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
	4504	A. BUILDING _____ B. WING _____	07/30/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT CARE GROUP HOME 2	3238 JAMESTOWN COURT, 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 an annual State Licensure survey conducted in your facility on 07/30/18. This State Licensure survey was conducted by the authority of NRS 449.0307 Powers of the Division of Public and Behavioral Health. The facility is licensed for seven Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was seven. Seven resident files were reviewed and four 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 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: FREDA T CASTRO Title: Administrator Date: 10/18/2018

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0103 SS= D	449.200(1)(d) - Personnel File - NAC 441A / Tuberculosis - NAC 449.200 Staffing requirements; limitations on number of residents; written schedule required for each shift. 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. Inspector Comments: Based on interview and document review, the facility failed to obtain a pre employment physical and Tuberculosis (TB) Test for 1 of 4 employees (Employee #1). Findings Include: Employee #1 was a caregiver at the facility with a start date of 07/30/18. Employee #1's personnel record lacked a pre-employment physical and a TB Test. On 07/30/18 at 1:40 PM, the Caregiver verbalized it was their first day of employment at the facility. The Caregiver confirmed they had not provided the facility with documented evidence of a current physical or TB Test prior to employment. Severity: 2 Scope: 1	0103	TAG 0103 Plan of Corrections : The Administrator of the facility will make sure all new employee will have a pre employment physical and tuberculosis screening before their first day of employment to the facility. The Administrator of the facility will make sure the employee has complete records or personnel file and must include health certificates required pursuant to chapter 441A or NAC for the employee. The Administrator will make sure all employee's personnel file is current and up to date including yearly tuberculosis screening at all times. On 07/31/18, The Administrator of the facility had brought the employee #1 to Concentra employee health for physical and tuberculosis screening, which include tuberculosis testing and chest x-ray. Please see results as attachment. (TAG 0103 attachment)	10/18/2018

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0532 SS= D	449.260(1)(g)(1)(2) - Activities for Residents - NAC 449.260 Activities for residents. 1. The caregivers employed by a residential facility shall: (g) Post, in a common area of the facility, a calendar of activities for each month that notifies residents of the major activities that will occur in the facility. The calendar must be: (1) Prepared at least a month in advance. (2) Kept on file at the facility for not less than 6 months after it expires. Inspector Comments: Based on observation, interview, and document review, the facility failed to post a current activities calendar in a common area. Findings include: On 07/30/18 at 9:50 AM, the facility had not posted a current calendar of activities for the month of July, and had not prepared an activities calendar for the month of August. On 07/30/18 at 9:50 AM, the caregiver confirmed the facility did not have a current calendar of activities posted for the residents to view, and had not completed the activities calendar for August. The caregiver explained the facility had a difficult time getting the residents to take part in activities, therefore, the activities were not posted. Severity: 2 Scope: 1	0532	TAG 0532 Plan of Correction: The Administrator of the facility must post a current activities calendar in a common area that notifies residents of the major activities that will occur in the facility. The Administrator must prepared activities a month in advance and the Administrator must kept on file at the facility for not less than 6 months after it expired. The Administrator of the facility will demonstrate some unfamiliar activities to the caregiver for able to do activities to the residents. The Administrator of the facility will instruct how to approach resident to actively participate in the activities and to encourage them to participate by giving some advice and instruction to caregivers. The Administrator will continue to monitor residents participation and obtains residents feedback if what activity of the week that residents like most and maybe that activity will be done twice or three times per week. The Administrator of the facility had prepared one month activity or ten hours per week each month and will post the current activities calendar in a common area. Please see attachment.(see TAG 0532 attachments)	10/18/2018

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0938 SS= E	449.2749(1)(g)(1) - Resident file - ADL Evaluation Admission - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident. Inspector Comments: Based on interview and record review the facility failed to ensure assessments for activities of daily living (ADL) were completed upon admission to the facility for 3 of 7 residents (Resident #2, #3 and #6). Findings include: Resident #2 Resident #2 was admitted to the facility on 07/28/18 with a diagnoses including cerebral atherosclerosis. Resident #2's file lacked a documented ADL assessment upon admission date to the facility. Resident #3 Resident #3 was admitted to the facility on 04/05/18 with a diagnoses including dementia. Resident #3's file lacked a documented ADL assessment upon admission to the facility. Resident #6 Resident #6 was admitted to the facility on 06/02/18 with a diagnoses including personal traumatic brain injury. Resident #6's file lacked a documented ADL assessment upon admission to the facility. On 07/30/18 at 9:40 AM, the Caregiver verbalized the facility only completed ADL assessments on Resident #4 and Resident #5 who received Medicaid. The caregiver confirmed not being aware ADLs were required to be completed for all residents. Severity: 2 Scope: 2	0938	TAG 0938 The Administrator will ensure Resident File - ADL Evaluation on Admission, assessments for activities of daily living(ADL) were completed upon admission to the facility. The Administrator will continue to monitor residents file for up to date information at all times including Admission evaluation assessment and the yearly resident ADL assessment. The Administrator of the facility will add check list in the new residents admit pocket as reminder for the administrator to check out on all new residents admitted to the the facility. (please see TAG attachment 0938 A) The Administrator of the facility had completed the Activity of Daily Living on resident #2,resident#3 and resident#6.(Please see attachment Tag 0938 B,0938C,0938 D).	10/18/2018

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0940 SS= D	449.2749(1)(g)(3) - Resident file - ADL Evaluation Annually - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation: (3) In any event, not less than once each year. Inspector Comments: Based on record review and interview, the facility failed to perform an annual activities of daily living (ADL) evaluation of 1 of 7 residents residing in the facility longer than a year (Resident #1). Findings include: Resident #1 Resident #1 was admitted on 06/16/17 with a diagnoses including Parkinson's Disease. Resident #1's file lacked documented evidence of an ADL assessment had been completed at admission or annually. On 07/30/18 at 9:40 AM, the Caregiver verbalized the facility only completes ADL assessments on on Resident #4 and Resident #5 who received Medicaid. The Caregiver confirmed not being aware ADLs were required to be completed for all residents. Severity: 2 Scope: 1	0940	TAG 0940 The Administrator of the facility will ensure the Resident file-ADL Evaluation Annually will be done and completed yearly . The Administrator of the facility will continue to monitor the resident file for accuracy and updated information including the Annual Activity Daily Living evaluation of all residents in the care facility. The Administrator of the facility will add checklist for a quick review of things to do by the Administrator with checking residents file. The administrator had completed the ADL evaluation Annually of resident #1.	10/18/2018