

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5954	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/27/2023
NAME OF PROVIDER OR SUPPLIER SPRUCE OAK RESIDENTIAL CARE FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE 4618 SPRUCE OAK DR, NORTH LAS VEGAS, NEVADA ,89031		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey completed at your facility on 09/27/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness, Category II residents. The census at the time of survey was five. Five resident files 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 regulatory deficiency was identified.			

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 Name: JESSICA COBB Title: Administrator Date: 10/08/2023
REPRESENTATIVE'S SIGNATURE

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0072 SS= D	Qualifications of Caregiver - Med Training - NAC 449.196 Qualifications and training of caregivers. (NRS 449.0302) 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Before assisting a resident in the administration of a medication, receive the training required pursuant to paragraph (e) of subsection 6 of NRS 449.0302, which must include at least 16 hours of training in the management of medication consisting of not less than 12 hours of classroom training and not less than 4 hours of practical training, and obtain a certificate acknowledging the completion of such training; (b) Receive annually at least 8 hours of training in the management of medication and provide the residential facility with satisfactory evidence of the content of the training and his or her attendance at the training; (c) Complete the training program developed by the administrator of the residential facility pursuant to paragraph (e) of subsection 1 of NAC 449.2742; and (d) Annually pass an examination relating to the management of medication approved by the Bureau. Inspector Comments: Based on interview and record review, the facility failed to ensure Medication Management Training was conducted annually for 1 of 4 employees (Employee #1). Findings include: Employee #1 was hired in August 2021 as the Administrator. Review of Employee #1's record revealed Employee #1 last completed Medication Management Training on 01/24/22. On 09/26/23 at 1:00 PM, the Administrator confirmed Employee #1's Medication Management Training was last completed over a year ago and needed to be completed immediately. Severity: 2 Scope: 1	0072	1. Employee #1 is enrolled in med management course and will have a current med management certificate by 10/16/2023 (due to testing schedule available.) 2. A employee tickler with med management due dates has been created to ensure that there is no lapse in med management certificate. 3. The Group Home manager and administrator will be responsible to monitor to ensure proper compliance. 4. The group home manager and administrator will be responsible. 5. October 16, 2023	10/16/2023