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 _____	12/27/2022

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 and infection control State Licensure survey conducted at your facility on 12/27/22, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was six. Six 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		

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: JOSEPH ANORUO Title: OWNER Date: 01/13/2023

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0936 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: (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 3 of 6 residents completed a tuberculosis (TB) test (Resident #2 was admitted on 05/19/22 and lacked documented evidence of a completed two-step TB test, Resident #3 was admitted on 01/01/22 with a documented one-step TB test completed on 12/26/22 and lacked documented evidence a second step TB test was completed, Resident #4 was admitted on 12/22/21, with a documented one-step TB test completed on 11/30/21 and lacked documented evidence a second step TB test was completed. The Caregiver acknowledged the resident's TB tests were not completed and was unable to provide the missing documentation. Severity: 2 Scope: 2	0936	To ensure to all resident's files are reviewed periodically for completeness. To ensure that deficit does not reoccur, we will routinely review resident's chart to ensure that all required certifications are up to date. To monitor the corrective action, we shall create and use PPD tracking form for residents and employees to monitor compliance. Employee #2, a caregiver and owner manager is responsible for ensuring the plan of correction is implemented. The corrective action was completed on 12/27/2022, 12/30/2022 and 1/13/2022 through the attached documents. Employee #2 thought he sent the 2nd step TB test for resident 3 & 4 after the survey as was requested. All supporting documents has been attached. Employee #2 will review employee files periodically to identify and correct a potential deficient practice.	01/13/2023