STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4234	A. BUILDING _____ B. WING _____	04/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT PAUL HOME CARE 2	4900 KOENIG ROAD, RENO, NEVADA ,89506

(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 a State Licensure annual grading survey conducted in your facility on 04/07/22. This State Licensure survey was conducted by the Division of Public and Behavioral Health in accordance with NAC 449, Residential Facility for Groups. The facility was licensed for 10 Residential Facility for Group beds for elderly and disabled persons and/or persons with intellectual disability, with one bed for low income, three Category 1 and seven Category II residents. The census at the time of the survey was ten. Ten resident files were reviewed, and four employee files were reviewed. The facility received a grade of C. 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. NAC 449.27706 Resurvey: Application and fee; failure to comply. 2. If the Bureau issues a placard to a residential facility that includes a grade of "C" or "D," the administrator must submit an application to the Bureau for a resurvey of the facility not later than 30 days after the facility receives the placard. The fee for an application for a resurvey is $600 and must accompany the application. 3. The Bureau may revoke the license of a residential facility that is required to submit an application for a resurvey pursuant to subsection 2 if the facility fails to submit the application in accordance with the provisions of that subsection. The following deficiencies were identified:	0000		
0905 SS= E	Administration of Medication Restrictions - NAC 449.2746 Administration of medication: Restrictions concerning medication taken as needed by resident; written records. (NRS 449.0302) 1. A caregiver employed by a residential facility shall not assist a resident in the administration of a medication that is taken as needed unless: (a) The resident is able to determine his or her need for the	0905	The caregiversof the facility who conducted resident care and medication management have alsoreceived training on how to properly read a resident's pulse (heart rate) as showin the attachments. The caregivers can nowproperly administer resident #4's medication and hold depending on their heartrate per instructions of the prescription.	06/16/2022

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	medication; (b) The determination of the resident ' s need for the medication is made by a medical professional qualified to make that determination; or (c) The caregiver has received written instructions indicating the specific symptoms for which the medication is to be given, the exact amount of medication that may be given and the frequency with which the medication may be given. Inspector Comments: Based on record review, document review, and interview, the facility failed to ensure a physician order was clarified for a medication to eliminate taking vitals for 1 of 7 residents (Resident #4) and ensure written instructions indicating the specific symptoms for which an as needed (PRN) medication was to be given was documented for 1 of 7 residents (Resident #7). Findings include: Resident #4 Resident #4 was admitted to the facility on 03/04/22 with diagnoses including type two diabetes mellitus with hyperglycemia, muscle weakness, and chronic kidney disease. Resident #4's physician order dated 03/04/22 and medication label documented Digoxin 0.125 milligram tablet. Take one tablet by mouth one time daily for heart failure - hold for pulse below 60. Resident #4's Medication Administration Record (MAR) dated April 2020 documented Digoxin 0.125 milligram tablet. Take one tablet by mouth one time daily for heart failure On 04/07/22 at 2:54 PM, the Owner verbalized the staff used a pulse oximeter to determine the resident's pulse. The Owner was unaware staff would need to be trained in order to take a resident's pulse. Resident #7 Resident #7 was admitted to the facility on 09/01/20 with diagnoses to include paranoid schizophrenia, hyperlipidemia, and left knee pain. Resident #7's MAR dated April 2022 and medication label documented Triamcinolone 0.1 percent (%) cream. Apply to affected area twice daily as needed. The Triamcinolone Cream entry on the MAR and medication label lacked the PRN reason. On 04/07/22 at 3:27 PM, the Owner confirmed Resident #7's MAR and medication label for Triamcinolone Cream lacked the reason for the PRN		The facilityadministrator has contacted resident #7’s PCP for clarification of the PRN medicationand ask for clarification on the reason for administering. The RN for the resident’s PCP specified thatthe reason for the PRN was for itching. Shesaid that the PCP, which was on vacation, would write a new script containingthe reason when they returned from vacation. The facility administratorwill ensure and all PRN prescriptions will contain a reason for administering.	

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	Triamcinolone Cream. Severity: 2 Scope: 2			
1050 SS= D	Vital Signs-Glucose - Training/Competency - Approved Regulation - LCB File# R109-18 (13) (1) (a) 1. A caregiver of a residential facility may perform a task described in NRS 449.0304 if the caregiver: (a) Before performing the task, annually thereafter and when any device used for performing the task is changed: (1) Has received training concerning the task that meets the requirements of subsections 5 and 6; and (2) Has demonstrated an understanding of the manner in which the task must be performed; Inspector Comments: Based on record review and interview, the facility failed to provide protocols, training, and competency assessment to two Caregivers (Employees #3 and #4) measuring vital signs - heart rate, to 1 of 7 residents (Resident #4). Findings include: On 04/07/22 at 2:54 PM, the Owner verbalized Caregivers were measuring Resident #4's pulse using a pulse oximeter. On 04/07/22 at 2:54 PM, the Owner was unaware staff were required training to measure resident vital signs. The Owner confirmed staff were not trained to measure residents' pulse. Severity: 2 Scope: 1	1050	The caregiversof the facility who conducted resident care and medication management have alsoreceived training on how to properly read a resident’s pulse (heart rate) as showin the attachments. The facilityadministrator will utilize an employee file checklist to ensure that allemployees receive proper training on properly cSavehecking for pulse on or beforethe anniversary date of their last training date.	06/16/2022

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0104 SS= D	Personnel Files - Background Checks - NAC 449.200 Personnel files. (NRS 449.0302) 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. Inspector Comments: Based on record review, document review and interview, the facility failed to ensure 1 of 4 employees met the background check requirements of Nevada Revised Statute (NRS) 449.124 (Employee #3). Findings include: Employee #3 Employee #3 was hired as an Administrator on 12/20/12. Employee #3's personnel record included a Notification of Clearance letter, dated, 06/09/20. However, the background check clearance letter was not cleared. The employee's record lacked documented evidence of a State clearance letter for this facility and was due in June of 2020. On 04/07/22 at 2:07 PM, the facility's NABS account lacked documented evidence of Employee #3 being cleared. On 04/07/22 at 2:07 PM, the Owner confirmed the employee's file lacked documented evidence of the fingerprints being submitted and the required Clearance Letter and Employee #3 was not cleared in the facility's NABS account. Severity: 2 Scope: 1	0104	A new background check has been started for employee #3 in NABs as show in the Final Registry Report attached. Once a clearance letter has been issued by NABs, the facility administrator will file it in the employee file accordingly. The facility administrator will utilize an employee file checklist to ensure that all employees receive a background check for the facility they work in on or prior to the fifth anniversary date of their last background check.	06/16/2022

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0106 SS= E	Personnel File - 1st Aid & CPR - NAC 449.200 Personnel files 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1: (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation; Inspector Comments: Based on record review and interview, the facility failed to ensure caregivers were certified to perform cardiopulmonary resuscitation (CPR) and first aid for 2 of 4 sampled caregivers (Employee #2 and #4). Findings include: Employee #2 Employee #2 was hired as a Caregiver on 08/15/14. The employee's file contained a first aid and CPR training certificate with an expiration date of 09/15/20; however, the CPR and first aid training were not renewed until 10/23/20. On 04/07/22 at 2:47 PM, the Owner confirmed the lapse in CPR and first aid training and further explained the employee was providing care to the residents during the lapse in the first aid training. Employee #4 Employee #4 was hired as an Owner on 02/10/15. The employee's file contained a first aid and CPR training certificate with an expiration date of 01/01/21; however, the CPR and first aid training were not renewed until 03/06/21. On 04/07/22 at 2:59 PM, the Owner confirmed the lapse in CPR and first aid training and further explained the employee was providing care to the residents during the lapse in the first aid training. Severity: 2 Scope: 2	0106	The facility administrator acknowledges that the CPR & First Aid training for Employee #2and Employee #4 were done late. The facility administrator will utilize an employee file checklist to ensure that all employees receive their annual CPR & First Aid training on or prior to the anniversary date of their last CPR & First Aid training as to not let their training lapse.	06/16/2022

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0179 SS= D	Health & Sanitation - Screens - NAC 449.209 Health and sanitation. (NRS 449.0302) 6. All windows that are capable of being opened in the facility and all doors that are left open to provide ventilation for the facility must be screened to prevent the entry of insects. Inspector Comments: Based on observation and interview, the facility failed to ensure resident room windows contained screens. Findings include: On 04/07/22 at 1:16 PM, the window in resident room 3 did not have a screen. Resident #9 verbalized the maintenance man had taken it; however, was unsure when the screen had been removed. On 04/07/22 at 1:27 PM, the window in resident room 2 had a screen on one side of the sliding window; however, the other side was missing the screen. On 04/07/22, Owner #2 was unaware the windows were missing screens and verbalized all resident rooms should have screens on the windows. Severity: 2 Scope: 1	0179	Window screenswere replaced for room #2 of the facility as shown in the attachments. The screen for room #3 was also located and placedback on the window as also shown. Thefacility administrator will monitor the facility windows to ensure that allwindows are fitted with a proper screen should they be opened for ventilation.	06/10/2022
0250 SS= D	Kitchens- Equipment Works; Clean And Sanitary - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 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. Inspector Comments: Based on observation and interview the facility failed to ensure outdated perishable foods were discarded. Findings include: On 04/07/22 at 1:08 PM, a gallon of milk, expired on 03/22/22, was found in the kitchen refrigerator. On 04/07/22 at 1:08 PM, the Owner confirmed the milk was expired and verbalized the milk had been frozen. Severity: 2 Scope: 1	0250	Employees of the facility have beenreprimanded and given re-training by the facility administrator on theimportance of food handling and safety. They were especially reminded ofdiscarding foods even if it had been previously frozen. The facilityadministrator will monitor the kitchen and cooking area of the facility forfood handling violations.	06/10/2022

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0859 SS= D	Medical Care of Resident After Illness - NAC 449.274 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. (NRS 449.0302) 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his or her physician. The resident must be cared for pursuant to any instructions provided by the resident ' s physician. Inspector Comments: Based on record review and interview, the facility failed to ensure a physical examination was completed prior to admission or annually for 2 of 10 residents (Resident #2 and #4). Findings include: Resident #2 Resident #2 was admitted to the facility on 05/25/05 with diagnoses including hypertension and hyperlipidemia. Resident #2's clinical record lacked documented evidence of an annual physical examination with a review of systems for 2021. On 04/07/22 at 1:30 PM, the Owner confirmed the Resident #2's record lacked documented evidence of a physical examination completed annually. Resident #4 Resident #4 was admitted to the facility on 03/04/22 with diagnoses including type 2 diabetes mellitus with hyperglycemia, muscle weakness, and chronic kidney disease. Resident #4's clinical record lacked documented evidence of a physical examination with a review of systems completed prior to admission to the facility. On 04/07/22 at 2:15 PM, the Owner confirmed Resident #4's record lacked documented evidence of a physical examination completed prior to admission to the facility. On 04/07/22 at 2:15 PM, the Owner confirmed the missing physical examinations and was unable to provide documented evidence of a physical examination completed for Resident #2 and #4. Severity: 2 Scope: 1	0859	The latestphysician progress notes were requested and received by the facility forresident #2 and resident #4. Attachedare the latest progress for resident #2 which include a visit with his primarycare provider on 4/20/2022 and 1/19/2022. Also attached are the latest progress for resident #4 which include progressnotes for a visit on 2/14/2022. Thefacility administrator will utilize a resident file checklist to ensure thatall residents receive an annual physical examination on or prior to theanniversary date of their last physical examination.	06/10/2022
0874 SS= F	Medication Administration-Report Received - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of	0874	The facility administratorhas revised the facility's Medication Review form to include a spot for theadministrator to sign	06/10/2022

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	facility. 2. Within 72 hours after the administrator of the facility receives a report submitted pursuant to paragraph (a) of subsection 1, a member of the staff of the facility shall notify the resident's physician of any concerns noted by the person who submitted the report. The report must be reviewed and initialed by the administrator. Inspector Comments: Based on document review, record review, and interview, the facility failed to ensure a medication profile review, performed by a physician, pharmacist or registered nurse at least once every six months, was initialed by the Administrator for 7 of 7 sampled residents residing in the facility for longer than six months (Resident #5, # 7, #1, #2, #3, #6, and #9). Resident #5 Resident #5 was admitted to the facility on 12/01/19 with diagnoses to include hypertension and cognitive impairment. Resident #5's file contained a medication review dated 04/06/22 and a medication review dated 02/22/22; however, the medication reviews lacked the Administrator's initials. Resident #7 Resident #7 was admitted to the facility on 09/01/20 with diagnoses to include paranoid schizophrenia, hyperlipidemia, and left knee pain. Resident #7's file contained a medication review dated 04/06/22 and a medication review dated 02/22/22; however, the medication reviews lacked the Administrator's initials. On 04/07/22 at 1:15 PM, the Owner confirmed the medication reviews were not initialed by the Administrator. Boothe, Osiris Resident #1 Resident #1 was admitted to the facility on 10/03/21, with diagnoses including coronary artery disease and subacute maxillary sinusitis. A six-month medication review was completed for Resident #1 on 04/06/22, and on 02/22/22; however, the medication reviews lacked the Administrator's initials. Resident #2 Resident #2 was admitted to the facility on 05/25/05, with diagnoses including hypertension and hyperlipidemia. A six-month medication review was completed for Resident #2 on 04/07/22, and on 07/01/21; however, the medication reviews lacked the Administrator's initials. Resident #3 Resident #3 was admitted to the facility on		acknowledging that he/she has reviewed the form as wellas the provider or pharmacy who did the medication review. The facilityadministrator will ensure that all future medication reviews are signed by themas well as. Attached is the facility's new Medication Review form.	

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	12/17/19, with diagnoses including hypertension, gastroesophageal reflux disease, and vascular dementia. A six-month medication review was completed for Resident #3 on 03/25/22, and on 10/26/21; however, the medication reviews lacked the Administrator's initials. Resident #6 Resident #6 was admitted to the facility on 05/01/09, with diagnoses including hypothyroidism, hyperlipidemia, and stage three chronic disease. A six-month medication review was completed for Resident #6 on 04/06/22, and on 02/22/22; however, the medication reviews lacked the Administrator's initials. Resident #9 Resident #9 was admitted to the facility on 12/18/20, with diagnoses including hypoxia, cognitive impairment, and muscle spasm. A six-month medication review was completed for Resident #6 on 04/06/22, and on 02/22/22; however, the medication reviews lacked the Administrator's initials. On 04/07/22 at 1:15 PM, the Owner confirmed the medication Reviews for Resident #1, #2, #3 and #6, #9 were not signed by the Administrator and it was a requirement. Severity: 2 Scope: 3			