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 _____	12/17/2024

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 State Licensure survey completed at your facility on 12/17/24 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility 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 findings and conclusions of any investigation by the Division of Public and Behavioral Health 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. The following regulatory deficiencies were identified:	0000		
1825 SS= E	Designation/Training persons for IC Program - NAC 449.0109 Designation and training of person responsible for infection control. 3. The program to prevent and control infections within the facility for the dependent developed pursuant to paragraph (a) of subsection 1 must provide for the designation of: (a) A primary person who is responsible for infection control; and (b) A secondary person who is responsible for infection control when the primary person is absent to ensure that someone is responsible for infection control at all times. 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter. 5. Training	1825	1)Employee #4 has completed the 15 hours of the required Infection Control Training on 12/26/24 .Employee #1has completed the 15 hours required of the Infection Control Training on 12/25/24 . 2)The Administrator will make sure that the employee files will be reviewed every six months for the accuracy of their training requirements and it will be done in a timely manner . The Administrator will monitor for compliance . 3)Date of Completion :12/26/24 4)Attachments : Training Certificates	12/26/2024

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	completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training. 6. The plan for emergency preparedness developed pursuant to paragraph (c) of subsection 1 must address internal and external emergencies and local and widespread emergencies. Such emergencies must include, without limitation, emerging infectious diseases. Inspector Comments: Based on record review and interview, the facility failed to ensure the primary and secondary infection control staff completed 15 hours of infection control training annually (Employees #4 and #1). Findings include: Employee #4 (E4) E4 was hired as the Owner/Administrator/Caregiver on 08/20/00. E4 was designated the primary infection control person for the facility in 2023. E4's file contained documentation of initial infection control training completed on 09/21/23. E4's file lacked documented evidence of 15 hours of annual infection control training regarding the control and prevention of infections from an approved organization in 2024. Employee #1 (E1) E1 was hired as a Caregiver on 08/24/21. E1 was designated the secondary infection control person for the facility in 2023. E1's file contained documentation of initial infection control training completed on 09/23/23. E1's file lacked documented evidence of 15 hours of annual infection control training regarding the control and prevention of infections from an approved organization in 2024. On 12/17/24 in the afternoon, the Administrator explained they were unaware the infection control training was required annually, and acknowledged E1 and E4 had not met the annual requirement of 15 documented hours of approved infection control training required of the primary and secondary infection control staff. Severity: 2 Scope: 2			

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1840 SS= E	UNL Caregiver Training - R063-21 Sec. 4 1. An unlicensed caregiver who provides care to residents, patients or clients at a facility described in section 3 of this regulation shall annually complete evidence-based training provided by a nationally recognized organization concerning the control of infectious diseases. The training must include, without limitation, instruction concerning: (a) Hand hygiene; (b) The use of personal protective equipment, including, without limitation, masks, respirators, eye protection, gowns and gloves; (c) Environmental cleaning and disinfection; (d) The goals of infection control; (e) A review of how pathogens, including, without limitation, viruses, spread; and (f) The use of source control to prevent pathogens from spreading. 2. Each unlicensed caregiver who completes the training required by subsection 1 must provide proof of completion of that training to the administrator or other person in charge of the facility in which the unlicensed caregiver provides care. Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 4 employees obtained the required infection control training (Employees #2 and #3). Findings include: Employee #2 (E2) E2 was hired on 08/24/21 as a Caregiver. E2's file lacked documented evidence of training concerning the control and prevention of infections from the approved nationally recognized organizations. Employee #3 (E3) E3 was hired on 06/28/01 as a Caregiver. E3's file lacked documented evidence of training concerning the control and prevention of infections from the approved nationally recognized organizations. On 12/18/24 in the afternoon, the Administrator explained they did not realize Caregivers besides the primary and secondary infection control persons were required to complete infection control training, and acknowledged the required infection control training was not complete for E2 and E3. Severity: 2 Scope: 2	1840	1) Employee #2 and #3 six hours of infection control training were completed on 12/23/24 through the Center for Disease Control and Prevention. 2) The administrator will make sure that the employee files will be reviewed every six months for the accuracy of their training requirements and it will be done in a timely manner. The administrator will monitor for compliance. 3) Date of completion 12/23/24.	12/23/2024