STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7637	A. BUILDING _____ B. WING _____	09/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT CARE GROUP HOME III, LLC	795 SIENNA STATION WAY, RENO, NEVADA ,89512

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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 09/28/23. 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 six Residential Facility for Group beds for elderly and disabled persons, one Category I and five Category II residents. The census at the time of the survey was six. Six resident files and two employee files were reviewed. The facility received a grade of B. 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		
0102 SS= E	Personnel File - TB Screening - NAC 449.200 Personnel files. 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 record review and interview, the facility failed to ensure 1 of 2 employees had a current pre-employment physical (Employee #2). Findings include: Employee #2 Employee #2 was hired as Caregiver with a start date of 09/27/23. Employee #2's personnel file documented a physical dated 10/27/20, approximatley three years prior to the employee's start date. On 09/28/23 at 2:45PM, the Administrator confirmed the facility did not have a current physical for Employee #2. Severity: 2 Scope: 2	0102	TAG 0102 The facility should have separate personnel file for each member of the staff of a facility and must include the health certificate required pursuant to chapter 441A of NAC for the employee. The facility administrator will ensure that all personnel had their own files and had current health certificates which includes a current pre-employment physical examination of all new employee. The facility administrator will ensure the new Employee #2 will have complete pre-employment Physical Examination. On Sept 29,2023 the Employee#2 had his Physical examination and 2 steps tuberculosis tests. Please see results. Please review Tag 0102 attachment.	11/14/2023
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,	0178	Tag 0178 The Administrator of a residential facility shall ensure the premises are clean and the interior and exterior of the facility is well	11/14/2023

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	exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility failed to ensure the side yards were free of weeds, stored items, and the dryer did not have an accumulation of lint in the lint trap. Findings include: On 09/28/23 at 2:00 PM, in the side yard, stored against the house were: -four shower chairs -two portable commodes -one toilet riser -one walker -one propane tank -two folding chairs -one folding table -one empty laundry soap container On 09/28/23 at 2:15 PM, the lint trap in the dryer contained an accumulation of lint on the dryer screen. On 09/28/23 at 2:18 PM, the Administrator confirmed the items stored on the side yard needed to be discarded and the lint trap should have been cleaned after each load of laundry had dried. Severity: 2 Scope: 1		maintained. The facility administrator will ensure the side yards, front yard and backyard should always be clean and fully maintain. The side yard and backyard and front yard is free from growing weeds and the facility exterior landscaping is well- maintained. The facility administrator will ensure that the interior and exterior of the facility is clean and free from clutter or free from storage of non-working chairs or unused commodes and other stuff. The facility administrator will do frequent rounding including the side yard to check for any weeds that are growing wild and to monitor and maintain its cleanliness. The administrator will be maintaining and be prompt in eliminating the growth of wild weeds along the backyard and side yard of the facility to maintain the facility cleanliness and free from hazards especially on summer season. The administrator of the facility will ensure the dryer have no accumulation of lint in the lint trap. All caregivers were given teachings and instructions that there should not be accumulation of lint in a lint trap and the dryer lint trap should be clean and free from lint after each use to prevent fire hazard. The administrator will ensure that random check of the lint trap should be perform each random administrator visit in the facility for compliance of no buildup of lint on the lint trap to prevent fire hazard. The administrator had instructed the caregivers to not store unused commode or shower chair at the side yard of the facility. The administrator had cleaned the side yard and the commodes, toilet raiser, folding chair, folding table and others that were store at the side of the house has been removed and the area has been cleaned. Please see Tag 0178 attachment A. The side yard weeds have been cleaned and removed. Please see Tag 0178 attachment.	

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0859 SS= D	Medical Care of Resident After Illness - NAC 449.274 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. (NRS 449.0302) 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his or her physician. The resident must be cared for pursuant to any instructions provided by the resident ' s physician. Inspector Comments: Based on clinical record review and interview, the facility failed to ensure an annual general physical examination was completed timely for 1 of 6 sampled residents (Resident #1). Findings include: Resident #1 Resident #1 was admitted to the facility on 12/26/19, with a diagnosis of schizoaffective disorder. Resident #1's clinical record documented a general physical examination dated 04/21/22. Resident #2's clinical record lacked evidence of a current general physical examination completed in 2023. On 09/28/23 at 12:02 PM, the Administrator verbalized physical examinations were required to be completed upon admission and annually thereafter. The Administrator confirmed Resident #1 did not have an annual physical examination for 2023. Severity: 2 Scope: 1	0859	TAG 0859 The medical care of each resident after illness or injury or accident, periodic medical assessment or examinations care of resident should have written records before admission and each after admission or more frequently if there is significant change in the physical condition of a resident, the facility shall obtain the results general physical examination of the resident by his or her physician. The facility administrator shall ensure that the documents of general physical examination of each resident is up to date yearly or more frequently if there is significant changes in resident physical status. The Administrator of the facility will make sure to monitor the residents' records to ensure Gen Physical Examination is current. The administrator should prompt and request the visiting MD for a copy of gen physical examination of the resident if MD had seen the resident in the clinic or in the hospital or at home to bring up to date of current general examination of resident's findings, diagnosis, current medications and latest treatment orders. The administrator will have a collaboration discussion with the visiting nurse and MD to provide the facility with current general physical examination of the resident. The administrator will now request a copy of general Physical Exam each time the resident is evaluated for regular checkup. The administrator of the facility will do tracks of resident gen physical exam of each resident record to ensure each resident had the current gen record on resident's file. The resident #1 had general physical examination done on 02-13-2023, however the facility had no proven evidence copy of general physical examination record on the	11/14/2023

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			day of survey last 09-28-23 at the facility. The copy of Gen Physical examination was provided to the facility after the survey after it was requested. Please see attachment Tag 0859	
0870 SS= E	Medication Administration-Accuracy & Report - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility. (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). Inspector Comments: Based on document review, record review and interview, the Administrator failed to ensure a medication profile review was performed by a physician, a pharmacist, or a registered nurse at least once every six months for 2 of 6 sampled residents residing in the facility for longer than six months (Resident #1, and #4). Findings include: Resident #1 Resident #1 was admitted to the facility on 12/26/19, with a diagnosis of schizoaffective disorder. Resident #1's clinical record documented a six-month pharmacy review	0870	TAG 0870 The facility administrator of the residential facility that provides assistance to residents in the administration of medication shall ensure that a physician, a pharmacist or registered nurse who does not have a financial interest in the facility should review the accuracy and appropriateness at least once every six months the regimen of drugs taken by each resident of the facility including without limitation, any over the counter medications and dietary supplements taken by the resident. The facility administrator will ensure medication profile review was perform by a physician, or nurse at least once in six months. The administrator of the facility will ensure the visiting RN will provide a copy of medication review with each visit at the facility especially if there is new medication changes. The facility administrator will track all chart of resident for completeness of documentation of medication review of all residents every six months. The administrator of the facility will communicate with visiting RN for resident #1 and other residents nurse or pharmacist to provide a documentation of medication review every six months now and forward. To ensure medication review will be done more or frequently for accuracy of Medication Administration Record for accuracy of medications and safety of each resident in the facility. The facility administrator will track the profile of each resident from now on to ensure every six months medication review is done for residents in the facility for their safety by MD, RN not related with the business or pharmacist.	11/14/2023

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	had been completed on 08/09/23 and 04/20/22. Resident #4 Resident #4 was admitted to the facility on 11/28/22, with a diagnosis of acute hypoxemic respiratory failure. Resident #4's clinical record documented a six-month pharmacy review had been completed on 07/21/23, approximately two months late. On 09/28/23 at 3:06 PM, the Administrator confirmed pharmacy reviews for Resident #1 and Resident #4 were not completed timely. Severity: 2 Scope: 2		The resident #1 had multiple medication review between Nov 28,2022 and July 21,2023 up to the present as of Nov 2023 but not available and not provided at the facility. No evidence of medication review during the survey day. The copies of medication review done last 09/2022 and Oct 2022 was provided after survey visit. So, this facility administrator will ensure to obtain a copy of medication review when RN visits to the facility and caregiver were advised to request in absence of administrator in the facility. The resident #4 had medication review performed by MD. Please see attachment TAG 0870 for Resident #1 and Resident #4.	

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1010 SS= E	Care for Persons with Mental Illnesses - NAC 449.2764 Residential facility which offers or provides care for persons with mental illnesses: Application for endorsement; training for employees. (NRS 449.0302) 1. A residential facility which offers or provides care and protective supervision for a resident with mental illness must obtain an endorsement on its license authorizing it to operate as a residential facility for persons with mental illnesses. The Division may deny an application for an endorsement or suspend or revoke an existing endorsement based upon the grounds set forth in NAC 449.191 or 449.1915. Inspector Comments: Based on clinical record review and interview, the facility failed to obtain an endorsement for Mental Illness (MI) and admitted and retained a resident with an MI diagnosis for 2 of 6 sampled residents (Resident #1 and #6). Findings include: Resident #1 Resident #1 was admitted to the facility on 12/26/19, with a diagnosis of schizoaffective disorder. A History and Physical dated 04/20/22, documented Resident #1 had a diagnosis of schizoaffective disorder. Resident #6 Resident #6 was admitted to the facility on 05/19/22, with a diagnosis of schizophrenia. A History and Physical Assessment dated 05/19/22, Resident #6 had a diagnosis of obsessive compulsive disorder. The facility lacked an MI endorsement to admit and retain residents with MI. On 09/28/23 at 12:02 PM, the Administrator confirmed the facility was not endorsed for MI and Resident #1 and #6 had diagnoses of mental illness. Severity: 2 Scope: 2	1010	Tag 1010 The residential facility which offers or provide care for persons with mental illness must obtained an endorsement on its license authorizing to operate as a residential facility for persons with mental illnesses. The facility administrator failed to have Mental Illness endorsement prior to admission of Resident #1 with diagnosis of schizoaffective disorder and Resident #6 with diagnosis of obsessive-compulsive disorder. The facility administrator had turn in application for Mental Illness endorsement last 10/12/2023 and mental illness training requirement for caregivers was submitted to HCQC. The Administrator will ensure to have mental illness endorsement prior to admission of resident with mental illness. The administrator of the facility had paid and applied the endorsement application for Mental Illness and waiting for results. Please see attachment TAG 1010.	11/14/2023