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 _____	04/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT PAUL HOME CARE III	4910 KOENIG RD, RENO, NEVADA ,89506

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 04/07/22. 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 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 seven. Seven resident files and four employee files were reviewed. The facility received a grade of B. 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 BELTEJAR Title: Owner Date: 06/15/2022

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0102 SS= D	Personnel File - TB Screening - NAC 449.200 Personnel files. 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee; Inspector Comments: Based on record review, document review, and interview, the facility failed to ensure employees met the requirements concerning tuberculosis (TB) testing for 1 of 4 employees (Employee #3). Findings include: Employee #3 Employee #3 was hired as a Caregiver, with a start date of 04/15/20. Employee #3's file documented a two step TB test, the first TB test was given on 03/10/20 and read negative on 03/12/20. The second step TB test was given on 03/18/20 and read negative on 03/20/20. Employee #3 file lacked documentation of an annual TB test in 2021 and 2022. On 04/07/22 at 10:39 AM, the Owner confirmed Employee #3's should have had another TB test in 2021 and 2022. Severity: 2 Scope: 1	0102		06/10/2022

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0104 SS= D	Personnel Files - Background Checks - NAC 449.200 Personnel files. (NRS 449.0302) 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. Inspector Comments: Based on record review and interview, the facility failed to maintain a personnel record with the State Notification of Clearance letter specific to the facility for the criminal background check of 1 of 4 employees (Employee #1). Findings include: Employee #1 Employee #1 was hired as an Administrator on 12/01/11. Employee #1's personnel record included a Notification of Clearance letter, dated, 06/09/20. However, the background check clearance letter was not for this facility. The employee's record lacked documented evidence of a State clearance letter for this facility. On 04/07/22 at 10:45 AM, the facility's NABS account lacked documented evidence of Employee #1 being entered and cleared. On 04/07/22 at 10:58 AM, the Owner confirmed the employee's file lacked documented evidence of the fingerprints being submitted and the required Clearance Letter and Employee #1 was not cleared in the facility's NABS account. Severity: 2 Scope: 1	0104		06/10/2022

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0106 SS= D	Personnel File - 1st Aid & CPR - NAC 449.200 Personnel files 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1: (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation; Inspector Comments: Based on record review and interview, the facility failed to ensure caregivers were certified to perform cardiopulmonary resuscitation (CPR) and first aid for 1 of 4 sampled caregivers (Employee #4). Findings include: Employee #4 Employee #4 was hired as a Caregiver on 06/15/14. The employee's file contained a first aid and CPR training certificate with an expiration date of 02/15/21; however, the CPR and first aid training were not renewed until 03/24/22. On 04/07/22 at 10:53 AM, the Owner confirmed the lapse in CPR and first aid training and further explained the employee was providing care to the residents during the lapse in the first aid training. Severity: 2 Scope: 1	0106		06/10/2022
0250 SS= D	Kitchens- Equipment Works; Clean And Sanitary - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition. Inspector Comments: Based on observation and interview the facility failed to ensure perishable foods were stored properly. Findings include: On 04/07/22 at 9:36 AM, a box containing eggs was found stored on a shelf in the kitchen, not refrigerated. On 04/07/22 at 9:36 AM, the Caregiver confirmed the eggs were not stored in a refrigerated space to keep the eggs cool, as required, to prevent bacteria from easily entering the eggs and multiplying to dangerous levels. Severity: 2 Scope: 1	0250		06/10/2022

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0859 SS= D	Medical Care of Resident After Illness - NAC 449.274 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. (NRS 449.0302) 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his or her physician. The resident must be cared for pursuant to any instructions provided by the resident ' s physician. Inspector Comments: Based on record review and interview, the facility failed to ensure residents received annual physical examinations for 1 of 7 residents (Resident #5). Findings include: Resident #5 Resident #5 was admitted to the facility on 01/28/13, with diagnoses including schizophrenia, tobacco use disorder, and major vascular neurocognitive disorder. Resident #5's clinical record contained an annual physical dated 03/09/21; however, lacked documented evidence of an annual physical examination with a review of systems for 2022. On 04/07/22 at 10:08 AM, the Owner confirmed the Resident #5's record lacked documented evidence of a physical examination with a review of systems for 2022. Severity: 2 Scope: 1	0859		06/10/2022
0874 SS= C	Medication Administration-Report Received - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 2. Within 72 hours after the administrator of the facility receives a report submitted pursuant to paragraph (a) of subsection 1, a member of the staff of the facility shall notify the resident's physician of any concerns noted by the person who submitted the report. The report must be reviewed and initialed by the administrator. Inspector Comments: Based on document review, record review, and interview, the facility change with Administrator failed to ensure a medication profile review, performed by a physician, pharmacist or registered nurse at least once every six	0874		06/10/2022

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	months, was initialed by the Administrator for 7 of 7 sampled residents residing in the facility for longer than six months (Resident #1, #2, #4, #5, #7, #3, and #6). Findings include: Resident #1 Resident #1 was admitted to the facility on 05/02/12, with diagnoses including hypertension and bipolar disorder. A six-month medication review was completed for Resident #1 on 02/23/22, and on 09/23/21; however, the medication reviews lacked Administrator initials. Resident #2 Resident #2 was admitted to the facility on 05/01/19, with diagnoses including schizophrenia, tobacco dependence, and hypertension, hypertension. A six-month medication review was completed for Resident #2 on 02/23/22, and on 09/23/21; however, the medication reviews lacked Administrator initials. Resident #4 Resident #4 was admitted to the facility on 10/13/20, with diagnoses including aggression and neuro cognitive disorder. A six-month medication review was completed for Resident #4 on 02/23/22, and on 09/23/21; however, the medication reviews lacked the Administrator's initials. Resident #5 Resident #5 was admitted to the facility on 01/28/13, with diagnoses including schizophrenia, tobacco use disorder, and major vascular neurocognitive disorder. A six-month medication review was completed for Resident #5 on 02/25/22, and on 09/23/21; however, the medication reviews lacked the Administrator's initials. Resident #7 Resident #7 was admitted to the facility on 05/25/13, with diagnoses including chronic pain and chronic obstructive pulmonary disease. A six-month medication review was completed for Resident #7 on 02/23/22, and on 09/09/21; however, the medication reviews lacked the Administrator's initials. On 04/07/22 at 10:30 AM, the Owner confirmed the medication Reviews for Resident #1, #2, #4, #5, and #7 were not signed by the Administrator and it was a requirement. Resident #3 Resident #3 was admitted to the facility on 03/17/17, with diagnoses including depression, anemia, and hypertension. A six-month medication review was completed for Resident #3 on 02/23/22, and on 09/23/21; however, the medication reviews lacked the			

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	Administrator's initials. On 04/07/22 at 10:30 AM, the Owner confirmed the medication reviews for Resident #3 were not initialed by the Administrator. Resident #6 Resident #6 was admitted to the facility on 05/03/21, with diagnoses including nonhealing wound, chronic pain, hypertension, and cognitive impairment. A six-month medication review was completed for Resident #6 on 02/23/22, and on 09/23/21; however, the medication reviews lacked the Administrator's initials. On 04/07/22 at 10:30 AM, the Owner confirmed the medication reviews for Resident #6 were not initialed by the Administrator. Severity: 1 Scope: 3			
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 3 of 7 sampled residents met the requirements concerning tuberculosis (TB) testing in accordance with Nevada Administrative Code (NAC) 441A (Resident #2, #7, and #6). Findings include: Resident #2 Resident #2 was admitted to the facility on 05/01/19, with diagnoses including schizophrenia, tobacco dependence, and hypertension. Resident #2's clinical record documented evidence of a 1 step TB test given on 01/22/20 and read negative on 01/24/20. Resident #2's clinical record lacked documentation of a TB test administered in 2021 and 2022. On 04/07/22 at 9:46 AM, the Owner verbalized the resident had a TB test performed; however, it was not on site. Resident #7	0936		06/10/2022

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	Resident #7 was admitted to the facility on 05/25/13, with diagnoses including chronic pain and chronic obstructive pulmonary disease. Resident #7's clinical record documented a 1 step TB test given on 11/13/19 and read negative on 11/15/19. Resident #7's clinical record lacked documentation of a TB test administered in 2020 and 2021. On 04/07/22 at 10:18 AM, the Owner verbalized the resident had a TB test performed; however, it was not on site. Resident #6 Resident #6 was admitted to the facility on 05/03/21, with diagnoses including nonhealing wound, chronic pain, hypertension, and cognitive impairment. Resident #6's file lacked documented evidence of an initial two-step TB test. On 04/07/22 at 10:19 AM, the Owner verbalized the resident had a two-step TB test performed; however, it was not on site. Severity: 2 Scope: 2			