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
	8841	A. BUILDING _____ B. WING _____	03/10/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRECIOUS CARE GROUP	7345 ACACIA WOODS CT, LAS VEGAS, NEVADA ,89113

(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 03/10/2020, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten residential facility for group beds to provide care for elderly and disabled persons and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was four. Four 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 deficiencies were identified:	0000		
0102 SS= D	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 4 caregivers received an annual tuberculosis (TB) test (Caregiver #4). The Caregiver indicated an annual TB test was not completed. Severity: 2 Scope: 1	0102	TB test record was not readily available in employee file but was e-mailed to provider as requested on March 19, 2020. Owner and the administrator to ensure that efforts should be made to file employee records on employee file once renewals are completed. Efforts will be made to routinely check employee files for updates and compliance . The owner and Administrator is responsible for ensuring that plan of correction is implemented. The TB test was performed on January 15, 2020 and read on January 18, 2020 and a copy was e-mailed to the inspector on March 19, 2020 as requested and as attached. Owner and administrator will review employee files, training certificate expiration record tracking sheet periodically to ensure completeness.	05/04/2020

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: DR. JOSEPH ANORUO	Title: Owner	Date: 05/04/2020

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0104 SS= E	Personnel Files - Background Checks - NAC 449.200 Personnel files. (NRS 449.0302) 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: (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 5 employees received a background check upon hire (Employee #1 an #5). The Administrator indicated a background check was not completed for the facility. The Owner reported Employee #5 was a volunteer and assisted with care as needed. Severity: 2 Scope: 2	0104	The index case reported as employee #5 is a family member volunteer that assist with house keeping issues and cooking but has completed all required competencies to be retained as a caregiver including CPR/FIRST AID, upto date TB Screen and shall continue to assist as a volunteer. Owner shall update her status if she is eventually retained as a caregiver. The second index case identified as employee #2 is the administrator who has multiple facilities and has current background check performed in MARCH 2019 as attached with Notification of clearance that is not specific to Precious Care also attached. We also have updated her profile in NABS for Precious Care Group, Confirmation attached. owner and administer will follow up with Nabs for Precious Care Group	05/04/2020
0936 SS= D	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 4 residents received a second step tuberculosis (TB) test upon admission (Resident #2). The owner indicated the second step was not completed. Severity: 2 Scope: 1	0936	Resident moved out on March 20, 2020 before PPD test could be obtained.	05/04/2020

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0999 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure toxic substances were secured as evidenced by: Three bathrooms contained cabinets with unsecured Lysol. The master bathroom in the master bedroom had Windex unsecured in the bathroom cabinet. The key was left in the lock on the cabinet and additional keys were stored in the medicine cabinet. Laundry soap, sanitizer and Fabuloso cleaner was unsecured in the laundry room. The laundry room door was unlocked and the key was left in the door. Severity: 2 Scope: 3	0999	The caregivers confirmed that they were cleaning the rooms when she rang the bell and proceeded to open the door for her and inadvertently left the key hanging on the locks and laundry room. The caregiver has been instructed to always lock the laundry room and bathroom cabinets where disinfectants, detergents are stored at all times and remove the extra keys in the master bathroom cabinet to a key lock effective immediately 03/10/2020. Owner and house manager will ensure that strict compliance to this is followed routinely after morning care and all the time and to ensure that other areas such as the kitchen where knives and sharp objects are kept are sequentially monitored and secured. Owner and administrator will ensure that the the plan of correction is followed. T	05/04/2020