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
	2839	A. BUILDING _____ B. WING _____	12/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT FRANCIS GROUP HOME CARE 5	4245 E BALTIMORE 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 grading and infection control State licensure survey conducted at your facility on 12/29/22, 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 four. Four resident files and four 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 deficiency was identified:	0000		
0174 SS= F	Health& Sanitation-odors-hazards-insects-dirt - NAC 449.209 Health and sanitation. (NRS 449.0302) 4. To the extent practicable, the premises of the facility must be kept free from: (a) Offensive odors; (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility; (c) Insects and rodents; and (d) Accumulations of dirt, garbage and other refuse. Inspector Comments: Based on observation and interview, the facility failed to ensure there were no offensive odors present. A sour odor was observed throughout the home which was later identified by the Administrator as cat urine. The Administrator indicated they owned a male cat that sprayed urine in different parts of the home and the cat box had not been cleaned recently. The Administrator acknowledged the presence of a sour odor in the home and confirmed the cat box needed to be cleaned. Severity: 2 Scope: 3	0174	1. The home has been disinfected and cleaned of the cat urine smell, and the cat's litter box has been cleaned and changed on 12/29/22. 2. The administrator instructed the caregiver to clean and disinfect the walls, floors, and the internal surroundings of the home frequently. The administrator will make sure that the home will be odor free and will check the cats activity and clean up as soon as possible. The administrator will monitor for compliance. 3. Date of completion 12/29/22.	12/29/2022

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: 01/06/2023