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
	7195	A. BUILDING _____ B. WING _____	09/22/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT PAUL HOME CARE III	4910 KOENIG RD, 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 the result of a follow-up State Licensure COVID-19 Infection Control and Prevention Plan Survey conducted in your facility on 09/22/20. This State Licensure survey was conducted by the Division of Public and Behavioral Health in accordance with NAC 449, Residential Facility for Groups. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or mental illness, three Category I and seven Category II residents. The census at the time of the survey was ten. There were no positive or presumptive COVID-19 residents or staff that the time of the survey. The facility utilized the front entrance as the main access point. All staff members and essential visitors were required to complete a written questionnaire for COVID-19 signs and symptoms, have their temperature taken and were instructed to wear a facial mask and use hand sanitizer. All residents were observed to be socially distanced in the dining and common area. Staff observations included the use of masks and gloves with resident care, reminders to residents to social distance in the common areas, and the use of masks and gloves during their daily routines. Interviews conducted with the Owner and one Caregiver revealed the facility maintained an adequate supply of the following personal protective equipment: disposable gowns, gloves, surgical masks, and N-95 masks. Two facility staff members had completed N-95 Fit testing and document copies were available for review. The facility cleaning schedule occurred daily with a bleachwater solution. High touch areas were cleaned twice daily with bleachwater solution. The facility provided continuing education on Infection Prevention and Control Training to staff members through weekly meetings and weekly review of Centers for Disease Control guidelines. A review of the facility's Infection Control and Prevention Plan revealed the facility had the following components documented and ready for	0000		

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	implementation: - A verbal interview with Administrator describing implementation of the plan. - Visitor entry and facility screening practices - An Emergency Staffing Plan if a staff member tested positive - A plan if a resident tested positive - Access to or inventory of Personal Protective Equipment (PPE) - Staff training on the proper use of PPE to include donning and doffing - Staff Fit Tests for N-95 masks - Respirator Program - Identification and response to residents with suspected or confirmed COVID-19 - New Admissions or Readmissions with an unknown COVID-19 status - Required notifications The findings and conclusions of any investigation by the Health Division 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. No regulatory deficiencies were identified.			