

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 240	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/22/2019
NAME OF PROVIDER OR SUPPLIER JOHNSON GROUP CARE #1		STREET ADDRESS, CITY, STATE, ZIP CODE 1895 CARVILLE DR, RENO, NEVADA ,89512		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Initial Comments - Inspector Comments: This Statement of Deficiencies was generated as a result of a State Licensure annual investigation survey conducted at your facility on 01/22/19, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons with Category I residents. The census at the time of the survey was five. Five resident files were reviewed and two 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 deficiencies were identified:	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
0178 SS= D	449.209(5) - Health and Sanitation-Maintain Int/Ext - NAC 449.209 Health and sanitation. 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 interior and exterior of the facility was kept clean and maintained. Findings include: On 01/22/19 at 8:30 AM, during the facility tour, boxes and trash bags were observed full of clothes on the front porch and sidewalk located to the west side of the home. On 01/22/19 at 9:15 AM, the Administrator confirmed there were boxes and trash bags of clothing located outside the facility. Severity: 2 Scope: 1	0178	0178: SS=D The facility administrator will ensure the facility is kept clean and maintained. All boxes and trash bags that were observed were cleared from the porch and side of the facility on 1-22-2019. Effective 1-22-2019 the administrator will ensure all clothing belonging to residents who have moved are cleared and items belonging to new residents are placed in their room and the excess boxed and taken to storage.	03/25/2019

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 Name: Title: Date:
REPRESENTATIVE'S SIGNATURE