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 _____	03/24/2021

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 a result of a State Licensure mandatory regrading survey conducted in your facility on 03/24/21. 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 was licensed for ten beds for the elderly and disabled with special endorsement to provide services to persons with mental illness. The census at the time of survey was eight. Five resident files and four 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 investigation, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The 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: JERIS ERN BELTEJAR	Title: Owner	Date: 05/24/2021

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0960 SS= D	Alzheimer’s Care Application for Endorsement - NAC 449.2754 Residential facility which provides care to persons with Alzheimer ' s disease: Application for endorsement; general requirements. (NRS 449.0302) 1. A residential facility which offers or provides care for a resident with Alzheimer ' s disease or related dementia must obtain an endorsement on its license authorizing it to operate as a residential facility which provides care to persons with Alzheimer ' s disease. The Division may deny an application for an endorsement or suspend or revoke an existing endorsement based upon the grounds set forth in NAC 449.191 or 449.1915. Inspector Comments: Based on observation, interview and record review, the facility failed to obtain an Alzheimer's endorsement to provide care to residents with Alzheimer's Disease or related dementia for 1 of 8 residents (Resident #2). Findings include: Resident # 2 Resident # 2 was admitted to the facility on 11/25/14 with diagnoses including unspecified alcoholic dementia, hyperlipidemia, and hypertension. Resident #2's medical record lacked documented evidence of a Physician Placement Determination form. On 03/24/21 at 10:02 AM, the Owner confirmed the facility did not obtain an Alzheimer's endorsement to care for Resident #2 with Alzheimer's/dementia. Severity: 2 Scope: 1	0960	The physician placement determination form for the resident #2 was completed on 5/14/2021. It was filled out by the resident’s primary care provider during an office visit with the provider. Provided in the attachments is a copy of the physician placement determination. The facility administrator will ensure that future residents with any type of dementia related diagnose swill have the proper physician placement determination form filled out in their file.	05/14/2021