

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 10395	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/31/2023	
NAME OF PROVIDER OR SUPPLIER JTM GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1435 AKARD DRIVE, RENO, NEVADA ,89503		
(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	<p>Initial Comments</p> <p>Inspector Comments: This Statement of Deficiencies was generated as a result of a State Licensure annual grading survey conducted at your facility on 01/31/23. This survey was conducted by the Division of Public and Behavioral Health 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 person, Category II residents. The census at the time of the survey was seven. Seven resident files were reviewed 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 investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following deficiency was identified:</p>	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: CARMENLITA TALAVERA Title: OWNER/MANAGER Date: 02/10/2023

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0102 SS= F	<p>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;</p> <p>Inspector Comments: Based on personnel record review, document review and interview, the facility failed to ensure caregivers completed a physical examination after a change of ownership and prior to providing care to residents for 3 of 4 employees (Employee #2, #3 and #4). Findings include: The facility had a change of ownership survey conducted on 11/15/22. The previous facility's three employees were working for the new facility's owner. The caregivers lacked documented evidence of a pre-employment physical under the new facility's ownership and prior to working with residents. - Employee #2 was hired as the owner/caregiver on 01/03/23. - Employee #3 was hired as a caregiver on 01/03/23. - Employee #4 was hired as a caregiver on 01/03/23. On 01/31/23 at 11:00 AM, the Administrator and Owner/Caregiver confirmed Employee #2, #3 and #4 did not have a pre-employment physical examination under the new ownership. Severity: 2 Scope: 3</p>	0102	<ol style="list-style-type: none"> 1. The facility made an appointment for Employee #2, #3, and #4 with the Physician's office to complete their Pre-Employment Physical Examination under new ownership. For Employee #2 dated 02/17/2023, Employee #3 dated on 02/28/2023, and Employee #4 dated 02/28/2023. 2. The Administrator will conduct a monthly review of Employee files to ensure files are up to date under new ownership. 3. A monthly checklist review of employee files will be put in place and will be audited by the Facility Manager to ensure Employee files are completed and up to date. 4. The Administrator will monitor for compliance per regulation NAC 449.200 	02/28/2023