

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  4409	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  01/29/2020
NAME OF PROVIDER OR SUPPLIER  L & J GROUP HOMECARE		STREET ADDRESS, CITY, STATE, ZIP CODE  1604 WILDWOOD DRIVE, LAS VEGAS, NEVADA ,89108		
(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 wellness check, State Licensure survey initiated at your facility on 01/29/20. This State Licensure Survey was conducted 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 mental illness Category II residents. The census at the time of the survey was ten. 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 deficiency was/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: JANE FERRER	Title: Owner/Manager	Date: 02/10/2020
--	-------------------	----------------------	------------------

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  4409	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  01/29/2020
NAME OF PROVIDER OR SUPPLIER  L & J GROUP HOMECARE		STREET ADDRESS, CITY, STATE, ZIP CODE  1604 WILDWOOD DRIVE, LAS VEGAS, NEVADA ,89108		
(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
0171	<p>Health And Sanitation - Local Laws - NAC 449.209 Health and sanitation. (NRS 449.0302) 1. A residential facility must: (b) Comply with all local ordinances and state and federal laws and regulations relating to zoning, sanitation, accessibility to persons with disabilities and safety.</p> <p>Inspector Comments: Based on observation, document review and interview, the facility failed to comply with local zoning regulations. Findings include: During a tour of the facility with a City of Las Vegas Code Enforcement Officer, a resident and a caregiver were observed living in the garage, which was converted into two bedrooms. The Code Enforcement Officer reported the facility did not obtain the proper permits and inspections threw the City of Las Vegas for the garage conversion. The Code Enforcement Officer also noted the facility had unpermitted mechanical, plumbing and electrical work in the garage area, along with other area within the facility, and outside of the garage. The Code Enforcement also noted there was no means of appropriate egress from the bedrooms in the garage. Resident #1 reported living in the garage bedroom for the last year and a half. The Owner of the facility reported they were unaware of the violations. Severity: 2 Scope: 1</p>	0171	<p>1. Owner will have the said rooms be removed and restored to its original structure. Owner has negotiated with a licensed contractor to do the job (please see copy of invoice).</p> <p>2. Owner and administrator will make sure that facility will comply with all local ordinances, state and federal laws and regulations relating to zoning. They will make sure that there will be no structure built unless permitted by proper authority.</p> <p>3. Completed on 02/09/2020</p>	02/09/2020

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  4409	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  01/29/2020
NAME OF PROVIDER OR SUPPLIER  L & J GROUP HOMECARE		STREET ADDRESS, CITY, STATE, ZIP CODE  1604 WILDWOOD DRIVE, LAS VEGAS, NEVADA ,89108		
(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
0335	<p>Bedroom - Certain areas as bedroom prohibited - NAC 449.221 Use of certain areas in facility as bedroom prohibited. (NRS 449.0302) A hall, stairway, unfinished attic, garage, storage area or shed or other similar area of a residential facility must not be used as a bedroom. Any other room must not be used as a bedroom if it: 1. Can only be reached by passing through a bedroom occupied by another resident; or 2. Is used for any other purpose.</p> <p>Inspector Comments: Based on observation, document review and interview, the facility failed to ensure a bedroom did not occupy the garage. Findings include: During a tour of the facility, two bedrooms were discovered in the garage of the home. One garage bedroom was a caregiver's bedroom, and the other garage bedroom was used by a male resident. According to a Las Vegas Code Enforcement Officer that was on site the garage was only approved for storage of materials and not to be occupied as a habitable space for residents. The owner reported they were unaware the garage could not be used as bedrooms. Severity: 2 Scope: 1</p>	0335	<p>1. Owner will have the rooms be removed and restored to its original structure. Owner has negotiated with a licensed contractor to do the job (please see copy of invoice). 2. Owner and administrator will make sure that all rooms in the facility are compliant. 3. Completed on 02/09/2020</p>	02/09/2020