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
	423	A. BUILDING _____ B. WING _____	01/20/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THERESIANE ADULT GROUP CARE	6620 ELLERHURST DRIVE, LAS VEGAS, NEVADA ,89103

(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 and infection control survey conducted at your facility on 01/20/22, 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 elderly and disabled persons and/or persons with chronic illness, Category I residents. The census at the time of survey was ten. Ten resident files and three employee files were reviewed. The facility received a grade of A. The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of non-discrimination policy; posting of nondiscrimination statement and certain other information, NRS 449.102 - Duties of licensed facility to protect privacy of patient or resident, and LCB File No. R016-20 - Cultural competency training; complaint policy; development of gender identity/expression policy; designated person responsible for compliance with these regulations. Failure to comply with NRS 449.101, NRS 449.102 and LCB File No. R016-20 may result in future deficiencies. 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		

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: MARINA VAUGHN Title: Administrator Date: 01/27/2022

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0104 SS= A	Personnel Files - Background Checks - NAC 449.200 Personnel files. (NRS 449.0302) 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: (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. Inspector Comments: Based on record review, document review, and interview, the facility failed to ensure 1 of 3 employees met the background check requirements of Nevada Administrative Code (NAC) 449.200 (Employee #3). Findings include: Employee #3 (E3) E3 was hired as a Caregiver on 02/08/10. E3 last completed fingerprinting and background check through the Nevada Automated Background Check System (NABS) on 01/06/16. As of 01/20/22, E3 had not completed an updated background check within five years of previous background check. On 01/20/22, the Manager and E3 acknowledged E3 had not completed a recent background check per the requirement. Severity: 2 Scope: 1	0104	1) Employee #3 had fingerprint and background check done on 01/26/22. SEE ATTACHMENT #1 0104 pg1-pg6 2) Administrator/Owner will annually check the fingerprint and background checks of all employees. 3) Administrator/Owner will monitor for compliance. 4) Administrator/Owner 5) 01/27/2022 6) Please SEE ATTACHMENT #1 0104 pg1-pg6	01/27/2022

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0936 SS= D	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 1 of 10 residents met the requirements concerning tuberculosis (TB) testing in accordance with Nevada Administrative Code (NAC) 441A. (Resident #1) Findings include: Resident #1 (R1) R1 was admitted on 08/01/20 with a diagnosis of schizophrenia. R1 completed a Quantiferon TB test on 05/07/20, with a negative result. R1's file lacked documented evidence an annual TB test was completed. On 01/20/22, in the morning, the Manager acknowledged Resident #1 did not have documented evidence of completion of annual TB testing. Severity: 2 Scope: 1	0936	1) Resident 1 was admitted 08/01/2020 with diagnosis of schizophrenia had a Quantiferon test on 09/08/2021 that resulted positive. SEE ATTACHMENT #0936 pg2. A chest X ray was done on R1 on 12/15/2021 that resulted with “no evidence” for active tuberculosis. SEE ATTACHMENT #0936 pg 3. Resident 1 had a Tuberculosis Symptom Screening Questionnaire on 01/25/22. SEE ATTACHMENT #0936 pg 4. 2) Administrator/Owner will ensure all residents have TB tests updated in files. 3) Administrator/Owner will monitor for compliance. 4) Administrator/Owner 5) 01/27/2022 6) ATTACHMENT #0936 pg 1- pg 4	01/27/2022