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 _____	07/23/2025

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

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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 07/23/2025. 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 ten 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 ten. Ten resident records and five employee records 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		
0102 SS= D	Personnel File - TB Screening - NAC 449.200 Personnel files. 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: (d) The health certificates required pursuant to chapter 441A of NAC for the employee; Inspector Comments: Based on employee record review and interview, the facility failed to ensure a Caregiver obtained a pre-employment physical examination for 1 of 5 employees (Employee #4). The deficient practice placed residents at risk from employee(s) not completing all eligibility requirements prior to providing care to residents. Findings include: Employee #4 Employee #4 had a hire date of 06/24/2025, and a title of Caregiver. Employee #4's record lacked documentation a pre-employment physical examination had been completed. On 07/23/2025 at 1:24 PM, the Business Office Manager confirmed Employee #4 started as a Caregiver on 06/24/2025 and had not completed a pre-	0102	1. 1.Employee #4 has completed pre-employmentphysical examination and documented in the personnel file. The Business OfficeManager will ensure Employee #4. Moving forward, empoyees will not be placed onfloor until physical examination completed. 2. 2.The facility will update its hiring checklist toinclude a mandatory step verifying that the pre-employment physical examinationhas been completed and filed before any employee begins providing care. HumanResources and the Business Office Manager will both be required to sign off onthis step prior to an employee’s start date. 3. 3.The Administrator will conduct audits of all pre-employmentdocuments prior	08/01/2025

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	employment physical examination. The Business Office Manager verbalized having been aware of the requirement for employees to complete a pre-employment physical examination. Severity: 2 Scope: 1		to hire of new employees. 4. 4. Office manager responsible for implementation ofPOC. 5. 5.Completed on 8.1.2025. 6. 6.All pertinent documents uploaded. 7. 7.A complete review of all current employee fileswill be conducted to ensure each contains documentation of a pre-employmentphysical examination. If any other files are missing this documentation,employees will be immediately scheduled for completion of a physical exambefore continuing direct resident care duties.	
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 employee record review and interview, the facility failed to ensure a 1 of 5 employees obtained fingerprints and a background check clearance per the background check requirements of Nevada Revised Statute (NRS) 449.122 to 449.125 (Employee #4). The deficient practice placed residents at	0104	1. 1. Employee #4 was immediately removed from the work schedule and suspended from direct resident care duties until fingerprints are obtained, submitted, and background check clearance is documented. The facility will ensure Employee #4 completes all fingerprinting and background check requirements before resuming work. 2. 2.The hiring process will be revised to include a mandatory verification step that no employee may begin working until proof of fingerprint submission and background check clearance is received. The facility's hiring checklist	07/23/2025

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	risk from employee(s) not completing all eligibility requirements prior to providing care to residents. Findings include: Employee #4 Employee #4 had a hire date of 06/24/2025, and a title of Caregiver. Employee #4's record lacked documentation fingerprints had been obtained and submitted, and a background check clearance had been completed. On 07/23/2025 at 1:25 PM, the Business Office Manager confirmed Employee #4 started as a Caregiver on 06/24/2025 and had not yet obtained fingerprints for submission for a background check. The Business Office Manager verbalized having been aware of the background check requirements for employees. Severity: 2 Scope: 1		will be updated to reflect this requirement, and both the Business Office Manager will be required to sign off before an employee is cleared to work. 3. 3. The Administrator will conduct monthly personnel file audits for the next six (6) months to verify fingerprinting and background check clearance documentation for all active staff and verify before hire. Thereafter, this will be included in compliance reviews. 4. 4.Administrator and Business Office Manager will be responsible for implementation of POC. 5. 5. Completed on 7.24.2025 6. 6. All pertinent documents have been uploaded. 7. 7.A complete audit of all current employee files will be performed to verify fingerprints and background check clearances are on file. If any deficiencies are identified, those employees will be immediately removed from the work schedule until the requirements are met.	

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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 Administrator failed to ensure windows coverings in a resident room were maintained. Findings include: On 07/23/2025 at 10:56 AM, the upstairs resident Room #3 had two horizontal mini blinds covering the window. Both blinds had the lower portions broken or missing and did not cover the entire window. On 07/23/2025 at 10:57 AM, the Caregiver confirmed the blinds were broken and did not cover the window. The Caregiver verbalized having informed the Owner two weeks prior of the broken window blinds. On 07/23/2025 at 1:35 PM, the Business Office Manager confirmed the blinds in Room #3 had been broken and the facility had been working on replacing them. Severity: 2 Scope: 1	0178	1. 1. The broken horizontal mini blinds in ResidentRoom #3 were removed and replaced with new, fully functioning window coveringsthat provide complete coverage and privacy. This correction was completedimmediately after the inspection, and the resident room was re-inspected toconfirm compliance. 2. 2.The facility will implement a routineenvironmental maintenance inspection schedule to identify and promptly addressany damaged window coverings or other maintenance issues. Contracted maintenanceman to visit facility weekly. 3. 3.The Administrator will review the environmentalmaintenance log weekly and conduct monthly facility walk-throughs to verifythat window coverings and other resident room furnishings remain in goodrepair. 4. 4. Administrator and Maintenance Manager responsiblefor implementation of POC. 5. 5. Completed on 7.28.2025. 6. 6. Photo of blinds uploaded. 7.A full inspection of all resident rooms andcommon areas will be conducted to identify any additional damaged or missingwindow coverings.	08/28/2025

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0252 SS= F	Storage of Food - Adequate Storage; Packaging - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 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. Inspector Comments: Based on observation and interview, the facility failed to ensure expired canned foods were discarded. The deficient practice had the potential to affect the entire facility census. Findings include: On 07/23/2025 at 10:50 AM, the Caregiver confirmed the following canned food items, located in the built-out pantry in the garage, were for resident use and were expired: -three-14-ounce (oz) cans of Ocean Spray Cranberry Jelly with an expiration date of 10/17/2024. -two-8 oz cans of Dynasty Sliced Water Chestnuts with an expiration date of 03/13/2025. -two-12.5 oz cans of Great Value Chuck Chicken Breast with an expiration date of 05/13/2025. On 07/23/2025 at 10:55AM, the Caregiver confirmed the expired canned food items should have been removed and discarded upon expiration. Severity: 2 Scope: 3	0252	1. 1. All expired canned food items identified duringthe inspection were immediately removed from the pantry and discarded. Thepantry was thoroughly checked to ensure no additional expired items remainedavailable for resident use. 2. 2.The facility will implement an inventory system,requiring pantry items to be checked for expiration dates on a monthly basis. Adesignated staff member will be assigned to complete this review using astandardized food inventory checklist. The policy will emphasize “first in,first out” food rotation practices. 3. 3. The Administrator will review completed monthlyfood inventory checklists and verify compliance during quarterly kitchen andpantry inspections. Audit results will be documented and discussed in quarterlyquality assurance meetings to ensure oversight. 4. 4.Office manager responsible for implementation ofPOC. 5. 5. Expiredfood items were removed and discarded on **July 23, 2025**. The new FoodStorage and Rotation Policy and monthly inspection process will be fullyimplemented by **August 15, 2025**. 6. 6.Allpertinent documents uploaded.	07/23/2025

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			7. 7.A full facility-wide inspection of all foodstorage areas, including refrigerators, freezers, and dry storage, will beconducted to ensure no expired items are present. Any expired items found willbe immediately removed and discarded, and ongoing compliance will be tracked inthe food inventory logs.	