STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	3659	A. BUILDING _____ B. WING _____	01/17/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KRYSTONS HOME CARE 2	7990 ZINFANDEL DRIVE, 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 required grading re-survey conducted in your facility on 01/17/17. This State Licensure survey was conducted by the authority of NRS 449.0307, Powers of the Division of Public and Behavioral Health. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons, and/or persons with mental illnesses, and/or mental retardation, Category II residents. The census at the time of the survey was six. Five resident files were reviewed and four employee files were reviewed. The facility received a re-survey 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 investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following deficiencies were identified:	0000		
0072 SS= F	449.196(3)(a-c) - Qualifications of Caregiver-Med Training - NAC 449.196 Qualifications of caregivers. 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Before assisting a resident in the administration of a medication, receive the training required pursuant to paragraph (e) of subsection 6 of NRS 449.037, which must include 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 the completion of such training; (b) Receive annually at 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; (c) Complete the training program developed by the administrator of the residential facility pursuant to paragraph (e) of subsection 1 of	0072	0072 -Qualifications of caregiver Medication Training-NAC 449.196, Based on the record review and interview, the facility failed to ensure 3 of 4 employees completed annual medication training on or before expiration date. Employee #1, #3, #4. Employee #1 medication training was expired on 9/17/15 and was not renewed until 5/24/16. Employee #1 had taken and renewed medication training on 9/17/15 and certificate was on file , see tag #1 another medication training was renewed on 9/17/15, see tag #3, and the next coming year was renewed on 5/24/16 that will expire on 5/24/17, see tag #5. Employee #3, an Owner/Assistant Mgr has had medication training that expired on 9/17/15, see tag #2, On the next year, he had taken a medication training on 9/17/15, see tag #4 and on the following year he had taken another training on 5/24/16, see tag #6. Employee #4 a caregiver had taken medication training that expired on 10/24/16 and had lapsed on renewal time due to class isn't available on time in the area, had taken it on 10/27/16. See tag #7,#8.	02/07/2017

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	NAC 449.2742; and Inspector Comments: Based on record review and interview, the facility failed to ensure 3 of 4 employees completed annual medication administration training on or before the expiration date (Employee #1, #3 and #4). Findings include: Employee #1 was hired as the owner/manager/caregiver on 12/20/00. On 01/17/17 in the morning, a review of the employee's file revealed annual medication management training expired on 09/17/15 and was not renewed until 05/24/16. Employee #3 was hired as the owner/assistant manager/caregiver on 09/12/02. On 01/17/17 in the morning, a review of the employee's file revealed annual medication management training expired on 09/17/15 and was not renewed until 05/24/16. Employee #4 was hired as a caregiver on 09/01/15. On 01/17/17 in the morning, a review of the employee's file revealed annual medication management training expired on 10/24/16 and was not renewed until 10/27/16. On 01/17/17 at 9:47 AM, a resident's family member expressed concerns with one of the caregivers not having enough training on the administration of medications. They explained their family member is prescribed Morphine 20 milligrams (MG) / milliliter (ML), take 0.25 ML by mouth every 15 minutes as needed. However, their family member did not receive the medication every 15 minutes and was therefore, in pain. On 01/17/17 at 11:14 AM, Employee #3 explained they did not agree with the physician prescribing the medication every 15 minutes and expressed it was too often. On 01/17/17 in the morning, Employee #3 confirmed the findings and expressed Employee #1 and #3 completed the annual training in 2015, however, was unable to provide the documented evidence. Severity: 2 Scope: 3		Caregivers should take a completion of medication class training prior to expiration date of their certificate and to provide the facility with satisfactory evidence of the content of the training and his and hers attendance of the training. On 1/17/17, of 9:47 in the morning, a resident's family member expressed concerns with one caregiver not having enough training on the medication. They explained their family member is prescribed morphine 20 milligrams (mg)/milliliter (ml), take 0.25 ml by mouth every 15 minutes as needed . However their family member did not receive the medication every 15 minutes and was therefore in pain. On 1/17/17, at 11:14 am, employee #3 expressed he did not agree with the physician and expressed it was too often. A caregiver asked the owner/asst mgr if it was necessary to give morphine every 15 minutes if the resident doesn't ask and doesn't need it yet until he was ask if needed, and most of the time the resident will say he can wait for 30 minutes instead. Family member/friend revealed the issue to the surveyor but not a problem with the resident when he was being asked. On 1/17/17, in the morning employee confirmed the findings and expressed employee 1 and 3 completed the annual training. Employees 1 and 3 has had completed 2015 training and not expired on the date of renewal but unable to send copies to surveyor as the employee #3 did not mention to the owner who does paperwork to send it and wait for the POC to come instead.. The Administrator will monitor for compliance.	

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0105 SS= D	449.200(1)(f) - Personnel File - Background Check - NAC 449.200 Staffing requirements; limitations on number of residents; written schedule required for each shift. 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 449.176 to 449.185, inclusive. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 4 employees met background check requirements of NRS 449 (Employee #4). Findings include: Employee #4 was hired as a caregiver on 09/01/15. On 01/17/17 in the morning, a review of the employee's file revealed State and FBI background check clearance forms dated 12/23/14 for another facility with a different Department of Public Safety (DPS) account number. On 01/17/17 in the morning, Employee #1 explained Employee #4 received a background check through the Nevada Automated Background Check System (NABS), however the file lacked the documented evidence. On 01/19/17 at 1:15 PM, a review of the facility's account within NABS, lacked evidence of Employee #4 having been entered and cleared. This was a repeat deficiency from the 09/27/16 State Licensure survey. Severity: 2 Scope: 1	0105	Y105- Based on the record review, the facility failed to ensure 1 of 4 employees met background check requirements of NRS 449(employee #4), findings include: employee #4 was hired on 9/01/15. On 1/17/17 in the morning, a review of the employee's file revealed State and FBI background check clearance forms dated 12/23/14 for another facility with a different DPS account number. Employee #1 explained employee #4 received a background check system in (NABS) however the file lacked the documented evidence. On 1/19/17, at 1:15 pm, a review of the facility account within NABS, lacked evidence of employee #4 having been entered thru NABS, but since the NABS is new at a time of learning, it wasn't successful enough to get the employee cleared as explained to surveyor. Employee #4 now has been entered on NABS on 1/25/17 and shows cleared. Unfortunately, the final Registry Results form says the applicant needs to be fingerprinted. Employees need not to be fingerprinted and why did it show that employee #4 needs to be fingerprinted. I've emailed BLCQC expert to this question. Except as otherwise provided in subsection 2, a separate file must be kept for each member of the staff of the facility and must include an Evidence of compliance with NRS 449.176 to 449.185, inclusive. The Administrator will monitor for compliance. Tag #9,10,#11 > On 3/10/17, fingerprint expert from BLCQC finally gave me an answer to have employee #4 be on NABS and will have fingerprint done. Employee #4 Final Registry form and cleared results forms from NABS are attached. Employee #4 will be having fingerprints within 10 days and will submit to BLCQC the background check as soon as it arrived. The Administrator will monitor for compliance. On 3/24/2017, Employee #4 Notification of Clearance result has been sent as hereby attached and eligible to continue her employment with the company. The Administrator will monitor for compliance.	03/30/2017