness training dated 01/20/25. E2's record lacked documented evidence of an additional four hours of initial mental illness training with 60 days of hire. On 08/05/25 at 11:45 AM, the Administrator confirmed the missing four hours of initial mental illness training for E2 and acknowledged there should have been eight hours of training within 60 days of hire for E2. Severity: 2 Scope: 1</p> | 1011                                                  | <p>1. Corrective action will be taken by ensuring 8 hours of mental illness training is completed within 60 days after becoming employed at the facility. The employee #2 had additional 4 hours of training and received the certification (See attachment).<br/>2. The administrator will review all employees' folders every month to make sure all trainings are completed on time.<br/>3. The owner and the administrator will review both resident and employee folders more strictly every 30 days to stay in compliance.<br/>4. The owner and the administrator will be responsible for monitoring this corrective action.<br/>5. 08/13/2025</p> |                                                                                                   | 08/13/2025                 |                                                        |  |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____                                                     | (X3) DATE SURVEY<br>COMPLETED<br><br><b>08/05/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>L &amp; J GROUP HOMECARE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>1604 WILDWOOD DRIVE, LAS VEGAS, NEVADA ,89108</b>                        |                                                        |
| (X4)<br>ID<br>PREFIX<br>TAG<br><br><b>1600<br/>SS= F</b>            | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY<br>OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ID<br>PREFIX<br>TAG<br><br><b>1600</b>                | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETION<br>DATE                             |
|                                                                     | Preferred Name/Pronoun P& P - NAC 449.011943 Policies concerning preferred names and pronouns; adaptation of records to reflect gender identities or expressions; method to obtain medically relevant information from patients or residents. (NRS 449.0302, 449.104) 1. A facility shall: (a) Develop policies to ensure that a patient or resident is addressed by his or her preferred name and pronoun and in accordance with his or her gender identity or expression; and (b) To the extent practicable and available within the systems in use at the facility: (1) Adapt electronic records and any paper records the facility uses to reflect the preferred name, pronoun and gender identity or expression of a patient or resident; and (2) Integrate information concerning gender identity or expression into electronic systems for maintaining health records. 2. If a patient or resident chooses to provide the following information, the records adapted pursuant to subparagraph (1) of paragraph (b) of subsection 1 must to the extent required by subsection 1, include, without limitation: (a) The preferred name and pronoun of the patient or resident; (b) The gender identity or expression of the patient or resident; (c) The gender identity or expression of the patient or resident that was assigned at the birth of the patient or resident; (d) The sexual orientation of the patient or resident; and (e) If the gender identity or expression of the patient or resident is different than the gender identity or expression of the patient or resident that was assigned at the birth of the patient or resident: (1) A history of the gender transition and current anatomy of the patient or resident; and (2) An organ inventory for the patient or resident which includes, without limitation, the organs: (I) Present or expected to be present at the birth of the patient or resident; (II) Hormonally enhanced or developed in the patient or resident; and (III) Surgically removed, enhanced, altered or constructed in the patient or resident. |                                                       |                                                                                                                          |                                                        |