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 _____	08/24/2022

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 08/24/22. This State Licensure survey was conducted by the Division of Public and Behavioral Health in accordance with NAC 449, Residential Facility for Groups. The facility was 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 three 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: 10/27/2022

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 _____	08/24/2022

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
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 window screens were not torn and separating from the window frame. Findings include: On 08/24/22 at 9:07 AM, a window on the side of the house, behind the garage, had a screen separating from the frame. The frame had silver tape around the border of the frame. The silver tape was peeling and ripped in several areas. The same window had a screen on the other side of the window, closest to the backyard, separating from the frame and the frame was buckled. On 08/24/22 at 9:10 AM, a window on the side of the house, near the rear of the house, had a missing screen from one side of the window and a torn screen on the other side of the window. On 08/24/22 at 11:00 AM, the Administrator Designee confirmed the condition of the screens. Severity: 2 Scope: 1	0178	Tag 0178 The Administrator of the facility will ensure the premises of the facility is clean including the interior and exterior and landscaping of the facility are well maintained. The administrator will do frequent monitoring and rounding of the whole vicinity surroundings of the facility to ensure cleanliness is maintain in the facility which included indoor and outdoor areas. To observe for any broken fixture that need repair and maintenance. The administrator will ensure to observe, monitor and look for any broken exterior parts of the house like the torn window screen and immediate repair should be done. The torn window screen on the side of the house behind the garage and the screen closest to the backyard separating from the screen was repaired and replaced. Please see attachment A and B	10/16/2022

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 _____	08/24/2022

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
1540 SS= C	Cultural Competency Training Inspector Comments: Based on interview and personnel record review the facility failed to ensure employees had completed a cultural competency course approved by the Division of Public and Behavioral Health for 3 of 3 employees (Employee #1, #2, and #3). Findings include: Employee #1 Employee #1 was hired as a Caregiver on 02/27/16. The personnel record for Employee #1 lacked documented evidence the employee had completed a cultural competency course. Employee #2 Employee #2 was hired as a Caregiver/Administrator Designee on 03/22/17. The personnel record for Employee #2 lacked documented evidence the employee had completed a cultural competency course. Employee #3 Employee #3 was hired as an Administrator on 02/16/06. The personnel record for Employee #3 lacked documented evidence the employee had completed a cultural competency course. On 08/24/22 at 10:02 AM, the Administrator Designee confirmed the personnel records lacked evidence the employees had completed a cultural competency course. Severity: 1 Scope: 3	1540	Tag 1540 The Administrator of the facility will ensure employees have completed cultural competency course approved by Division of Public and Behavioral Health. The Administrator of the facility will ensure, that she and her employees will comply with the yearly cultural competency approved by state only. The administrator will continue to monitor the training due dates before training expiration dates of herself and her employees. To keep herself more abreast with all new requirement and new mandatory training required for the facility from now on and going forward. The Administrator of the facility had completed and placed copies of documents of cultural competency to each employee's file. The Administrator of the facility will ensure that she, herself will monitor her file especially her cultural competencies that she will only obtained from approved offered training by Department of Health and Human Services or approved third party courses only. Please see NEW CULTURAL COMPETENCY TRAINING for health care facilities taken from 3rd party, under ASL training dated 10/26/2022 for Employee #1,attachment Please see attachment A for Employee #1 please see attachment B for Employee#2 please see attachment C for Employee #3	10/27/2022