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 _____	03/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT PAULS 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 a State Licensure mandatory regrading survey and complaint investigation conducted at your facility on 03/13/2025. 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 nine. Five resident files and three employee files were reviewed. The facility received a grade of B. There was one complaint investigated. Complaint #NV00073475 with the following allegations was substantiated: Allegation #1: A hole in the wall next to the light switch in resident bathroom needs to be repaired (See Y0178). Allegation #2: A tile near the kitchen window fell off and needs to be replaced (See Y0178). Allegation #3: The resident room bathroom and hall bathroom doors do not have operational locks (See Y0355). The following allegations could not be substantiated: Allegation #4: The facility had a urine smell. Allegation #5: The facility toilet seat needs to be cleaned or replaced. Allegation #6: The facility bathroom sink needs to be cleaned. Allegation #7: The facility hall bathroom ceiling around exhaust and fluorescent light needs to be cleaned. Allegation #8: The facility hall bathroom does not have sufficient lighting. Resident must walk across the bathroom to reach the only operational light switch. Allegation #9: The facility caregivers medication management training was expired. Allegation #10: The facility caregivers elder abuse training was expired. The investigation into the complaints included: Observation of staff and resident interactions and a brief tour of the facility bathrooms and kitchen. Interviews were conducted with a Caregiver and the Owner. Document review included personnel training. The findings and conclusions of	0000		

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	any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigations, 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:			
0050 SS= F	Administrator's Responsibilities - Oversight - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.27706, inclusive, and chapter 449 of NRS.	0050	Please refer to original Statement of Deficiency/Plan of Correction - Event ID DQ5011.	03/13/2025
0074 SS= D	Elder Abuse Training - NRS 449.093 Training to recognize and prevent abuse of older persons: Persons required to receive; frequency; topics; costs; actions for failure to complete. 1. An applicant for a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before a license to operate such a facility, agency or home is issued to the applicant. If an applicant has completed such training within the year preceding the date of the application for a license and the application includes evidence of the training, the applicant shall be deemed to have complied with the requirements of this subsection. 2. A licensee who holds a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must annually receive training to recognize and prevent the abuse of older persons before the license to operate such a facility, agency or home may be renewed. 3. If an applicant or licensee who is required by this section to	0074	Please refer to original Statement of Deficiency/Plan of Correction - Event ID DQ5011.	03/13/2025

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	obtain training is not a natural person, the person in charge of the facility, agency or home must receive the training required by this section. 4. An administrator or other person in charge of a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the facility, agency or home provides care to a person and annually thereafter. 5. An employee who will provide care to a person in a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care must receive training to recognize and prevent the abuse of older persons before the employee provides care to a person in the facility, agency or home and annually thereafter. 6. The topics of instruction that must be included in the training required by this section must include, without limitation: (a) Recognizing the abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; (b) Responding to reports of the alleged abuse of older persons, including sexual abuse and violations of NRS 200.5091 to 200.50995, inclusive; and (c) Instruction concerning the federal, state and local laws, and any changes to those laws, relating to: (1) The abuse of older persons; and (2) Facilities for intermediate care, facilities for skilled nursing, agencies to provide personal care services in the home, facilities for the care of adults during the day, residential facilities for groups or homes for individual residential care, as applicable for the person receiving the training. 7. The facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care is responsible for the costs related to the training required by this section. 8. The administrator of a facility for intermediate			

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	care, facility for skilled nursing or residential facility for groups who is licensed pursuant to chapter 654 of NRS shall ensure that each employee of the facility who provides care to residents has obtained the training required by this section. If an administrator or employee of a facility or home does not obtain the training required by this section, the Division shall notify the Board of Examiners for Long-Term Care Administrators that the administrator is in violation of this section. 9. The holder of a license to operate a facility for intermediate care, facility for skilled nursing, agency to provide personal care services in the home, facility for the care of adults during the day, residential facility for groups or home for individual residential care shall ensure that each person who is required to comply with the requirements for training pursuant to this section complies with such requirements. The Division may, for any violation of this section, take disciplinary action against a facility, agency or home pursuant to NRS 449.160 and 449.163.			
0102 SS= F	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;	0102	Please refer to original Statement of Deficiency/Plan of Correction - Event ID DQ5011.	03/13/2025

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0178 SS= F	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility failed to ensure 1) backsplash tile in the kitchen was repaired, 2) a hole in a resident room bathroom was repaired, and 3) the hall bathroom light fixture had a cover. On 03/13/2025 at 9:24 AM, a ceramic tile below the kitchen window had fallen off and broken. On 03/13/2025 at 9:35 AM, facility Owner/Caregiver confirmed the missing tile and verbalized the tile had fallen off a few months prior and the landlord had been contacted. On 03/13/2025 at 9:24 AM, in a resident bathroom, there was a hole around the double light switch. On 03/13/2025 at 10:47 AM, facility Owner/Caregiver confirmed the resident bathroom had a hole surrounding the light switch and verbalized they were waiting for the landlord to send someone to repair the hole. On 03/13/2025 at 9:30 AM, the fluorescent light in the hall bathroom was missing its cover. On 03/13/2025 at 9:30 AM, the Caregiver confirmed the fluorescent light in the bathroom was missing its cover and verbalized the Owner/Caregiver had ordered a replacement. Severity: 2 Scope: 3	0178	Missing ceramictile on the kitchen backsplash has been repaired. Hole in the master bedroom bathroom aroundthe double light switch has been repaired. Entire bathroom has been repainted and new toilet along light fixturewas installed. Repairs were completed on4/15/2024 by handyman hired by landlord. The facility administrator will monitor the facility for repairs neededand promptly notify the landlord should any be needed.	04/15/2025

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0355 SS= F	Bathrooms and Toilet Facilities - NAC 449.222 Bathrooms and toilet facilities; toilet articles. (NRS 449.0302) 5. Provision must be made for privacy in all bathrooms and toilet facilities in rooms intended for use by more than one person. Inspector Comments: Based on observation and interview, the facility failed to ensure privacy in bathrooms that were in use for all facility residents. Findings include: On 03/13/2025 at 9:38 AM, the doors to the bathroom located in a resident bathroom and the bathroom in the hall lacked locks to ensure privacy. On 03/13/2025 at 9:38 AM, the Owner/Caregiver confirmed the bathrooms lacked locks and verbalized residents knocked on the doors before entering. The owner verbalized locks will be installed. Severity: 2 Scope: 3	0355	Single actiondoor locks have been installed in all the facility bathrooms and resident roomsdoors to ensure resident privacy. Installwas completed on 4/15/2024 by handyman hired by landlord. The facility administrator will monitor thefacility for repairs needed and promptly notify the landlord should any beneeded.	04/15/2025

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0450 SS= F	First Aid & CPR - NAC 449.231 First aid and cardiopulmonary resuscitation. (NRS 449.0302) 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training. Inspector Comments: Based on personnel file review and interview, the facility failed to ensure employees had current first aid and cardiopulmonary resuscitation (CPR) training for 3 of 3 sampled employees working in the facility greater than 30 days (Employee #1, #2, and #3). Findings include: Employee #1 Employee #1 was hired by the facility as Owner/Caregiver with a start date of 12/01/2011. Employee #1's personnel file contained a first aid and CPR certificate dated 07/26/2023; however, the certificate was from an online course and lacked the required skills session. Employee #2 Employee #2 was hired by the facility as Caregiver with a start date of 06/15/2014. Employee #2's personnel file contained a first aid and CPR certificate dated 06/19/2024; however, the certificate was from an online course and lacked the required skills session. Employee #3 Employee #3 was hired by the facility as Caregiver with a start date of 04/15/2020. Employee #3's personnel file contained a first aid and CPR certificate dated 04/27/2024; however, the certificate was from an online course and lacked the required skills session. On 03/13/2025 at 10:32 AM, the Owner/Caregiver failed to provide documented evidence the CPR and first aid training was equivalent to the American Red Cross CPR and first aid training. This was a repeat deficiency from the 09/12/2024 annual State Licensure survey. Severity: 2 Scope: 3	0450	CPR & FirstAid with required skills session has scheduled for employee #1, #2, and#3. Training is to be conducted on4/23/2025 at 5pm. The facilityadministrator will forward new certificates to HCQC once completed. The facility administrator will ensure thatall future CPR & First Aid training in the future have the required skillssession when completed.	04/22/2025

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0515 SS= F	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.;	0515	Please refer to original Statement of Deficiency/Plan of Correction - Event ID DQ5011.	03/13/2025
0859 SS= F	Medical Care of Resident After Illness - NAC 449.274 and R043-22 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 a qualified provider of health care in accordance with NRS 449.1845. The resident must be cared for pursuant to any instructions provided by the qualified provider of health care.	0859	Please refer to original Statement of Deficiency/Plan of Correction - Event ID DQ5011.	03/13/2025

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0870 SS= F	Medication Administration-Accuracy & Report - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility. (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a).	0870	Please refer to original Statement of Deficiency/Plan of Correction - Event ID DQ5011.	03/13/2025

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0872 SS= D	Medication Educ Initial/annual Administrator - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (f) In his or her first year of employment as an administrator of the residential facility, receive, from course approved by the Division pursuant to section 12 of this regulation, at least 16 hours of training in the management of medication consisting of not less than 12 hours of classroom training and not less than 4 hours of practical training and obtain a certificate acknowledging completion of such training. (g) After receiving the initial training required by paragraph (f), receive annually from a course approved by the Division pursuant to section 12 of this regulationat least 8 hours of training in the management of medication and provide the residential facility with satisfactory evidence of the content of the training and his or her attendance at the training.	0872	Please refer to original Statement of Deficiency/Plan of Correction - Event ID DQ5011.	03/13/2025
0874 SS= F	Medication Administration-Report Received - NAC 449.2742 and R043-22 - 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, physician assistant or advanced practice registered nurse 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 record review and interview, the facility failed to ensure a medication profile review was reviewed by the Administrator or designee for 5 of 5 (Resident #1, #2, #3, #4 and #5). Findings include: Resident #1 Resident #1 was admitted to the facility on 11/15/2022, with a diagnosis of osteoarthritis, anxiety, depression, and psychiatric disease of unknown. Resident #1's medication reviews	0874	All medicationreviews have been reviewed and signed by the facility administrator. The facility administrator will ensure thatall future medication reviews are reviewed and signed either by the facilityadministrator or a designee in a timely manner.	04/15/2025

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	were dated 08/01/2024 and 02/28/2025. The medication reviews lacked documented evidence of the Administrator's or designee's signature indicating a review of the reports. Resident #2 Resident #2 was admitted to the facility on 03/17/2021, with a diagnosis of depression, dementia without behavioral disturbance, hypertension, alcoholic liver disease and ocular pain in the right eye. Resident #2's medication reviews were dated 08/01/2024 and 02/28/2025. The medication reviews lacked documented evidence of the Administrator's or designee's signature indicating a review of the reports. Resident #3 Resident #3 was admitted to the facility on 02/06/2023, with diagnoses of chronic pain, hypertension, hyperlipidemia, and asthma. Resident #3's medication reviews were dated 08/01/2024 and 02/28/2025. The medication reviews lacked documented evidence of the Administrator's or designee's signature indicating a review of the reports. Resident #4 Resident #4 was admitted to the facility on 10/13/2020, with a diagnosis of Alzheimer's dementia without behavioral disturbance, neoplasm of uncertain behavior of bladder, and renal cyst. Resident #4's medication reviews were dated 08/01/2024 and 02/28/2025. The medication reviews lacked documented evidence of the Administrator's or designee's signature indicating a review of the reports. Resident #5 Resident #5 was admitted to the facility on 05/02/2012, with a diagnosis of mild cognitive impairment, hypotension due to drugs, dementia without behavioral disturbance, major depression, and chronic cough. Resident #5's medication reviews were dated 08/01/2024 and 02/28/2025. The medication reviews lacked documented evidence of the Administrator's or designee's signature indicating a review of the reports. On 03/13/2025 at 9:59 AM, the Owner/Caregiver confirmed the medication reviews for Residents #1, #2, #3, #4 and #5 were not signed by the Administrator and it was a requirement. Severity: 2 Scope: 3			

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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.	0936	Please refer to original Statement of Deficiency/Plan of Correction - Event ID DQ5011.	03/13/2025
0938 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: (g) An evaluation of the resident ' s ability to perform the activities of daily living and a brief description of any assistance he or she needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his or her ability to perform the activities of daily living; and (3) In any event, not less than once each year.	0938	Please refer to original Statement of Deficiency/Plan of Correction - Event ID DQ5011.	03/13/2025

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1045 SS= C	Placard - Display - NAC 449.27704 Placard: Issuance and display; failure to comply. (NRS 449.0302) 2. The administrator shall, within 24 hours after receipt of the placard, display or cause the placard to be displayed conspicuously in a public area of the residential facility. Inspector Comments: Based on observation and interview, the facility failed to display the D letter grade from the annual State Licensure survey. Findings include: On 03/13/2025 at 9:25 AM, the A letter grade from the 10/18/2023 State Licensure survey was posted. The facility received a D letter grade from the 09/12/2024 State Licensure survey; however, this grade was not posted conspicuously in a public area of the residential facility. The D letter grade was emailed to the Administrator on 10/21/2024 from the 09/12/2024 State Licensure survey. On 03/13/2025 at 9:33 AM, the Owner/Caregiver confirmed the most recent letter grade was not posted. Severity: 1 Scope: 3	1045	The most recentgrade placard from HCQC has been posted. The facility administrator will be responsible for ensuring that themost recent grade placard is posted shortly after it is received from HCQC.	04/15/2025
1700 SS= E	Annual Assessment of History of Each Resident - NRS 449.1845 Administrator of residential facility for groups to conduct annual assessment of history of each resident and cause provider of health care to conduct certain examinations and assessments; placement based on assessment. 1. The administrator of a residential facility for groups shall: (a) Annually cause a qualified provider of health care to conduct a physical examination of each resident of the facility; (b) Annually conduct an assessment of the history of each resident of the facility, which must include, without limitation, an assessment of the condition and daily activities of the resident during the immediately preceding year; and (c) Cause a qualified provider of health care to conduct an assessment of the condition and needs of a resident of the facility to determine whether the resident meets the criteria prescribed in paragraph (a) of subsection 2: (1) Upon admission of the resident to the facility; and (2) If a physical examination, assessment of the history of the resident or the observations of the	1700	Please refer to original Statement of Deficiency/Plan of Correction - Event ID DQ5011.	03/13/2025

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 _____	03/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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	administrator or staff of the facility, the family of the resident or another person who has a relationship with the resident indicate that: (I) The resident may meet those criteria; or (II) The condition of the resident has significantly changed. 2. If, as a result of an assessment conducted pursuant to paragraph (c) of subsection 1, the provider of health care determines that the resident: (a) Suffers from dementia to an extent that the resident may be a danger to himself or herself or others if the resident is not placed in a secure unit or a facility that assigns not less than one staff member for every six residents, any residential facility for groups in which the resident is placed must meet the requirements prescribed by the Board pursuant to subsection 2 of NRS 449.0302 for the licensing and operation of residential facilities for groups which provide care to persons with Alzheimer's disease or other severe dementia. (b) Does not suffer from dementia as described in paragraph (a), the resident may be placed in any residential facility for groups. 3. As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031. (Added to NRS by 2019, 2594)			