

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 6/15/2026
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/02/2021
NAME OF PROVIDER OR SUPPLIER KRYSTONS HOME CARE 2			STREET ADDRESS, CITY, STATE, ZIP CODE 7990 ZINFANDEL DRIVE, RENO, NEVADA ,89506	
(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 a complaint investigation completed at your facility on 02/02/21. The Survey was conducted in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facilities for Groups. The census at the time of the survey was six. The sample size was six. One complaint with one allegation was investigated. Complaint #NV00062982 with the following allegation could not be substantiated. Allegation #1: the facility failed to ensure a resident received their scheduled medication could not be substantiated based on review of resident records, including the resident of concern, review of employee files, including medication management training, review of resident Medication Administration Records and interviews with the resident and Manager. The investigation into the allegation included: Interviews were conducted with the resident of concern and the Manager to review the missed medication, medication ordering protocols and ascertain if the resident's pain was controlled. The resident of concern verbalized Resident #1's pain was controlled with tylenol in the absence of Resident #1's scheduled medication. Review of six resident records, including the resident of concern, activities of daily living and history and physical. Review of six resident Medication Administration Records (MAR) for December 2020, January 2021 and February 2021 to review administration of medications in the facility. Review of facility staffing schedules for November 2020, December 2020, January 2021 and February 2021. Review of facility policy titled, Kryston's Home Care II Medication Plan, undated. Review of four employee personnel files to verify the Caregivers had current medication management training. During the investigation, a deficiency unrelated to the complaint was identified			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER Name: THELMA FRIAS
REPRESENTATIVE'S SIGNATURE

Title: Owner/Mgr

Date: 02/22/2021

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	(see Tag Y0910). 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 deficiency was identified:						
0910 SS= A	Administration of Medication Restrictions - NAC 449.2746 Administration of medication: Restrictions concerning medication taken as needed by resident; written records. (NRS 449.0302) 2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the medication: (a) The reason for the administration; (b) The date and time of the administration; (c) The dose administered; (d) The results of the administration of the medication; (e) The initials of the caregiver; and (f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident 's physician. Inspector Comments: Based on record review, document review and interview, the facility failed to document the time an as needed medication was given, the reason (s) for administration of an as needed medication and its effect for 1 of 6 residents (Resident #1). Findings include: Resident #1 Resident #1 was admitted to the facility on 09/29/20 with diagnoses including hypothyroidism, anxiety, anemia, essential hypertension and hyperlipidemia. Resident #1's Medical Administration Record (MAR), dated December 2020, documented sumatriptan 50 milligrams (mg), take one tablet by mouth at onset of migraine headache as needed, okay to repeat one tablet after two hours if no relief. Resident #1's December 2020 MAR documented the medication was administered on 12/07/20, 12/10/20, 12/15/20 and 12/27/20. The	0910	PRN medications- as needed medications should be given to residents in time of their needs for whatever reason and should be documented the date, time reason and the result after taking. Resident #1 had taken as needed medications for pain on different dates for some reasons but the owner of the facility failed to document each one before and after taking the medication for whatever reason in taking these medications but able to initial on MAR when they were given. The facility owner should record each time on MAR for any resident for as needed medication concerning their health for any reason in case of any reaction of the medication given the date, time, reason and the result is very important to ensure the deficient practice does not recur and the Administrator is responsible for ensuring the plan of correction is implemented and will monitor for compliance.		02/22/2021		

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	Owner failed to document the time given, the reason for the administration and the results of the medication administration. Resident #1's MAR, dated January 2021, documented sumatriptan 50 mg, take one tablet by mouth at onset of migraine headache as needed, okay to repeat one tablet after two hours if no relief. Resident #1's January 2021 MAR documented the medication was administered on 01/17/21 and 01/30.21. The Owner failed to document the time given, the reason for the administration and the results of the medication administration. Resident #1's MAR, dated January 2021, documented acetaminophen 325 mg, take two tablets (650 mg) by mouth every four hours as needed for pain. Resident #1's January 2021 MAR documented the medication was administered on 01/08/21, 01/15/21 and 01/21/21. The Owner failed to document the time given, the reason for the administration and the results of the medication administration. Review of facility policy titled, Medication Plan, undated, documented "PRN/AS NEEDED MEDICATION" when administering the PRN meds, staff will document the reason and the result." On 02/02/21 at 11:04 AM, the Manager verbalized not documenting in Resident #1's December 2020 and January 2021 MARs the time the as needed medications were given, why the medication had been administered and its effect. Complaint #NV00062982 Severity: 1 Scope: 1						