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 _____	09/12/2022

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 an annual State Licensure and infection control survey completed at your facility on 09/12/22 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for nine Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness and/or persons with chronic illness, four Category I and five Category II residents. The census at the time of the survey was five. Five resident 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. The following regulatory deficiencies were identified:	0000		
0072 SS= F	Qualifications of Caregiver - Med Training - NAC 449.196 Qualifications and training of caregivers. (NRS 449.0302) 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Before assisting a resident in the administration of a medication, receive the training required pursuant to paragraph (e) of subsection 6 of NRS 449.0302, which must include 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 the completion of such training; (b) 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; (c) Complete the training program developed by the administrator of the residential facility pursuant to paragraph (e) of subsection 1 of NAC 449.2742; and (d) Annually pass an	0072	1. All staff who currently assist with the administration of medications have been scheduled and attended training; updated certificates are in their files; or will be placed there when received from MAJEN. Those staff employed who are NOT permitted to pass medications will have identifiers in their Supervisor Files to indicate that they are NOT to assist in the Medication Administration process. 2. Staff who have been trained but are out of compliance with their annual refresher training are NOT permitted to assist with Medication Administration. Non-compliance with recertification happens when staff are scheduled for class, but an emergency happens; or when our training company cancels our monthly class for certification. Notations will be maintained in their files indicating such and they will NOT be assigned medication shifts until in compliance with training requirements and that they are prohibited from assisting with medications. 3. Supervisor in the home will monitor training documentation to assure that staff are scheduled training prior to the date of	09/30/2022

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	examination relating to the management of medication approved by the Bureau. Inspector Comments: Based on record review and interview, the facility failed to ensure 8 hours of annual Medication Management training was completed for 4 of 5 employees. (Employees #1, #2, #4, and #5). Findings include: Employee #1 (E1) E1 was hired on 04/17/12 as a Behavior Technician. E3's file documented annual Medication Management training on 03/30/21. E1's file lacked documented evidence of 8 hours of annual Medication Management training for 2022. Employee #2 (E2) E2 was hired on 01/03/19 as a Behavior Technician. E2's file documented annual Medication Management training on 08/05/21. E2's file lacked documented evidence of 8 hours of annual Medication Management training for 2022. Employee #4 (E4) E4 was hired on 01/03/19 as a Behavior Technician. E4's file documented annual Medication Management training on 08/05/21. E4's file lacked documented evidence of 8 hours of annual Medication Management training for 2022. Employee #5 (E5) E5 was hired on 01/03/19 as a Behavior Technician. E5's file documented annual Medication Management training on 08/05/21. E4's file lacked documented evidence of 8 hours of annual Medication Management training for 2022. On 09/12/22 at 11:00 AM, the Caregiver acknowledged the lack of annual Medication Management training for E1, E2, E4, and E5. Severity: 2 Scope: 3		expiration. When staff ARE out of compliance there will be documentation of counseling and indication that they are NOT permitted to pass medications until training is up to date. 4. Program Supervisor will monitor training expirations and schedule staff accordingly. Program Administrator will provide QA Reviews to assure standards are maintained. 5. One staff terminated employment 9/20/22. Two staff completed Certification Training 9/28/22. One staff is working Per Diem and documentation is on file that she is NOT permitted to assist with medication administration until further notice. 6. See Attached 7. Administrator and Supervisor will provide ongoing QA Reviews to monitor training expiration dates and assure that, when possible, staff remain current on Medication Training. Any staff that does become out of compliance will have their file indicated and will be prohibited from assisting with medications until compliance is regained. Documentation of this will be maintained in their supervisory files on site.	

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0178 SS= F	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility failed to ensure the bathroom toilet was well maintained and safely secured to the floor. Findings include: On 09/12/22 in the morning, a toilet in one of the bathrooms was not secured to the floor and could be moved. On 09/12/22 in the morning, E1 acknowledged the toilet was not safely secured to the floor. Severity: 2 Scope: 3	0178	1. ASI Maintenance team was in the home the 9/13/2022 and tightened the toilet and regrouted around the base. 2. Maintenance request protocol and safety policies were reviewed with staff in monthly meeting; safety expectations were reiterated to all staff. Newly hired maintenance staff completed a household inspection to assure any other areas of safety concern were addressed. 3. Monthly safety inspections will now be completed by external maintenance crew and not daily staff. Any findings will be immediately reported to Supervisor and Administrator so plan of correction can be developed. 4. Support Staff and Supervisor will provide daily inspection of community and report maintenance concerns within 24 hours to Maintenance. Administrator will follow up on completion of work orders and will complete routine QA inspections to assure safety standards are met. 5. 9/20/2022 all repairs and inspections were complete 6. Photos attached 7. Monthly safety inspections will now be completed by external maintenance crew and not daily staff. Any findings will be immediately reported to Supervisor and Administrator so plan of correction can be developed.	09/20/2022

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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 an annual Tuberculosis (TB) testing was completed for 3 of 5 residents. (Residents #1, #2, and #5). Findings include: Resident #1 (R1) R1 was admitted to the facility on 11/12/20. R1's file documented a QuantiFERON TB test completed on 06/30/21. R1's file lacked documented evidence of an annual TB test for 2022. R2 was admitted to the facility on 10/05/11. R2's file documented a QuantiFERON TB test completed on 03/03/21. R2's file lacked documented evidence of an annual TB test for 2022. R5 was admitted to the facility on 09/15/09. R5's file documented a QuantiFERON TB test completed on 01/28/21. R5's files lacked documented evidence of an annual TB test for 2022. On 09/12/22 at 11:00 AM, the Caregiver acknowledged R1, R2, and R5's files lacked documented evidence annual TB testing for 2022 had been completed. Severity: 2 Scope: 3	0936	1. All individuals are current on TB Testing requirements and documentation of compliance is now available in the charts. 2. TB Testing will continue to be completed annually for all individuals in the home. Supervisor will assure that documentation of test results is obtained in a timely manner and placed in the active chart as soon as available. 3. Routine chart audits will be completed by the Administrator to assure that required documentation confirming testing completion and results is being maintained as required in the chart. 4. Program Supervisor will assure testing is completed annually and that documentation is placed into chart. Administrator will complete reviews to assure documentation is present on site. 5. 9/16/2022 final document was received and added to chart. 6. Included 7. Facility spreadsheet indicates when individuals are due for annual testing and documentation completion. Administrator and Supervisor will work together to assure that all areas of the spreadsheet are completed in a timely manner. The Supervisor will provide routine chart reviews and the Administrator will complete quarterly reviews to assure necessary documentation is available in the record.	09/16/2022