

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7637	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/22/2024	
NAME OF PROVIDER OR SUPPLIER PLEASANT CARE GROUP HOME III, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 795 SIENNA STATION WAY, RENO, NEVADA ,89512		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an Annual State Licensure survey conducted in your facility on 08/22/2024. 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 four. Four resident files 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:	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE

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: FREDIA CASTRO Title: Administrator Date: 09/01/2024

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(X4) ID PREFIX TAG 1820 SS= F	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 1820	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE 09/01/2024
	Infection Control Policy - Infection Control Policy LCB File No. R048-22 Sec. 5. 2. To carry out the infection control program developed pursuant to paragraph (a) of subsection 1, the facility shall adopt an infection control policy. The policy must include, without limitation, current infection control guidelines developed by a nationally recognized infection control organization that are appropriate for the scope of service of the facility. Such nationally recognized organizations include, without limitation, the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations. Inspector Comments: Based on interview, the facility failed to develop a program and policy to prevent and control infections within the facility. This violation had the potential to affect the entire residential census of the facility. Findings include: On 08/22/2024 at 11:10 AM, the Administration confirmed the facility lacked an infection control program and policy. The Administrator verbalized the Administrator was unaware of the requirement for the development of a program or policy for the prevention and control of infections within the facility. Severity: 2 Scope: 3		TAG 1820 The facility lacks the Infection Control Policy during the survey conducted on 08/23/24. The facility should have Infection control Policy to carry out the infection control program. The policy must include without limitation, current infection guidelines developed by a nationally recognized infection control organization that are appropriate for the scope of the service of the facility. Such nationally recognized organization include without limitation, the Association for professional and Epidemiology Inc, The CDC and prevention of the United States Department of Health and Human Services, The World Health Organization or the Society for Healthcare Epidemiology of America or a successor in interest to any of those organizations. The Administrator of the facility had developed a program and policy to prevent and control infections within the facility. The policy was adapted through different CDC guidelines and from the United States Department of Health and human services via websites and different professional manuals to be adapted in the facility for infection control guidelines and to be use for training personnels and guidelines in prevention of facility infection. Please Review Attachments For Tag 1820	