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 _____	05/24/2021

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 annual survey conducted at your facility on 05/24/21. This State investigation 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 mental illness, with three beds for low income, three Category 1 and seven Category II residents. The census at the time of survey was nine. Nine 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 deficiency was identified:	0000		
0936 SS= F	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 4 of 9 sampled residents met the requirements concerning tuberculosis (TB) testing in accordance with Nevada Administrative Code (NAC) 441A (Resident #3, #6, #7 and #8). Findings include: Resident #3 Resident #3 was admitted to	0936	Resident #3, #6,#7, and #8 all received step one of a two-step TB test on 5/31/2021 which was read on 6/2/2021. All residents showed a negative result. The second step test was administered for all four residents on 6/16/2021 and read on 6/18/2021 with all residents showing a negative result. The facility administrator will ensure that all residents receive their annual TB in a timely manner each year.	06/18/2021

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	the facility on 05/01/19, with diagnoses including gastroesophageal reflux disease, osteoarthritis and anxiety. Resident #3's clinical record documented a TB test administered on 01/22/20 and read on 01/24/20, with a negative result. Resident #3"s clinical record lacked documented evidence of a TB test for 2021. On 05/24/21 at 9:24 AM, the Caregiver confirmed Resident #3 did not have evidence of a TB test completed for 2021. Resident #6 Resident #6 was admitted to the facility on 05/14/19, with diagnoses including major neurocognitive disorder with behavioral problem, adjustment disorder with disturbance of conduct and alcohol use disorder. Resident #6's clinical record documented a Quantiferon TB test completed on 09/14/19, with a negative result. Resident #6's clinical record lacked documented evidence of a TB test for 2020. On 05/24/21 at 9:58 AM, the Caregiver confirmed Resident #6 did not have a TB test completed in 2020 and verbalized the TB test was more than a year overdue. Resident #7 Resident #7 was admitted to the facility on 05/25/13, with diagnoses including dementia without behavioral disturbance, insomnia and chronic airway obstruction. Resident #7's clinical record documented a TB test administered on 11/13/19 and read on 11/15/19, with a negative result. Resident #7's clinical record lacked documented evidence of a TB test for 2020. On 05/24/21 at 9:58 AM, the Caregiver confirmed Resident #7 did not have evidence of a TB completed in 2020. Resident #8 Resident #8 was admitted to the facility on 11/25/14, with diagnoses including hyperlipidemia, essential hypertension and epilepsy. Resident #8's clinical record documented a TB test administered on 11/13/21 and read on 11/15/19, with a negative result. Resident #8's clinical record lacked documented evidence of a TB test for 2020. On 05/24/21 at 9:58 AM, the Caregiver confirmed Resident #8 did not have evidence of a TB test completed in 2020. Severity: 2 Scope: 3			