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
	7323	A. BUILDING _____ B. WING _____	10/21/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA NORTE GROUP HOME	4935 NORTH MILLER LN, LAS VEGAS, NEVADA ,89149

(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 a State Licensure annual survey conducted at your facility on 10/21/19, 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 persons with mental illnesses, chronic illnesses, and individuals with intellectual disabilities category I and II non-alz residents. The census at the time of the survey was ten. Ten resident files were reviewed and twelve 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. There were no deficiencies identified at this time. Please retain a copy for your records.	0000		
0087	Limitation on Number of Residents - NAC 449.199 Staffing requirements 3. A residential facility must not accept residents in excess of the number of residents specified on the license issued to the owner of the facility. Inspector Comments: Based on observation, document review and interview, the facility failed to ensure the number of residents at the time of survey did not exceed the specified number on the facility's license. Findings include: On 10/21/19 at 10:30 AM, the Administrator expressed the current census at the facility was 10 residents. The facility is currently licensed for 9 residents. Severity: 2 Scope: 3	0087	On October 23, 2019 the individual who was residing in the 10th bedroom was transferred to another Licensed Residential Facility for Groups. ASI will be applying to have the census increased to be able to utilize the 10th room for Respite Care. The Administrator will assure that census remains at 9 until the 10th room is licensed and will assure census remains as licensed.	10/23/2019

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: SHELLE SPONSELLER	Title: Administrator	Date: 11/03/2019