STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	3659	A. BUILDING _____ B. WING _____	09/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KRYSTONS HOME CARE II	7990 ZINFANDEL DRIVE, RENO, NEVADA ,89506

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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 completed at your facility on 09/03/25. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness, or individuals with intellectual disabilities, Category II residents. The census at the time of the survey was five. Five resident files were reviewed, and four employee files were reviewed. The facility received a grade of B.			
Y 0250 SS= D	NAC 449.217 1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition. 2. Perishable foods must be refrigerated at a temperature of 40 degrees Fahrenheit or less. Frozen foods must be kept at a temperature of 0 degrees Fahrenheit or less. 3. Sufficient storage must be available for all food and equipment used for cooking and storing food. Food that is stored must be appropriately packaged. 4. The administrator of a residential facility shall ensure that there is at least a 2-day supply of fresh food and at least a 1-week supply of canned food in the facility at all times. 5. Pesticides and other toxic substances	Y 0250	Y250 The refrigerator in the facility garage has been cleaned and removed moldy food. Caregiver has been informed to leave the refrigerator cleaned at all times to ensure the the deficient practice will not recur. The Administrator is responsible for ensuring the plan of correction is implemented and monitor for compliance	02/01/2026

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	must not be stored in any area in which food, kitchen equipment, utensils or paper products are stored. Soaps, detergents, cleaning compounds and similar substances must not be stored in any area in which food is stored. Inspector Comments: Based on observation and interview, the facility failed to ensure food in a resident refrigerator was discarded timely to prevent food from growing mold. This deficient practice had the potential to affect five of five residents. Findings include: On 09/03/2025 at 9:16 AM, located in a refrigerator in thegarage was a zip lock bag containing two sausages. The sausages had several greenand white spots located on the outside of the sausages, indicative of mold. On 09/03/2025 at 9:16 AM, the Owner/Assistant Managerconfirmed the refrigerator had moldy sausages and verbalized the refrigeratorshould be cleaned out.			
Y 0515 SS= F	NAC 449.259 **Supervision of residents.** 1. A residential facility shall ensure that the staff of the facility collaborate with each resident of the facility, the family of the resident and other persons who provide care for the resident, including, without limitation, a qualified provider of health care, as interpreted by section 8 of this regulation, to: (a) Develop a person-centered service plan for the resident; and (b) Review the person-centered service	Y 0515	1. Y 515 all residents have now a Person Centered Service Plan on their files and Managers/Administrator is aware to have each resident to have a Person-Centered Service Plan upon admitting a patient to ensure that the deficient practice does not recur. The Administrator is responsible for ensuring the plan of correction is implemented and monitor for compliance. Attached blank forms person -center care plan Tag Y515 #1	02/01/2026

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	plan at least once each year. 2. A person-centered service plan developed pursuant to this section must include, without limitation: (a) Provisions concerning activities of daily living, medication management, cognitive safety, assistive devices, special needs, social and recreational needs and involvement of ancillary services; (b) Protective supervision as necessary for the resident; (c) The manner in which all caregivers will be informed of the required supervision of the resident; (d) The manner in which the facility will ensure that the resident has the opportunity to attend the religious service of his or her choice and participate in personal and private pastoral counseling; (f) Permission for the resident to enter or leave the facility at any time if the resident: (1) Is physically and mentally capable of leaving the facility; and (2) Complies with the rules established by the administrator of the facility for leaving the facility; (g) Laundry services for the resident unless the resident elects in writing to make other arrangements; (h) The manner in which the facility will ensure that the resident's clothes are clean, comfortable and presentable; (i) A requirement that the facility must inform the resident or his or her representative of the actions that the resident should take to protect the resident's valuables; (j) A written program of activities for the resident that includes scheduled and unscheduled activities that are suited to his or her interests and capacities; Inspector Comments: Based on clinical record review and interview, the facility failed to develop a Person-Centered Service Plan addressing all required focus areas and interventions for 5 of 5 residents (Resident #1, #2, #3, #4, and #5).			

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	Findings include: Resident #1 Resident #1 was admitted to the facility on 09/29/2020, withdiagnoses including hydrocephalus and acquired hypothyroidism. Resident #1's clinical record lacked documented evidence ofPerson-Centered Service Plans. Resident #2 Resident #2 was admitted to the facility on 10/12/2020, withdiagnoses including asthma and psoriasis. Resident #2's clinical record lacked documented evidence ofPerson-Centered Service Plans. Resident #3 Resident #3 was admitted to the facility on 07/31/2023, withdiagnoses of shortness of breath and heart failure. Resident #3's clinical record lacked documented evidence of Person-CenteredService Plans. Resident #4 Resident #4 was admitted to the facility on 05/14/2025, withdiagnoses including arthritis involving multiple sites, asthma, and balanceproblems. Resident #4's clinical record lacked documented evidence ofan initial Person-Centered Service Plan. Resident #5 Resident #5 was admitted to the facility on 05/22/2023, withdiagnoses including anxiety, arthritis, and asthma. Resident #5's clinical record lacked			

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	documented evidence ofPerson-Centered Service Plans. On 09/03/2025 at 10:36 AM, the Owner confirmed Resident #1,#2, #3, #4, and #5 did not have Person-Centered Service Plans and admitted notknowing the regulation or what the Person-Centered Service Plans were.			
Y 0920 SS= F	NAC 449.2748 Medication Storage. 1. Medication including, without limitation, any over-the-counter medication stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medications for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator including, without limitation, any over-the-counter medication must be kept in a locked box unless the refrigerator is locked or is located in a locked room. 3. Medication including, without limitation, any over-the-counter-medication or dietary supplement, must be: (a) Plainly labeled as to its	Y 0920	Y 920 Any medications should not leave to any unlocked drawer since it is not safe to any resident. Caregiver on duty is now aware not to leave any medication to any unlock drawer to ensure the deficient practice will not recur. The Administrator is responsible for ensuring the plan of correction and monitor for compliance.	02/01/2026

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	contents, the name of the resident for whom it is prescribed and the name of the prescribing physician; and (b) Kept in its original container until it is administered. Inspector Comments: Based on observation, interview, clinical record review, and document review, the facility failed to ensure medications were stored securely in a locked area inaccessible to other residents and visitors. Findings include: On 09/03/2025 at 9:10 AM, located in an unlocked kitchendrawer was a daily pill container. The pill container had 8 loose, unknownpills. On 09/03/2025 at 9:10 AM, the Owner/Assistant Managerconfirmed the medications were unsecured and accessible to every resident inthe facility. The Owner/Assistant Manager explained the medication pills werefor a resident who preferred to have the medications in the kitchen drawer andthe Owner/Assistant Manager was aware the Owner/Assistant Manager should nothave left the medications unsecured.			
Y 1600 SS= F	**NAC 449.011943 and R004-24** NAC 449.011943 Policies concerning preferred names and pronouns; adaptation of records to reflect gender identities or expressions; method to obtain medically relevant information from patients or residents. (NRS 449.0302, 449.104)	Y 1600	Y1600 Resident #1, #2,#3,#4 and #5 don't have any preferred name and or gender identity or expression on their file. The facility files for all residents have been corrected and now placed their preferred name and gender identity or expression. The owner/administrator is now aware of completing their files upon admission to ensure the deficient practice does not recur. The Administrator is responsible for ensuring the plan of correction is implemented and monitor for compliance.	02/01/2026

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	1. A facility shall: (a) Develop policies to ensure that a patient or resident is addressed by his or her preferred name and pronoun and in accordance with his or her gender identity or expression; and (b) To the extent practicable and available within the systems in use at the facility: (1)Adapt electronic records and any paper records the facility uses to reflect the preferred name, pronoun and gender identity or expression of a patient or resident; and (2) Integrate information concerning gender identity or expression into electronic systems for maintaining health records. 2. If a patient or resident chooses to provide the following information, the records adapted pursuant to subparagraph (1) of paragraph (b) of subsection 1 must to the extent required by subsection1, include, without limitation: (a) The preferred name and pronoun ofthe patient or resident;			

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	(b) The gender identity or expressionof the patient or resident; (c) The gender identity or expression of the patient or resident that was assigned at the birth of the patient or resident; (d) The sexual orientation of the patient or resident; and (e) If the gender identity or expression of the patient or resident is different than the gender identity or expression of the patient or resident that was assigned at the birth of the patient or resident: (1) A history of the gender transition and current anatomy of the patient or resident; and (2) An organ inventory for the patient or resident which includes, without limitation, the organs: (I) Present or expected to be present at the birth of the patient or resident; (II) Hormonally enhanced or developed in the patient or resident; and (III) Surgically removed, enhanced, altered or constructed in the patient or resident.			

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	Inspector Comments: Based on record review and interview, the facility failed to collect and include the residents preferred name and pronoun in resident records for 5 of 5 residents (Resident #1, #2, #3, #4, and #5). Findings include: Resident #1 Resident #1 was admitted to the facility on 09/29/2020, withdiagnoses including hydrocephalus and acquired hypothyroidism. Resident #1's clinical record lacked documented evidence to reflectthe resident's preferred name, pronoun, and gender identity or expression. Resident #2 Resident #2 was admitted to the facility on 10/12/2020, withdiagnoses including asthma and psoriasis. Resident #2's clinical record lacked documented evidence to reflectthe resident's preferred name, pronoun, and gender identity or expression. Resident #3 Resident #3 was admitted to the facility on 07/31/2023, withdiagnoses of shortness of breath and heart failure. Resident #3's clinical record lacked documented evidence to reflectthe resident's preferred name, pronoun, and gender identity or expression. Resident #4 Resident #4 was admitted to the facility on 05/14/2025, withdiagnoses including arthritis involving multiple sites, asthma, and balanceproblems. Resident #4's clinical record lacked documented evidence to reflectthe			

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	resident's preferred name, pronoun, and gender identity or expression. Resident #5 Resident #5 was admitted to the facility on 05/22/2023, withdiagnoses including anxiety, arthritis, and asthma. Resident #5's clinical record lacked documented evidence to reflectthe resident's preferred name, pronoun, and gender identity or expression. On 09/03/2025 at 10:36 AM, the Owner was not aware of the requirementsto create a policy and create clinical documentation to include the resident'spreferred name, pronoun, and gender identity or expression.			