

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2839	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/15/2021
NAME OF PROVIDER OR SUPPLIER SAINT FRANCIS GROUP HOME CARE 5		STREET ADDRESS, CITY, STATE, ZIP CODE 4245 E BALTIMORE AVE, LAS VEGAS, NEVADA ,89104		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual grading and infection control State licensure survey conducted at your facility on 12/15/21, in accordance with Nevada Administrative Code, Chapter 449, Residential Facilities for Groups. 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 six. Six resident files and four 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 nondiscrimination 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 investigation, 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 identified:			

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 Name: AMALIA O. MAGNO Title: Administrator
REPRESENTATIVE'S SIGNATURE

Date: 12/27/2021

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(X4) ID PREFIX TAG 0178 SS= F	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility failed to ensure the interior of the facility was well maintained. Findings include: On 12/15/21, in the morning, the following was observed: Numerous cardboard boxes and plastic boxes were observed stored around the gas hot water heater located in the garage. The bathroom to the right of the front main entrance contained shelving, dressers, clothing hanging from the wall, and other stored materials. Items were stored in the shower stall, thus negating its designated purpose. The excessive storage of personal items limited the usefulness and purpose of the space as a bathroom. On 12/15/21 in the morning, the Administrator acknowledged the storage around the hot water heater should be removed and confirmed the bathroom in the front hallway was being utilized as a closet for the caregivers, not as a bathroom. The Administrator agreed the bathroom should not be utilized as a closet. Severity: 2 Scope: 3	ID PREFIX TAG 0178	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Tag 0178 A.) The front and sides of the water heater in the garage has been cleared from cardboard and plastic boxes on 12/15/21. The caregivers bathroom in the front hallway has been fixed. Shelving, dresser, hanging rod, and clothes were removed. B.) The owner/administrator of the facility will make sure that the water heater in the garage is free from any clutters surrounding it and the bathroom of the caregivers will be used as a bathroom only. The administrator will monitor for compliance. C.) 12/16/21	(X5) COMPLETION DATE 12/16/202 1