Reviewed and accepted 12/24/08
M Harrington RN HFS II

PRINTED: 12/05/2008
FORM APPROVED

Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	NVN240AGC		11/14/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOHNSON GROUP CARE #1	1895 CARVILLE DR RENO, NV 89512

(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) COMPLETE DATE
Y 000	Initial Comments This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 11/14/08. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness, Category I residents. The census at the time of the survey was three. Three resident files were reviewed and two employee files were reviewed. One discharged resident file was reviewed. The findings and conclusions of any investigation by the Health Division 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.	Y 000	RECEIVED DEC 24 2008 BUREAU OF LICENSURE AND CERTIFICATION CARSON CITY, NEVADA	
Y 434 SS=A	449.229(3) Emergency Drills NAC 449.229 3. A drill for evacuation must be performed monthly on an irregular schedule, and a written record of each drill must be kept on file at the facility for not less than 12 months after the drill. This Regulation is not met as evidenced by: Based on record review on 11/14/08, the facility did not ensure that monthly evacuation drills were conducted for 2 of 12 months (November and December of 2007).	Y 434	A Fire drills for November & December of 2007 were performed and completed. These drills were documented and filled away upon inspection the documents were removed from the filing cabinet and shown to the inspector. B The documents will be filled in a binder and be left out for viewing the entire calendar year.	

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 — TITLE: Administrator — SIGN HERE — DATE: 12-2008

Bureau of Licensure and Certification

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NAME OF PROVIDER OR SUPPLIER JOHNSON GROUP CARE #1	STREET ADDRESS, CITY, STATE, ZIP CODE 1895 CARVILLE DR RENO, NV 89512		

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Y 434	Continued From page 1 Severity: 1 Scope: 1	Y 434		
Y 444 SS=A	449.229(9) Smoke Detectors NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility. This Regulation is not met as evidenced by: Based on record review on 11/14/08, the facility did not ensure smoke detectors were tested 2 out of the past 12 months (November and December 2007). Severity: 1 Scope: 1	Y 444	A Smoke detectors were tested, upon completion the test were documented and filled under 2007 Smoke detector testing. upon inspection the documents were removed from filing cabinet & shown to the inspector. B The documents will be filled in a binder and be left out for viewing the entire calendar year.	
Y9999	Final Observations NRS 449.095 Operator of residential facility for groups: Posting of license and rates for services. A person who operates a residential facility for groups shall: 2. Post the rates for services provided by the residential facility for groups, in a conspicuous place in the residential facility for groups. Based on observation and interview on 11/14/08, the facility did not ensure its rates for rooms and services were posted. Severity: 1 Scope: 1	Y9999	Rates have been posted and they are available for viewing.	

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