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 _____	07/05/2023

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 07/05/23. 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: 07/19/2023

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0620 SS= E	Written Policy on Admissions - NAC 449.2702 Written policy on admissions; eligibility for residency. (NRS 449.0302) 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast; (b) Requires restraint; (c) Requires confinement in locked quarters; or (d) Requires skilled nursing or other medical supervision on a 24-hour basis. Inspector Comments: Based on record review and interview, the facility failed to ensure a resident receiving skilled nursing services was not allowed to admit or remain in the facility for 3 of 7 residents (Resident #1, #5, and #6). Findings include: Resident #1 Resident #1 was admitted to the facility on 08/08/19, with diagnosis of arthritis, hypertension, and unspecified dementia without behavior. Resident #5 Resident #5 was admitted to the facility on 12/30/22, with diagnosis of chronic obstructive pulmonary disease, diabetes, and hypercholesteremia. Resident #6 Resident #6 was admitted to the facility on 10/09/19, with diagnosis of nocturnal hypoxia, hypertension, and severe dementia without behavioral disturbance. On 07/05/23 at 10:58 AM, the Caregiver confirmed Residents #1, #5, and #6 were receiving skilled nursing care and a waiver had not been submitted to the State Agency. Severity: 2 Scope: 2	0620	Tag 0620 The facility administrator should not admit or allow resident to remain in the facility, any person who is bedfast, requires restraint, requires skilled nursing or other require medical supervision on a 24-hr basis. The Administrator of the facility will ensure that bedfast waiver is requested prior to admission of resident to the facility if resident is requiring skilled nursing services, supervision on a 24-hr basis or hospice care. The Administrator will comply and will coordinate needs to the social worker in advance prior to discharge so bedfast request will be applied in earlier time before previous resident can be re-admitted back to the facility if resident will need skilled care or home health services. The Administrator will ensure that all referring hospitals or nursing homes will be screen carefully if patient needing HomeHealth after discharge to the hospital so bedfast waiver can be requested ahead of time before new patient will be admitted to the facility. Resident #1, Resident#5 and Resident #6 were all receiving skilled nursing care and bedfast waiver was submitted yesterday on 7/18/2023 to the State agency. The state agency personnel stated via phone conversation that processing bedfast request will take more than 10 days with the results.	07/19/2023

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1310 SS= D	Discrimination prohibited - NRS 449.101 Discrimination prohibited; development of antidiscrimination policy; posting of nondiscrimination statement and certain other information; construction of section. [Effective January 1, 2020.] 3. In addition to the statement prescribed by subsection 2, a facility for skilled nursing, facility for intermediate care or residential facility for groups shall post prominently in the facility and include on any Internet website used to market the facility: (a) Notice that a patient or resident who has experienced prohibited discrimination may file a complaint with the Division; and (b) The contact information for the Division. 4. The provisions of this section shall not be construed to: (a) Require a medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed or an employee or independent contractor thereof to take or refrain from taking any action in violation of reasonable medical standards; or (b) Prohibit a medical facility, facility for the dependent or facility which is otherwise required by regulations adopted by the Board pursuant to NRS 449.0303 to be licensed from adopting a policy that is applied uniformly and in a nondiscriminatory manner, including, without limitation, such a policy that bans or restricts sexual relations. (Added to NRS by 2019, 1333, effective January 1, 2020) Inspector Comments: Based on observation and interview, the facility failed to post prominently in the facility the State contact information to file a complaint for a resident who may have experienced prohibited discrimination. Findings include: On 07/05/23 at 11:40 AM, the facility lacked posted documentation of the State contact information to file a complaint for any resident who may experience discrimination. On 07/05/23 at 11:58 AM, the Caregiver acknowledged the State's contact information had not been posted in any common public area of the facility to inform residents where to file a complaint of discrimination. Severity: 2 Scope: 1	1310	Tag 1310 The administrator of the facility had failed to post Discrimination prohibition inside the facility, the State contact information and number on how to file complaint by the resident who may experience prohibited discrimination and the contact information was missing. This poster was accidentally removed and ripped off from the wall by a confused resident and forgot to replenish after the incident. The facility administrator will ensure that this important information will always be posted at the facility vicinity where resident and families will be able to access and read. The facility administrator would ensure and give in -service to the caregivers the importance of this poster to keep a close eye on it to ensure safety of poster and is always maintain at the facilities vicinity. See Tag 1310 attachment.	07/19/2023