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
	4582	A. BUILDING _____ B. WING _____	08/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLY CHILD RESIDENTIAL CARE 4	5825 TAPPAN DRIVE, RENO, NEVADA ,89523

(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 an annual State Licensure survey conducted at your facility on 08/06/2024. This State Licensure Survey was conducted in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for five Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was three. Three resident files 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. There following regulatory 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: ALAN BARCELON | Title: Operations Manager | Date: 08/13/2024

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1825 SS= D	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 observation, the facility failed to ensure a secondary person was responsible for the facilities infection control program was identified. Findings include: On 08/06/2024 at 11:07 AM, the facility lacked documented evidence to identify secondary person responsible for the facility's infection control program. On 08/06/2024 at 11:07 AM, the Administrator verbalized the facility had designated the Caregiver / Manager who would be identified as the primary person for the facilities infection control program. The Administrator confirmed the facility had not yet identified the secondary infection control program person. Severity: 2 Scope: 1	1825	1.) Our facility assigned Nena Valera, administrator, as the secondary Infection Control Preventionist. 2.) The primary and secondary Infection Control Preventionist was listed on the Infection Control Policy on August 6, 2024, after the survey. 3.) Since everything is listed in our policy, it will be re-evaluated every time there's a change or a review of the policy. 4.) Alan Barcelon, manager, is responsible for the plan of correction. 5.) 8/6/2024	08/06/2024

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1830 SS= D	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, document review, and interview, the facility lacked a secondary infection control person with the required infection control training with the potential to affect 3 of 3 residents. Findings include: Employee's personnel file lacked the required infection control and prevention training required for an infection control staff. On 08/06/2024 at 11:31 AM, the Administrator confirmed the facility had not designated a secondary person responsible for the facility's infection control program and the required infection control training was not completed. Severity: 2 Scope: 1	1830	1.) Nena Valera, administrator and secondary Infection Control Preventionist, completed the required 15 hours training on August 10, 2024. 2.) Initially, we thought that since we only had 3 workers for our small facility, 1 designated person was enough. But after the surveyor let us know that a secondary person is required, we will do the training on a yearly basis. 3.) Just like any of our training due date, we have a reminder alert that let us know ahead of time when a training due date is coming up. 4.) Alan Barcelon, manager, and Nena Valera, administrator, will be responsible. 5.) 8/10/2024.	08/10/2024