

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 8483	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/12/2021
NAME OF PROVIDER OR SUPPLIER DIVINITY HOMECARE		STREET ADDRESS, CITY, STATE, ZIP CODE 3944 KENTWOOD COURT, RENO, NEVADA ,89503		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>Initial Comments</p> <p>Inspector Comments: This Statement of Deficiencies was generated as a result of a State Licensure follow-up bed increase survey conducted in your facility on 01/12/21 and completed on 01/20/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The census at the beginning of the survey was four. The facility is currently licensed for a total of five Residential Facility for Group beds for elderly and disabled persons. The facility is requesting licensure for two additional Residential Facility for Group beds for elderly and disabled persons, Category II residents. The State Licensure for a Residential Facility for Groups application has not been approved based on regulatory deficiencies from an onsite survey. Approval is contingent upon an acceptable Plan of Correction and a re-survey. 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:</p>			

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 Name: MICHAEL VASQUEZ Title: Owner
REPRESENTATIVE'S SIGNATURE

Date: 02/11/2021

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NAME OF PROVIDER OR SUPPLIER DIVINITY HOMECARE		STREET ADDRESS, CITY, STATE, ZIP CODE 3944 KENTWOOD COURT, RENO, NEVADA ,89503		
(X4) ID PREFIX TAG 0181	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Health & Sanitation-Temperature - NAC 449.209 Health and sanitation. (NRS 449.0302) 8. The temperature in the facility must be maintained at a level that is not less than 68 degrees Fahrenheit and not more than 82 degrees Fahrenheit. Inspector Comments: Based on observation and interview the facility failed to ensure temperatures in the facility were maintained between 68 degrees Fahrenheit (F) and 82 degrees F. Findings include: A digital thermometer placed in Bedroom #5 read the room temperature was 59 degrees F. On 01/12/21 at approximately 10:08 AM, the electric heater air flow in Bedroom #5 was observed to be turned off and the ambient temperature were obtained with a digital thermometer was 59 degrees F. The house was observed to have two separated heated air flow components in the home. The second heated air and air conditioning unit was providing air throughout the main house. The common areas and other resident bedrooms were observed to have functioning heated air flow. On 01/12/21 at 10:20 AM, the Owner turned on the electric air heater component in Bedroom #5. The Owner expressed the vent of the electric air heater was outside of the house. The house was observed not to have any vents outside the house. The Owner expressed the vents could be under the house. On 01/12/21 at 11:07 AM, the electric heated air flow component in Bedroom #5 was observed to be cold in the room and the following ambient temperatures were obtained in different areas of the room: -52.00 degrees F -56.1 degrees F -60 degrees F On 01/12/21 at 11:12 AM, the Owner expressed the electric heater in the wall was installed prior to the Owner purchasing the property. On 01/12/21, during the inspection, Room #5 did not reach or maintain a minimum temperature of 68 degrees F with a maximum capacity to heat the room to 82 degrees F.	ID PREFIX TAG 0181	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 1. A heating and cooling unit will be purchased and installed in the bedroom. 2. proper function of the heating and cooling unit will be tested once per week and a thermometer will be installed in the bedroom and checked three times daily. 3. Employee in charge will ensure that these procedures are enforced. 4. Employee in charge will enforce that these procedures are being performed. 5. This will all be complete by Feb. 17 2021. 6. A photo will be uploaded on Feb 17 2021 of the new unit that will be installed. 7. All areas in the facility will be checked for proper temperature and equipment functionality. 8. N/A	(X5) COMPLETION DATE 02/17/202 1