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
	7942	A. BUILDING _____ B. WING _____	11/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSARIO'S GROUP HOME	2885 RED ROCK STREET, LAS VEGAS, NEVADA ,89146

(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 at your facility on 11/26/2024, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for eight Residential Facility for Group beds for elderly and disabled persons, three Category I and five Category II residents. The census at the time of the survey was seven. Seven 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 investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified.	0000		
0515 SS= C	Supervision and Treatment of Residents - NAC 449.259 & R043-22 Supervision and treatment of residents generally. (NRS 449.0302) 1. A residential facility shall ensure that the staff of the facility collaborate with each resident of the facility, the family of the resident and other persons who provide care for the resident, including, without limitation, a qualified provider of health care, as interpreted by section 8 of this regulation, to: (a) Develop a person-centered service plan for the resident; and (b) Review the person-centered service plan at least once each year.; Inspector Comments: Based on record review and interview, the facility failed to develop a person-centered service plan for 7 of 7 residents (Resident #1, #2, #3, #4, #5, #6 and #7). Findings include: Resident #1 (R1) R1 was admitted to the facility on 03/12/2017, with diagnoses including traumatic brain injury, blindness, hypertension, and a history of seizures. R1's file lacked a person-centered service plan. Resident #2 (R2) R2 was admitted to the facility on 12/17/2019, with diagnoses including GERD, hyperlipidemia, and	0515	1. The deficit would be corrected it by creating a person-centered service plan for each of the 7 of the residents 2. To ensure that the deficiency practice would not occur again, so measures would be in place, such as prepared the person-centered service plan at the admission time for every resident 3. The corrective action would be monitoring at the time of the admission process of resident's admission 4. The administrator and the supervisor would be responsible in the implementation of the deficit 5. The correction action would be completed by the end of this month 12/30/24 6. The supporting documents would be attached it at soon they would be ready 7. other areas would be identified by monitoring all the paperwork at the time of the admission of every resident.	12/15/2024

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	osteoporosis. R2's file lacked a person-centered service plan. Resident #3 (R3) R3 was admitted to the facility on 01/22/2024, with diagnoses including chronic obstructive pulmonary disease and an abdominal hernia. R3's file lacked a person-centered service plan. Resident #4 (R4) R4 was admitted to the facility on 01/26/2024, with diagnoses including edema, depression, mild dementia, and dyspnea with exertion. R4's file lacked a person-centered service plan. Resident #5 (R5) R5 was admitted to the facility on 06/09/2020, with diagnoses including diabetes-II, hypertension, chronic kidney disease, and schizophrenia. R5's file lacked a person-centered service plan. Resident #6 (R6) R6 was admitted to the facility on 06/11/2024, with diagnoses including GERD, hypertension, hyperlipidemia, carpal tunnel syndrome, scoliosis, and spinal stenosis. R6's file lacked a person-centered service plan. Resident #7 (R7) R7 was admitted to the facility on 07/22/2023, with diagnoses including GERD, hypertension, dementia, and hypotension. R7's file lacked a person-centered service plan. On 11/26/2024 in the afternoon, the Administrator confirmed R1, R2, R3, R4, R5, R6, and R7's files did not have person-centered service plans. Severity: 1 Scope: 3			