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
	4234	A. BUILDING _____ B. WING _____	03/02/2023

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 mandatory regrading survey conducted at your facility on 02/08/23. This 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 three 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 deficiencies were identified:	0000		
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.	0104	Please refer to original Statement of Deficiency/Plan of Correction -Event ID GO2P11.	
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;	0106	Please refer to original Statement of Deficiency/Plan of Correction - Event ID GO2P11.	
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.	0179	Please refer to original Statement of Deficiency/Plan of Correction - Event ID GO2P11.	

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: EVANGELINE BELTEJAR-DIFUNTORUM	Title: Owner	Date: 03/27/2023

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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.	0250	Please refer to original Statement of Deficiency/Plan of Correction - Event ID GO2P11.	
0859 SS= F	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 6 of 10 residents (Resident #1, #2, #5, #6, #9, and #10). Findings include: Resident #1 Resident #1 was admitted to the facility on 01/05/22 with diagnoses including end stage heart failure, and chronic obstructive pulmonary disease. Resident #1's clinical record lacked documented evidence of an annual physical examination with a review of systems for 2022. On 02/08/23 at 10:16 AM, the Owner confirmed the Resident #1's record lacked documented evidence of a physical examination completed prior to admission. Resident #2 Resident #2 was admitted to the facility on 03/01/22 with diagnoses including chronic kidney disease, hypertension, and anemia. Resident #2's clinical record lacked documented evidence of a physical examination with a review of systems completed prior to admission to the facility. On 02/08/23 at 10:28 AM, the Owner confirmed the Resident #2's record lacked documented evidence of a physical	0859	The facility has contacted the primary care provider’s office for and received H&P's for resident's #1, 2, 5, 6, 9, and 10. The physician’s office has informed the facility that all records going forward will only be available digitally. The facility has submitted the paperwork to the PCP’s office to establish an online account in which all future and prior H&Ps for each resident can be accessed. The facility administrator will monitor for compliance in ensuring each resident’s progress notes are accessible through the new PCP’s online portal, printed, and filed in their respective charts at the facility.	02/28/2023

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	examination completed prior to admission. Resident #5 Resident #5 was admitted to the facility on 12/01/19 with diagnoses including hypertension, hypertriglyceridemia, and chronic kidney disease. Resident #5's clinical record lacked documented evidence of an annual physical examination with a review of systems for 2022. On 02/08/23 at 10:55 AM, the Owner confirmed the Resident #5's record lacked documented evidence of a physical examination completed annually. Resident #6 Resident #6 was admitted to the facility on 12/01/19 with diagnoses including vascular dementia, hypertension, and chronic idiopathic pulmonary fibrosis. Resident #6's clinical record lacked documented evidence of an annual physical examination with a review of systems for 2022. On 02/08/23 at 11:07 AM, the Owner confirmed the Resident #6's record lacked documented evidence of a physical examination completed annually. Resident #9 Resident #9 was admitted to the facility on 09/01/20 with diagnoses including paranoid schizophrenia, and cognitive impairment. Resident #9's clinical record lacked documented evidence of an annual physical examination with a review of systems for 2022. On 02/08/23 at 11:25 AM, the Owner confirmed the Resident #9's record lacked documented evidence of a physical examination completed annually. Resident #10 Resident #10 was admitted to the facility on 05/01/09 with diagnoses including paranoid schizophrenia, and cognitive impairment. Resident #10's clinical record lacked documented evidence of an annual physical examination with a review of systems for 2022. On 02/08/23 at 11:29 AM, the Owner confirmed the Resident #10's record lacked documented evidence of a physical examination completed annually. On 02/08/23 at 11:29 AM, the Owner confirmed the missing physical examinations and was unable to provide documented evidence of a physical examination completed for Resident #1, #2, #5, #6, #9, and #10. This was a repeat deficiency from the 04/07/22 annual State Licensure survey. Severity: 2 Scope: 3			

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0874 SS= D	Medication Administration-Report Received - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of 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 1 of 10 sampled residents residing in the facility for longer than six months (Resident #1). Findings include: Resident #1 Resident #1 was admitted to the facility on 01/05/22 with diagnoses including end stage heart failure, and chronic obstructive pulmonary disease. Resident #1's file contained a medication review dated 12/21/22 and a medication review dated 06/28/22; however, the medication reviews lacked the Administrator's initials. On 02/08/23 at 10:04 AM, the Owner confirmed the medication reviews were not initialed by the Administrator. This was a repeat deficiency from the 04/07/22 annual State Licensure survey. Severity: 1 Scope: 1	0874	The facility administrator acknowledges not having signed off on the medication review for resident #1 done on 6/28/2022. They have reviewed and signed the medication review for the resident in question. The facility administrator will ensure that all future medication reviews are reviewed by and signed off on by them prior to being filed in the resident's chart.	02/28/2023

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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 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.	0905	Please refer to original Statement of Deficiency/Plan of Correction - Event ID GO2P11.	
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;	1050	Please refer to original Statement of Deficiency/Plan of Correction - Event ID GO2P11.	