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 _____	04/07/2026

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
RFG 0001-Deficiencies	The Statement of Deficiencies was generated as a result of a state licensure survey conducted in your facility, in accordance with Nevada administrative code, chapter 449, and Nevada revised statutes chapter 449- Residential Facility for Groups (RFG), medical facilities and other related entities. The findings and conclusions of any investigation by the Division of Health Care Purchasing and Compliance shall not be construed as prohibiting any criminal civil investigation, actions or other claims for reliefs that may be available to any party under applicable federal, state or local law. Based on an inspection conducted, the items marked below identify the violation in operation of the RFG which must be corrected by the revisit/compliance date specified in writing by the health authority. Failure to comply with this notice and immediately correct the identified deficiencies may result in the suspension or termination of your provider agreement, funding, or future authorization as a provider authorized by the State	RFG 0001-Deficiencies		

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	of Nevada pursuant to NAC 433.384, and other applicable local and state laws. Inspector Comments: This Statement of Deficiencies was generated as a result of an annual survey completed at your facility on 04/07/2026. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled and/or with Mental Illness 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.			

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Y 0106 SS= E	NAC 449.0113 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 record review and interview, the facility failed to ensure 2 of 4 employees (Employee #2 and #3) received current cardiopulmonary resuscitation (CPR) and first-aid training. Findings include: Employee #2 (E2) E2 was hired on 06/01/2015 as an Owner and Caregiver. E2's file contained documentation of first aid and CPR training completed on 10/27/2023 and expired on 10/27/2025. E2's file lacked documented evidence of a current first aid and CPR training. Employee #3 (E3) E3 was hired on 01/08/2026 as a Caregiver. E3's file lacked documented evidence of CPR and first-aid training upon hire. On 04/07/2026 in the morning, E2 acknowledged E2 lacked current CPR and first aid training and E3 had not completed CPR and first aid training upon hire. Severity: 2 Scope: 2	Y 0106	* The specific findings have been promptly corrected and were emailed to the Surveyor on 04/9/26, I believe. * A dedicated calendar with dates of every items that needs to be done 2 weeks prior to expiration for staff and resident will be made and maintained to avoid future oversight. * This calendar will be hanging in the office for proper monitoring each month and more often as it will be visible and items highlighted * The owner, RFA, and other office helpers and caregivers will be glancing at the calendar frequently and notice what is due and upcoming. This calendar will be completed by the end of this week. * This was oversight of training expiration dates. Other trainings, physicals, medication reviews, and TB tests, etc. will also be on the calendar. 04/24/2026 POC OF 2 employees AIRST AID/CPR IN PERSON COURSE WAS COMPLETED TODAY AND UPLOAD. MOVING FORWARD, ALL EMPLOYEE'S FIRST AID/CPR WILL NOT BE AN ONLINE COURSE.	04/09/2026

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Y 0515 SS= E	NAC 449.259 **Supervision of residents.** 1. A residential facility shall ensure that the staff of the facility collaborate with each resident of the facility, the family of the resident and other persons who provide care for the resident, including, without limitation, a qualified provider of health care, as interpreted by section 8 of this regulation, to: (a) Develop a person-centered service plan for the resident; and (b) Review the person-centered service plan at least once each year. 2. A person-centered service plan developed pursuant to this section must include, without limitation: (a) Provisions concerning activities of daily living, medication management, cognitive safety, assistive devices, special needs, social and recreational needs and involvement of ancillary services; (b) Protective supervision as necessary for the resident; (c) The manner in which all caregivers will be informed of the required supervision of the resident; (d) The manner in which the facility will ensure that the resident has the opportunity to attend the religious service of his or her choice and participate in personal and private pastoral counseling; (f) Permission for the resident to enter or leave the facility at any time if the resident: (1) Is physically and mentally capable of leaving the facility; and (2) Complies with the rules established by the administrator of the facility for leaving the facility; (g) Laundry services for the resident unless the resident elects in writing to make other arrangements; (h) The manner in which the facility will ensure that the resident's clothes are clean, comfortable and presentable; (i) A requirement that the facility must inform the resident or his or her representative of the actions that the resident should take to protect the resident's	Y 0515	* All 8 resident's forms were completed on the same date and filed in their respective binders. However, when the Survey was being conducted, the owner could not find them in the binders of R#3 and R#7 but was sure they should be there, probably misfiled. * Upon the departure of the Surveyors, the owner started carefully going over their files and found the 2 for R#3 and R#7. * The files of all residents and staff will be better organized to avoid something being misfiled and if misfiled, be able to readily locate it within the resident's file binder. * The owner, occasional office help, and the RFA will take turns looking over the files to make sure something was not misfiled in the binder.	04/07/2026

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	valuables; (j) A written program of activities for the resident that includes scheduled and unscheduled activities that are suited to his or her interests and capacities; Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 8 residents had an initial person-centered service plan (PCP) (Resident #3 and #7). Findings include: Resident #3 (R3) R3 was admitted on 06/10/2021 with diagnoses including insomnia, polyneuropathy, hyperlipemia, hypotension, bursopathy, and dysuria. R3's record lacked documented evidence of an initial PCP. Resident #7 (R7) R7 was admitted on 03/01/2025 with diagnoses including hypertension, chronic obstructive pulmonary disease with nocturnal oxygen dependency, bladder cancer, and skin cancer. R7's record lacked documented evidence of an initial PCP. On 04/07/2026 in the morning, the Owner acknowledged R3's file and R7's file lacked documentation of an initial PCP. Severity: 2 Scope: 2			