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 _____	10/22/2025

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

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RFG 0001-Deficiencies	The Statement of Deficiencies was generated as a result of a state licensure survey conducted in your facility, in accordance with Nevada administrative code, chapter 449, and Nevada revised statutes chapter 449- Residential Facility for Groups (RFG), medical facilities and other related entities. The findings and conclusions of any investigation by the Division of Health Care Purchasing and Compliance shall not be construed as prohibiting any criminal civil investigation, actions or other claims for reliefs that may be available to any party under applicable federal, state or local law. Based on an inspection conducted, the items marked below identify the violation in operation of the RFG which must be corrected by the revisit/compliance date specified in writing by the health authority. Failure to comply with this notice and immediately correct the identified deficiencies may result in the suspension or termination of your provider agreement, funding, or future authorization as a provider authorized by the State	RFG 0001-Deficiencies		

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	of Nevada pursuant to NAC 433.384, and other applicable local and state laws. Inspector Comments: This Statement of Deficiencies was generated as a result of an annual survey initiated at your facility on 10/22/25. The facility is licensed for ten Residential Facility for Group beds for individuals with mental illness, Category 1 residents. The census at the time of the survey was ten. Ten resident files and three employee files were reviewed. The facility received a grade of A.			

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Y 0102 SS= D	NAC 449.200 and R043-22 (d) The health certificates required pursuant to Chapter 441A of NAC for the employee. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 3 employees had an annual tuberculin (TB) test (Employee #1). Findings include: Employee #1 (E1) E1 was hired on 05/04/17 as a Caregiver. E1's file contained the results of an initial Two-Step TB test completed on 05/17/17, and the most recent QuantiFERON Gold TB test completed on 09/23/24. E1's file lacked documented evidence of an annual TB test conducted in 2025. On 10/22/25 in the afternoon, the Caregiver acknowledged E1 had not completed an annual TB test in 2025, and they should have. Severity: 2 Scope:1	Y 0102	1. E1 TB test first step was given on 10/22/25 and was read on 10/24/25 with negative results. 2nd step was given on 11/01/25 and was read on 11/03/25 with negative results. 2. Administrator instructed caregiver to check files every month to ensure files are updated. 3. Administrator will review future files every six months. 4. Administrator will monitor for compliance. 5. 11/03/2025	11/03/2025

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Y 0104 SS= D	**NAC 449.200** **Personnel files** (1) (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 3 employees had a Nevada Automated Background Check System (NABS) clearance to work at the facility (Employee #2). Findings include: Employee #2 (E2) E2 was hired as the Administrator on 09/04/14. E2's file contained a NABS clearance letter dated 02/03/23 for a different facility. E2's file lacked documented evidence of a NABS clearance letter for the facility being surveyed. A review of the Employee Roster for the facility in the NABS online system revealed E2 had not undergone a background check for the facility. On 10//22/25 in the afternoon, the Caregiver acknowledged E2 did not have a NABS clearance letter specific to the facility, and they should have. Severity: 2 Scope:1	Y 0104	1. E2 background check was done on 12/08/25. 2. NABS clearance documentation for facility must be provided upon employment. 3. Owner will ensure that the NABS clearance will be provided specifically for the facility when hiring new employees. 4. The owner will ensure plan of correction is implemented. 5. 12/08/2025	12/08/2025
Y 0930 SS= D	**NAC 449.2749** **Maintenance and contents of separate file of information concerning each resident; contents; confidentiality of**	Y 0930	1. Resident #7 TB test was given on 10/22/25 and was read on 10/24/25 with negative results. 2nd step was given on 11/01/25 and was read on 11/03/25 with negative results. 2. Administrator instructed caregiver to	11/03/2025

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	information. 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he 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: (a) The full name, address, date of birth and social security number of the resident. (b) The address and telephone number of the resident's physician and the next of kin or guardian of the resident or any other person responsible for him. (c) A statement of the resident's allergies, if any, and any special diet or medication he requires. (d) A statement from the resident's physician concerning the mental and physical condition of the resident that includes: (1) A description of any medical conditions which require the performance of medical		check files every month and report to Administrator files that will expire soon. 3. Administrator shall review files every six months to ensure files are updated. 4. Administrator will monitor for compliance. 5. 11/03/2025	

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	services; (2) The method in which those services must be performed; and (3) A statement of whether the resident is capable of performing the required medical services. (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. (f) The types and amounts of protective supervision and personal services needed by the resident. (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his ability to perform the activities of daily living; and (3) In any event, not less than once each year. (h) A list of the rules for the			

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	facility that is signed by the administrator of the facility and the resident or a representative of the resident. (i)The name and telephone number of the vendors and medical professionals that provide services for the resident. (j) A document signed by the administrator of the facility when the resident permanently leaves the facility. 2. The document required pursuant to paragraph (j) of subsection 1 must indicate the location to which the resident was transferred or the person in whose care the resident was discharged. If the resident dies while a resident of the facility, the document must include the time and date of the death and the dates on which the person responsible for the resident was contacted to inform him of the death. 3. Except as otherwise provided in this subsection, a resident's file must be kept confidential. A resident's file must be made available upon request at any time to an employee of the bureau who is acting in his capacity as an employee of the bureau.			

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	Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 10 residents received an annual tuberculin (TB) test (Resident #7). Findings include: Resident #7 (R7) R7 was admitted on 08/01/17 with diagnoses including chronic schizophrenia and bipolar disorder. R7 had an initial QuantiFERON Gold TB test on 07/27/17 prior to admittance to the facility. R7's latest QuantiFERON Gold TB test was performed on 09/23/24. R7's file lacked documented evidence of an annual TB test conducted in 2025. On 10/22/25 in the morning, the Caregiver confirmed R7 had not yet completed a TB test in 2025, and the due date had been overlooked by the facility. Severity: 2 Scope:1			