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
	4406	A. BUILDING _____ B. WING _____	06/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
V N SENIOR CARE OF THE VINEYARDS	1931 W VINEYARD DRIVE SOUTH, PAHRUMP, NEVADA ,89048

(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 completed in your facility on 06/03/25, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons and/or Alzheimer's disease, Category II residents. The census at the time of the survey was six. Six resident files and five 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 deficiency was 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 interview and record review, the facility failed to ensure tuberculosis (TB) screening was completed in accordance with Nevada Administrative Code 441A.375 for 1 of 5 employees. (Employee #2) Findings include: Employee #2 (E2) E2 was hired on 10/02/19 as a Caregiver. E2's file documented a negative TB test dated 05/22/23. E2's file documented a TB signs and symptoms questionnaire dated 05/20/24 and 01/11/25. Employee #2's file lacked documented evidence of a positive TB test and a negative chest Xray. E2's file lacked TB testing in 2024 and 2025. On 06/03/25 in the morning, the Manager confirmed E2 lacked documented evidence of a positive TB test, a negative chest Xray and TB screening in 2024 and 2025. Severity: 2 Scope: 1	0102	1)To correct specific deficiency, The owner brought E2 to Doctor's office to start the first MANTOUX TUBERCULIN Skin Test. The 2nd Skit test is scheduled 7 days after the first reading. ATTACHMENT #1 2) To make sure this deficiency does not recur, the owner and administrator will check Employees file monthly , to make sure all employees are in compliance of NAC 441A.375 3)The corrective action will be monitored by owner and administrator by checking the New Admitted employee's file is complete with 2 steps TB Test or proof of X-Ray if positive of TB Skin Test. 4)Responsible persons to make sure the plan of correction is implemented are the owner and administrator. 5)Corrective Action was Done 6-06-25	06/11/2025

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: REBECCA WOLFKILL Title: Administrator Date: 06/11/2025