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 |
|---|---|---|---|
| | 9297 | A. BUILDING _____ B. WING _____ | 06/26/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| CECE GROUP HOME LLC | 5417 IRELAND ST., 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<br><br>Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 06/26/24, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for eight Residential Facility for Group beds for elderly and disabled persons, and/or persons with mental illnesses, Category II residents. The census at the time of the survey was eight. Eight 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 deficiencies were identified: | 0000 | | |
| 0106 SS= D | Personnel File - 1st Aid & CPR - NAC 449.200 Personnel files 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1: (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation;<br><br>Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 5 employees met the requirements for first aid training. (Employee #5) Findings include: Employee #5 (E5) E5 was hired on 05/01/19 as a Caregiver. R5's record documented CPR training dated 03/29/24. R5's record documented first aid training that expired on 05/31/24. R5's record lacked documented evidence of current first aid training. On 06/26/24 in the afternoon, the Administrator confirmed the missing current first aid training for E5 and reported the first aid training should have been renewed. Severity: 2 Scope: 1 | 0106 | Plan of Care<br>0106 - First Aid<br>1. After the survey, Employee #5 immediately scheduled to take CPR/First Aid Training Course.<br>2. Employee checklist has been created to monitor when documents are due and to get completely done in timely manner to be in compliance.<br>3. Administrator, Owner and lead caregiver will review all Employee Files on a monthly basis to endure all requirements are updated and in compliance.<br>4. Administrator and owner are responsible in ensuring Plan of Correction is implemented and continually followed.<br>5. Completed date: 06/27/2024<br>6. Please attached document | 07/07/2024 |

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: CECILIA CLARK Title: Owner Date: 07/07/2024

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| 1840 SS= D | UNL Caregiver Training - R063-21 Sec. 4 1. An unlicensed caregiver who provides care to residents, patients or clients at a facility described in section 3 of this regulation shall annually complete evidence-based training provided by a nationally recognized organization concerning the control of infectious diseases. The training must include, without limitation, instruction concerning: (a) Hand hygiene; (b) The use of personal protective equipment, including, without limitation, masks, respirators, eye protection, gowns and gloves; (c) Environmental cleaning and disinfection; (d) The goals of infection control; (e) A review of how pathogens, including, without limitation, viruses, spread; and (f) The use of source control to prevent pathogens from spreading. 2. Each unlicensed caregiver who completes the training required by subsection 1 must provide proof of completion of that training to the administrator or other person in charge of the facility in which the unlicensed caregiver provides care.<br><br>Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 5 employees received infection control training through a nationally recognized course. (Employee #3) Findings include: Employee #3 (E3) was hired on 02/10/23 as a Caregiver. R3's record lacked documented evidence of initial infection control and prevention training through a nationally recognized organization. On 06/26/24 in the afternoon, the Administrator acknowledged E3 did not receive infection control and prevention training through a nationally recognized organization and should have. Severity: 2 Scope: 1 | 1840 | Plan of Correction<br>1840 - Infection Control<br>1. After the survey, Employee #3 scheduled Infection Control Training through a nationally recognized online training.<br>2. Employee checklist has been created to monitor when documents are due and to get completely done in a timely manner to be in compliance.<br>3. Administrator and Owner will ensure that all new and existing employees shall complete Infection Control Prevention Training through a nationally recognized organization to be in compliance.<br>4. The administrator and Owner shall routinely inspect the Employee files to ensure that all requirements are updated and in compliance.<br>5. Completed Date: 07/01/2024<br>6. Please see attached document. | 07/07/2024 |