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 _____	02/21/2024

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 survey conducted at your facility on 02/21/24. 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 I and six Category II residents. The census at the time of the survey was nine. Nine resident files were reviewed, and six employee files were reviewed. The facility received a grade of B. 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		

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: EVA BELTEJAR-DIFUNTORUM	Title: Owner	Date: 04/03/2024

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0178 SS= D	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility failed to ensure a resident bathroom was cleaned properly. On 02/21/24 at 09:35 AM, the upstairs hallway resident bathroom toilet area was not cleaned and sanitized properly. On 02/21/24 at 09:45 AM, the Caregiver and Office Manager confirmed that the bathroom toilet area was dirty and not sanitized. The Caregiver confirmed that all bathroom areas should be cleaned and sanitized in order to prevent spread of disease or illness. Severity: 2 Scope: 1	0178	1.All caregivers have been retrained in facility cleanliness and sanitation with an emphasis to doing routine hourly check ins in all rooms to ensure proper sanitation and cleanliness. 2.All staff will have a rotating hourly cleanliness and sanitation walkthrough on top of regular cleaning chores to always ensure utmost cleanliness. 3.The facility manager will do routine random checks of the home and property to monitor cleanliness as well as ensure training reminders are held on a monthly basis to keep consistent. 4. Facility managers will ensure a plan of improvement is implemented. 5. Complete on 3.8.2024 6.Any pertinent documentation has been uploaded. 7.The re-training, hourly sanitation checks as well as consistent training will ensure other areas of the facility will not be affected by the same deficient practice. The walkthroughs and cleaning is of the whole residence and not limited to just the bathroom.	03/08/2024
0936 SS= D	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and	0936	1.Resident #2's TB test has been completed by hospice and uploaded. Resident #3 has had consistent Two step negative test since admittance to the facility. 2.The facility manager will manage and audit ALL resident admissions for proper documentation. A resident admittance checklist is used and a new resident will not be admitted until all documents and testing are completed and on file. The new file will then be reviewed by second manager to ensure thoroughness and always for a two-step verification system. All files are audited monthly to ensure no lapse in testing or	03/01/2024

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	the regulations adopted pursuant thereto. Inspector Comments: Based on document review, clinical record review and interview, the facility failed to ensure 2 of 9 sampled residents met the requirements concerning tuberculosis (TB) testing in accordance with Nevada Administrative Code (NAC) 441A (Resident #3, and #2). Findings include: Resident #3 Resident #3 was admitted to the facility on 11/16/23, with diagnoses including coronary artery disease, depression, diabetes, dyslipidemia, and hypertension. Resident #3's clinical record documented a one-step TB test administered on 08/19/23 and read negative on 08/21/23. The resident's record lacked documented evidence of a two-step TB test upon admission. On 02/21/24 at 9:39 AM, the Office Manager confirmed Resident #3's two-step TB test documentation was not on site and was unable to provide the documented evidence of a two-step TB test upon admission. Resident #2 Resident #2 was admitted to the facility on 02/12/22, with diagnoses including type 2 diabetes, and renal abscess. Resident #2's clinical record documented a QuantiFERON TB Gold test completed on 02/12/22. The clinical record lacked documented evidence a TB test was completed for 2023. On 02/21/24 at 10:04 AM, the Office Manager confirmed Resident #2 had not completed a timely annual TB test and verbalized the resident must have been missed when the assigned hospice provider came into the facility to administer annual TB testing. Severity: 2 Scope: 1		documentation. The manager will ensure to communicate with Hospice if necessary to allow adequate time for testing. 3.Monthly audits of all residents and employ files will ensure no lapse in TB testing as well as an admission audit and checklist ensure all documents on hand BEFORE admittance. The two-step auditing of admittance file will safeguard furth issues. 4.The facility manager will monitor to ensure implementation of plan of correction. 5.Completed on 3.1.2024 6.All appropriate documents have been uploaded. 7.The monthly and routinely audits of the filesare to include residents and employees to ensure no other time sensitive itemswill lapse such was training, H&P etc. This will safeguard the cited deficiencydoes not affect other areas.	

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1825 SS= F	I C Program Responsible Person and Designee - IC Program Responsible Person and Designee LCB File No. R048-22 Sec. 5 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. Inspector Comments: Based on interview and record review, the facility failed to ensure a primary and secondary person responsible for the facility's infection control program were identified with the potential to affect 9 of 9 residents. Findings include: On 02/21/24 at 10:26 AM, the Caregiver verbalized the facility had not designated a primary and secondary person responsible for the facility's infection control program. Severity: 2 Scope: 3	1825	1.Facility staff members have undergone 15 hours of infectious control training. One manager established as primary and another as secondary to ensure a designee for an infections control program. 2. The facility administrator will monitor Nathan's bulletins every week to ensure to stay on top of all necessary training procedures as well as the state website. The facility administrator will audit all employee files on a monthly basis to ensure all proper training and documentation filed and completed. Will also monitor continuing education to stay on top of no lapses in training. All staff will undergo 15 hours of IC training to ensure a replacement of first and secondary in case of a designee leaving. Primary and secondary contact posted in visible area for all residents and staff to contact if necessary. 3.The monthly audits will ensure all training completed and filed. All facility staff to undergo training in case of a primary or secondary designee has left facility employment. 4.Facility administrator will ensure plan of correction implemented. 5.Corrective action completed on 3.24.24 6.IC training has certificate has been uploaded. 7.All employees to undergo IC training to ensurethere is always a primary and secondary designee to be always responsible forinfection control at all times.	03/24/2024

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1830 SS= F	Infection Control Required Training - Infection Control Required Training LCB File No. R048-22 Sec. 5 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 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. Inspector Comments: Based on personnel file review and interview, a primary infection control staff lacked the required infection control training. Findings include: Employees personnel file lacked the required infection control and prevention training required for an infection control staff. On 02/21/24 at 10:26 AM, the Office Manager confirmed the facility had not designated a primary and secondary person responsible for the facility's infection control program and the required infection control training was not completed. Severity: 2 Scope: 3	1830	1.Facility staff members have undergone 15 hours of infectious control training. One manager established as primary and another as secondary to ensure a designee for an infections control program. 2. The facility administrator will monitor Nathan’s bulletins every week to ensure to stay on top of all necessary training procedures as well as the state website. The facility administrator will audit all employee files on a monthly basis to ensure all proper training and documentation filed and completed. Will also monitor continuing education to stay on top of no lapses in training. All staff will undergo 15 hours of IC training to ensure a replacement of first and secondary in case of a designee leaving. Primary and secondary contact posted in visible area for all residents and staff to contact if necessary. 3.The monthly audits will ensure all training completed and filed. All facility staff to undergo training in case of a primary or secondary designee has left facility employment. 4.Facility administrator will ensure plan of correction implemented. 5.Corrective action completed on 3.24.24 6.IC training has certificate has been uploaded. 7.All employees to undergo IC training to ensurethere is always a primary and secondary designee to be always responsible forinfection control at all times.	03/24/2024