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
	2821	A. BUILDING _____ B. WING _____	09/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT FRANCIS GROUP HOME CARE 3	4121 E BOSTON AVE, LAS VEGAS, NEVADA ,89104

(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 an annual State Licensure and infection control survey conducted at your facility on 09/22/22, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 10 Residential Facility for Group beds for elderly and disabled persons and/or chronic illness and/or mental illness, Category I residents. The census at the time of the survey was nine. Nine resident files and three 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 investigation, 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: AMALIA MAGNO | Title: Administrator | Date: 10/12/2022

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0065 SS= E	Qualifications of Caregivers-Age-Eng-Training - NAC 449.196 Qualifications and training of caregivers. (NRS 449.0302) 1. A caregiver of a residential facility must: (a) Be at least 18 years of age; (b) Be responsible and mature and have the personal qualities which will enable him or her to understand the problems of elderly persons and persons with disabilities; (c) Understand the provisions of NAC 449.156 to 449.27706, inclusive, and sign a statement that he or she has read those provisions; (d) Demonstrate the ability to read, write, speak and understand the English language; (e) Possess the appropriate knowledge, skills and abilities to meet the needs of the residents of the facility; and (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. Inspector Comments: Based on record review and interview, the facility failed to ensure employees completed annual caregiver training for 2 of 3 employees (Employee #2 and #3). Findings include: Employee #2 (E2) E2 was hired on 05/04/17. E2's file documented annual caregiver training completed on 01/11/20. E2's file lacked documented evidence of annual caregiver training for 2021 and 2022. Employee #3 (E3) E3 was hired on 04/01/20. E3's file documented annual caregiver training completed on 03/28/21. E3's file lacked documented evidence of annual caregiver training for 2022. On 09/21/22 in the afternoon, the Lead Caregiver was unable to provide any additional documentation of caregiver training for E2 and E3. Severity: 2 Scope: 2	0065	1. E2 8 hour caregiving training was taken on Sept. 29, 2022 by Ronald Sumbang of Abakada Academy located at 6069 S. Fort Apache Rd, Las Vegas, Nv 89148. E3 8 hour training was taken on Sept 27, 2022 at Abakada Academy. 2. Administrator will review files every 3 months to ensure certificates and trainings are up to date and are current. 3. Administrator will monitor for compliance. 4.Administrator will ensure POC is implemented. 5. Date completed: 10/11/22	10/11/2022