DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**02/02/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST PAUL HOME CARE 2	**4900 KOENIG ROAD, 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 an annual State Licensure survey conducted in your facility on 02/02/18. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or mental illness, three Category I and seven Category II residents. The census at the time of the survey was nine. Nine resident files were reviewed and three employee files were reviewed. The facility received a grade of C One complaint was investigated. Complaint #NV00051463 was substantiated (See Tag Y-0176.) 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		
0175 SS= D	449.209(4)(b) - Health and Sanitation-Hazards - NAC 449.209 Health and sanitation. 4. To the extent practicable, the premises of the facility must be kept free from: (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility. Inspector Comments: Based on observation and interview the facility failed to keep the environment free from a tripping hazard. Findings include: On 02/02/18 at 10:10 AM, in the bathroom in the back of the house, on the first floor, the metal threshold between the plywood ramp and the tile of the bathroom, was lifted up on the left side, and created a tripping hazard. On 02/02/18 at 10:30 AM, the Caregiver confirmed the bent strip of metal on the threshold was a trip hazard. Severity: 2 Scope: 3	0175	•□□□□□□□The metal threshold between the plywood ramp andthe tile of the bathroom has be recurred back into the floor to prevent a triphazard. The attachments depict this repair The Facility administrator shall ensurethat the facility share remain free of such trip hazards.	08/08/2018

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | Name: EVANGELINE BELTEJAR-DIFUNTORUM | Title: Owner | Date: 08/08/2018

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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0176 SS= F	449.209(4)(c) - Health and Sanitation-Insects, Rodents - NAC 449.209 Health and sanitation. 4. To the extent practicable, the premises of the facility must be kept free from: (c) Insects and rodents. Inspector Comments: Based on observation, interview, and document review, the facility failed to ensure the facility was free of rodents. Findings include: On 2/02/18 at 9:30 AM, multiple empty rodent traps were set along the wall and in corners in the dining area, resident rooms, main living area and under kitchen sink. On 2/02/18 at 9:40 AM, Resident #6 recounted seeing mice in the downstairs area of the house and in his room. On 2/02/18 at 9:42 AM, the Caregiver confirmed that mice had been seen in the facility and a pest control company had been called to set traps once the mice were seen. The contract, dated 01/03/18, revealed a visit from the pest control company occurred on 01/03/18 for treatment. Complaint #NV00051463 Severity: 2 Scope: 3	0176	•□□□□□□□The facility has contracted Terminix to dealwith the rodent/ insect problem. Terminix was the company that placed the multiple empty rodent trapsobserved by the state inspector. Thecontract observed by the state inspector is currently being maintained by facilityadministrator to prevent rodent/ insect infestations.	08/08/2018

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0178 SS= F	449.209(5) - Health and Sanitation-Maintain Int/Ext - NAC 449.209 Health and sanitation. 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 the yard was clear of garbage and debris. Findings include: On 02/02/18 at 11:30 AM, the yard beyond and below the patio was cluttered with garbage debris mixed into tumble weeds, along the fence line perimeter, and in the middle of the yard. On 02/02/18 at 11:35 AM, the caregiver confirmed the location of the property line and the presence of trash in the yard of the facility. This is the second survey (first 04/17/17) this tag has been cited. Severity: 2 Scope: 3	0178	•□□□□□□□The debris and garbage around the front yard ofthe facility has been cleaned. The yardbeyond and below the patio was also cleared of debris and tumble weeds alongthe fence line, perimeter, and center of the yard. Theattachments show the two yards. The facility administrator will doroutine checks of the premise to insure they remain clean and clutter free.	08/08/2018
0870 SS= E	449.2742(1)(a-c) 2 - Medication Administration - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregivers 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; and (c) Make and maintain a report of any actions that are taken by the	0870	•□□□□□□□Going forward, the facility administrator or current acting administrator of the facility will ensure that all medication reviews received for residents will be verified and initialed by them. Resident #4 was discharged from the facility on April 2018. The facility was unable to get a new medication review for the resident prior to discharge. The facility administrator will ensure that medication reviews are completed timely every 6 months and initialed by her after being reviewed by the resident's physician or pharmacy.	08/08/2018

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	caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). 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 interview and record review the facility failed to ensure a medication review was performed and the Administrator reviewed and initialed reports for 5 of 9 sampled residents (Resident #1, #3, #4, #6 and #8). Findings include: On 02/02/18 at 10:00 AM, review of the resident files revealed the following: Resident #6 Resident #6 was admitted to the facility on 05/05/17 with diagnosis including type II diabetes mellitus and essential hypertension. Resident #6's medication reviews, dated 12/07/17 and 01/11/18, lacked the Administrator's initials as evidence the Administrator was aware of the results of the review. Resident #8 Resident #8 was admitted to the facility on 08/22/16 with diagnoses including chronic viral hepatitis, cerebral infarction due to thrombosis and essential hypertension. Resident #8's medication reviews, dated 12/07/17 and 01/11/18, lacked the Administrator's initials as evidence the Administrator was aware of the results of the review. Resident #1 Resident #1 was admitted to the facility on 05/01/09 with diagnoses including epilepsy, hyperlipidemia and urinary incontinence. There was no documented evidence the 01/11/18, 11/21/17, 08/31/17, 07/06/17, 05/18/17 and 02/21/17 medication reviews were reviewed and initialed by the Administrator. Resident #3 Resident #3 was admitted to the facility on 09/15/14 with diagnoses including hypertension, chronic kidney disease and arthritis. Resident #3's medical record lacked documented			

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	evidence the 07/13/17 and 03/09/17 medication reviews were reviewed and initialed by the Administrator. Resident #4 Resident #4 was admitted to the facility on 08/16/16 with diagnosis including end stage of renal disease. Resident #4's medical record lacked documented evidence of a six-month medication review. On 02/02/18 in the afternoon, the Caregiver acknowledged the six-month medication reviews were not initialed for Resident's #1 and #3 and Resident #4 lacked a six-month review of medications. Severity: 2 Scope: 2			

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0920 SS= F	449.2748(1-2) - Medication Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication must be kept in a locked box unless the refrigerator is locked or is located in a locked room. Inspector Comments: Based on observation and interview the facility failed to ensure the medications were locked. Findings include: On 02/02/18 at 09:15 AM, the facility storage cabinet for the medications for all the residents was not secure and locked. On 02/02/18 at 09:17 AM, the Caregiver confirmed the cabinet containing resident medications was not locked and the medications were not secure. Severity: 2 Scope: 3	0920	•□□□□□□□All facility caregivers have be retrained on theimportance of keeping medications locked and secured in their designatedarea. The facility administrator will dorandom medication cabinet checks to ensure that caregivers on duty are keepingthe cabinet locked when left unattended.	08/08/2018

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0930 SS= F	449.2749(1)(a) - Resident File-Storage, Res Information - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he 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: (a) The full name, address, date of birth and social security number of the resident. Inspector Comments: Based on observation and interview the facility failed to maintain past resident files and current resident files in a secured location for 9 of 9 residents (#1, #2, #3, #4, #5, #6, #7, #8 and #9). Findings include: On 02/02/18 at 09:20 AM, the cabinet holding past resident files was unsecured with with no ability to lock the cabinet. Current resident files were not secured in the desk by the front door. On 02/02/18 at 09:23 AM, the Caregiver confirmed the file cabinet with past resident files had no lock and therefore was not secure and the current resident files were in an unlocked drawer in the desk by the front door for all nine of the facility residents. Security: 2 Scope: 3	0930	•□□□□□□□All facility caregivers have been retrained onthe importance of keeping all resident files in a secured location. The resident files have been transferred intoa lockable file cabinet. Facilitycaregivers have been given verbal training to keep the files locked when leftunattended for the purposes of privacy for the residents. The facility administrator will do randomchecks to ensure that caregivers on duty are keeping the cabinets locked whenleft unattended.	08/08/2018