DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**08/06/2025**

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 and complaint investigation conducted at your facility on 08/06/2025. 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 two. Two resident files and three employee files were reviewed. The facility received a grade of A. There was one complaint investigated. Complaint #NV00074567 with the following allegations could not be substantiated. Allegation #1: The facility did not have single motion locks in the resident restrooms Allegation #2: The facility patio railings had chipping paint. The investigation into the allegations included: Observation included tour of facility, checking all doors through the facility and outside patio railing. Interviews were conducted with the Administrator and residents. 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 investigation, 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		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: ALAN BARCELON Title: Manager Date: 08/11/2025

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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0515 SS= E	Supervision and Treatment of Residents - NAC 449.259 & R043-22 Supervision and treatment of residents generally. (NRS 449.0302) 1. A residential facility shall ensure that the staff of the facility collaborate with each resident of the facility, the family of the resident and other persons who provide care for the resident, including, without limitation, a qualified provider of health care, as interpreted by section 8 of this regulation, to: (a) Develop a person-centered service plan for the resident; and (b) Review the person-centered service plan at least once each year.; Inspector Comments: Based on record review and interview, the facility failed to ensure an annual person-centered service plan was completed for 1 of 2 residents (Resident #2). Findings include: Resident #2 Resident #2 was admitted on 05/23/2024, with diagnoses including Alzheimer's disease/Dementia, and hypertensive heart disease. Resident #2's record documented an initial person-centered service plan dated 05/23/2024. Resident #2's record lacked documented evidence of a completed annual person-centered service plan for 2025. On 08/06/2025 at 10:47 AM, the Caregiver confirmed the missing annual person-centered service plan for Resident #2 and verbalized the service plan should have been updated annually. Severity: 2 Scope: 2	0515	1.) Created an updated care plan for resident #2. 2.) This deficiency occurred due to failure to add in our reminder system. This time, we have added her annual care plan to our system and this deficiency should not occur in the future. 3.) Our reminder system will alarm us weeks in advance that the care plan is due. 4.) Alan Barcelon, the manager, will be in charge. 5.) 8/7/2025 6.) Please see attachment	08/07/2025

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0936 SS= E	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 the regulations adopted pursuant thereto. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 2 residents (Resident #2) met the requirements for tuberculosis (TB) testing in accordance with Nevada Administrative Code (NAC) 441A. Findings include: Resident #2 Resident #2 was admitted to the facility on 05/23/2024, with diagnoses including Alzheimer's Disease/Dementia, and hypertensive heart disease. Resident #2's record documented an initial Quantiferon TB test completed on 05/20/2024, and lacked documented evidence an annual TB test was completed in 2025 On 08/07/2025 at 10:47 AM, the Caregiver confirmed Resident #2's record lacked an annual TB test for 2025. The Caregiver verbalized each resident was to have an annual TB test. Severity: 2 Scope: 2	0936	1.) Called the hospice nurse to schedule the 2 steps tb skin test. First step was initiated today 8/11/2025. 2.) Added her tb test to our reminder system. This deficiency occurred due to failure to add it on our reminders. 3.) The reminder system will alarm us weeks in advance when the tb test will be due. 4.) Alan Barcelon, the manager, will be in charge. 5.) 8/11/2025	08/11/2025