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 _____	12/28/2021

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 and infection control survey conducted at your facility on 12/28/2021, 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 five. Five resident files and four employee files were reviewed. The facility received a grade of B. The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of antidiscrimination policy; posting of nondiscrimination statement and certain other information, NRS 449.102 - Duties of licensed facility to protect privacy of patient or resident, and LCB File No. R016-20 - Cultural competency training; complaint policy; development of gender identity/expression policy; designated person responsible for compliance with these regulations. Failure to comply with NRS 449.101, NRS 449.102 and LCB File No. R016-20 may result in future deficiencies. 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		
0074 SS= D	Elder Abuse Training - NRS 449.093 Training to recognize and prevent abuse of older persons: Persons required to receive; frequency; topics; costs; actions for failure to complete. 1. An applicant for a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse	0074	Employee #1 (Administratot) had updated Elder abuse training on file a copy of which was sent to HCQC for the renewal of the license in mid December before the inspector came for survey.However, owner was given a hand written request (attached and was asked to provide this document but was not given a suspense date, was extremely busy and did not have access to this portal until today. Employee #1 may have been exposed to covid and has not come to the facility and ask for the rating to	01/16/2022

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	of older persons before a license to operate such a facility, agency or home is issued to the applicant. If an applicant has completed such training within the year preceding the date of the application for a license and the application includes evidence of the training, the applicant shall be deemed to have complied with the requirements of this subsection. 2. A licensee who holds a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must annually receive training to recognize and prevent the abuse of older persons before the license to operate such a facility, agency or home may be renewed. 3. If an applicant or licensee who is required by this section to obtain training is not a natural person, the person in charge of the facility, agency or home must receive the training required by this section. 4. An administrator or other person in charge of a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the facility, agency or home provides care to a person and annually thereafter. 5. An employee who will provide care to a person in a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the employee provides care to a person in the facility, agency or home and annually thereafter. 6. The topics of instruction that must be included in the training required by this section must include, without limitation: (a) Recognizing the abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; (b) Responding to reports of the alleged abuse of older persons, including sexual abuse and		be re-evaluated to an A+ RATING.The document was present in the office by the computer from when I submitted it to HCQC but wasnot seen or shown to the inspector No corrective action is needed because the file was in the office and complete as of 12/28/2021 The owner and manager is responsible for ensuring all plans are put in place	

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	violations of NRS 200.5091 to 200.50995, inclusive; and (c) Instruction concerning the federal, state and local laws, and any changes to those laws, relating to: (1) The abuse of older persons; and (2) Facilities for intermediate care, facilities for skilled nursing, agencies to provide personal care services in the home, facilities for the care of adults during the day, residential facilities for groups or homes for individual residential care, as applicable for the person receiving the training. 7. The facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care is responsible for the costs related to the training required by this section. 8. The administrator of a facility for intermediate care, facility for skilled nursing or residential facility for groups who is licensed pursuant to chapter 654 of NRS shall ensure that each employee of the facility who provides care to residents has obtained the training required by this section. If an administrator or employee of a facility or home does not obtain the training required by this section, the Division shall notify the Board of Examiners for Long-Term Care Administrators that the administrator is in violation of this section. 9. The holder of a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care shall ensure that each person who is required to comply with the requirements for training pursuant to this section complies with such requirements. The Division may, for any violation of this section, take disciplinary action against a facility, agency or home pursuant to NRS 449.160 and 449.163. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 4 employees received annual elder abuse training (Employee #1 - hired 01/21/19). Employee #1 had an elder abuse training certificate that expired 12/20/21. The Owner was unable to provide			

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	documented evidence of Employee #1's current annual elder abuse training. Severity: 2 Scope: 1			
0872 SS= D	Medication Educ Initial/annual Administrator - 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: (f) In his or her first year of employment as an administrator of the residential facility, receive, from a program approved by the Bureau, 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 completion of such training. (g) After receiving the initial training required by paragraph (f), 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. (h) Annually pass an examination relating to the management of medication approved by the Bureau. Inspector Comments: Based on employee file review and interview, the facility failed to ensure an employee received eight hours of annual medication management training (Employee #1). Employee #1 (E1) was hired on 01/21/19 as the facility Administrator. The employee record revealed E1's annual medication management training expired on 12/19/21. Caregiver acknowledged E1 did not have a current medication management certificate on file. Severity: 2 Scope: 1	0872	Employee #1 (Administrator) had updated Annual Medication management training as of 2/9/2021 and on file in the office which was not presented to the inspector and I was unable to make it to the facility during his visit. inspector even suggested that that the administraot may already have completed the training and have them onfile in other facilities she overseas. However, owner was given a hand written request (attached with elder abuse training Certificate POC DOC REQUEST) and was asked to provide this document but was not given a suspense date, was extremely busy and did not have access to this portal until today. Employee #1 may have been exposed to covid and has not come to the facilityfor precautionary measures and ask for the rating to be re-evaluated to an A+ RATING. The document was not readily available at the office but was requested and received from the administrator as attached. No corrective action is needed because the file is complete and in the office as of 12/28/2021 The owner and manager is responsible for ensuring all plans are put in place	12/28/2021

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0876 SS= F	Medication Administration - NRS 449.0302 - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. (as amended by LCB File No. R109-18) 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of: (a) Controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.0302 are met. (b) Insulin using an auto-injection device only if the conditions prescribed in NRS 449.0304 and section 13 of this regulation are met. Inspector Comments: Based on record review and interview, the facility failed to ensure 4 of 5 residents had an ultimate user agreement (Resident #1 - admitted on 12/23/21, Resident #3 - admitted on 11/30/21, Resident #4 - admitted on 11/16/21 and Resident #5 - admitted on 02/07/20). The Owner acknowledged Residents #1, #3, #4 and #5 did not have documented evidence of ultimate user agreements. Severity: 2 Scope: 3	0876	Residents #1, 3,4,5 had Utimate User Agreement with Resident Agreement on file and/or in e-mail datatbase in the office from POA who lives out of state which was not readily available or presented to the inspector.I was at VA in North Las Vegas and was unable to make it to the facility during the inspector's visit. Resident 5's file was found with the admission package sent by POA since admission in 2020, same as Resident 4, but was not placed on the Ultmate User Agreement tab. Resident 1 and 3 file was e-mailed to me prior to admission and was not yet placed on the user agrrement tab on patient file. When I spoke with the inspector on the phone, I informed him that the new resident's POA lives out of state or have Covid-related issues and sent those via e-mail. I did not acknowledge that resident 1,3,4,5 did not have documented Ultimate User Agreement as documented in the POC. Ultimate user agreement and resident Agreement is our primary agreement and condition for admission However, owner was given a hand written request (attached with elder abuse training Certificate POC DOC REQUEST) and was asked to provide this document but was not given a suspense date, was extremely busy and did not have access to this portal until todayand rating to be re-evaluated to an A+ RATING. The document was present in the office in the file and/or in the computer database, but was not shown or seen by the inspector. No corrective action is needed because the file was in the office and complete as of 12/28/2021, however the ultimate user Agreement was located and placed in the appropriate file tabs for easy identification. The owner and manager is responsible for ensuring all plans are put in place	12/28/2021
0878 SS= E	Medication/OTCS, Supplements, Change Order - NAC 449.2742 - Administration of medication: Responsibilities of	0878	Residents #1 and 5 had all the medications in the medication baskets and/or on the top of the table in the medication cabinet, was	12/28/2021

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	administrator, caregiver and employees of facility. 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (Previously Y 0879) (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, the physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. Inspector Comments: Based on observation, interview and record review the facility failed to ensure medications were onsite and/or administered as prescribed for 2 of 5 residents (Resident #1 and #5) Findings include: Resident #1 (R1) was admitted to the facility on 12/12/21. R1 was prescribed Cholecalciferol 25 milligrams (MG) tablets, take one tablet by mouth once a day. The medication was not		on the MAR and given to the residents. Both medication were in large bottles that even a near-blind person could see. I also noticed there was a typo in the report. Resident 1 was admitted on 12/23/2021 and not 12/12/2021 who was ordered cholecalciferol 25mcg (microgram) not 25mg (milligram) as shown in the attched picture. Also there was no order for acateminophen 352mg. what was ordered for the patient is acetaminophen 325mg. Give two tablets every 6 hours as needed. What we have on record is the equivalent dose of Acetaminophen 650mg tablet: Give 1 tablet every 6 hours as needed for pain. This was also reflected on the MAR The caregiver denied verifying that these medications were not available and did not review the file or medication with the inspector. Caregiver admitted that she handed the files and the medication baskets to the inspector as he requested and he made his notes as attached in the elderly abuse POC and handed it to her. However, owner was given a hand written request (attached with elder abuse training Certificate POC DOC REQUEST) and was asked to provide this document but was not given a suspense date, was extremely busy and did not have access to this portal until todayand rating to be re-evaluated to an A+ RATING. No corrective action is needed because the medication was in the med baskets in the medication cabinet in the office and complete as of 12/28/2021. The owner and manager is responsible for ensuring all plans are put in place	

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	available at the facility and the caregiver confirmed the medication was not on site. Caregiver reported medication has not been on site since the resident was admitted. Medication administration record confirmed medication had not been administered. Resident #5 (R5) was admitted to the facility on 02/07/20. R5 was prescribed Acetaminophen Tab 352 milligrams (MG) tablets, take two tablets by mouth every six hours as needed for pain. The medication was not available at the facility and the caregiver confirmed the medication was not on site. Severity: 2 Scope: 2			
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 5 residents had completed two-step tuberculosis (TB) testing (Resident #3 - admitted on 11/30/21). There was no documented evidence Resident #3 received an initial two-step TB test before admission into the facility. The Owner acknowledged Resident #3 did not have documented evidence of an initial two-step TB test. Severity: 2 Scope: 1	0936	Residents #3 had initial two step PPD test completed before admission, a condition for admission and included in the admission package, but was not seen or reviewed by inspector. The owner denied acknowledging that there was no documented evidence on file, was not present in the facility and had advised the inspector that irt was included in the admission package and was the case. Caregiver admitted that she handed the files and the medication baskets to the inspector as he requested and he made his notes as attached in the elderly abuse POC and handed it to her. However, owner was given a hand written request (attached with elder abuse training Certificate POC DOC REQUEST) and was asked to provide this document but was not given a suspense date, was extremely busy and did not have access to this portal until todayand rating to be re-evaluated to an A+ RATING. No corrective action is not needed because the file was included in the admission package from discharging facility, was in the office and complete as of 12/28/2021, however the initial TB TEST for resident was separated from the admission package and placed in PPD file tabs for easy identification and will continue to do that. The owner and manager is responsible for ensuring all plans are put in place	12/28/2021

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0938 SS= E	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: (g) An evaluation of the resident ' s ability to perform the activities of daily living and a brief description of any assistance he or she needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his or her ability to perform the activities of daily living; and (3) In any event, not less than once each year. Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 5 residents had initial activities of daily living assessments (Residents #3 - admitted on 11/30/21 and #4 - admitted on 11/16/21). Residents #3 and #4's files lacked documented evidence of initial activities of daily living assessments (ADL). The Caregiver verified there was no documented evidence of initial ADL assessments in Resident #3 and #4's files. Severity: 2 Scope: 2	0938	Residents #3 had initial ADL completed upon admission and includend in resident's admission package which was not separated and placed on resident ADL tab and not seen by the inspector. I was at VA in North Las Vegas and was unable to make it to the facility during the inspector's visit and requested to come, but the inspector told me it was not necessary that he has the files to review and will make a note of what shall be needed. The caregiver denied verifying that these document was not available, does not admit residents and did not review the file with the inspector . Caregiver admitted that she handed the files and the medication baskets to the inspector as he requested and he made his notes as attached in the elderly abuse POC and handed his note to caregiver to deliver to the owner which she did. However, owner was given a hand written request (attached with elder abuse training Certificate POC DOC REQUEST) and was asked to provide this document but was not given a suspense date, was extremely busy and did not have access to this portal until todayand rating to be re-evaluated to an A+ RATING. No corrective action is needed because the file was in the office and complete as of 12/28/2021, however the initial ADL for resident was separated from the admission package and placed in ADL file tabs for easy identification and will continue to do that. The owner and manager is responsible for ensuring all plans are put in place	12/28/2021