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 _____	12/18/2024

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 12/18/24, 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 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 investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The 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: 01/20/2025

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0936 SS= F	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 4 residents met the requirements for an initial or annual tuberculosis (TB) test. (Resident #1, #3 and #4) Findings include: Resident #1 (R1) R1 was admitted to the facility on 12/23/21. R1's record documented a completed QuantiFERON TB test on 1/2/23 with a negative result. R1's record lacked documented evidence of an annual TB test for 2024. Resident #3 (R3) R3 was admitted on 06/13/24. R3's record lacked documented evidence of a completed two step TB test upon admission. Resident #4 (R4) R4 was admitted on 01/22/22. R4's file documented an annual QuantiFERON completed on 1/3/23. R4's file lacked documented evidence of an annual TB test for 2024. On 12/18/24 at 2:20 PM, the Owner confirmed the missing TB tests for R1, R3 and R4. Severity: 2 Scope: 3	0936	1. Will timely request annual labs and physicals to be completed at least 3 months before the end of evaluation year 2. Employee-1 shall try to print out patient data sent via office e-mail when stored in electronic database and included in resident's charts 3. Employee-1 should review patient charts routinely and at least 3 months before the end of evaluation year 4. Manager and owner will ensure plan of correction is implemented 5.The corrective action was completed on 12/18/2024 and sent via e-mail, but it appeared the investigator did not receive the attached documents, so the date of correction is 01/20/2025 being the date the documents were uploaded the system. 6. Supporting documents for resident 1-3 are attached. 7. The manager/owner shall follow the guidelines outlined in 1-4 above to correct other areas with potential deficient practice	01/20/2025