STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	4234	A. BUILDING _____ B. WING _____	08/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT PAUL HOME CARE II	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
RFG 0001-Deficiencies	The Statement of Deficiencies was generated as a result of a state licensure survey conducted in your facility, in accordance with Nevada administrative code, chapter 449, and Nevada revised statutes chapter 449- Residential Facility for Groups (RFG), medical facilities and other related entities. The findings and conclusions of any investigation by the Division of Health Care Purchasing and Compliance shall not be construed as prohibiting any criminal civil investigation, actions or other claims for reliefs that may be available to any party under applicable federal, state or local law. Based on an inspection conducted, the items marked below identify the violation in operation of the RFG which must be corrected by the revisit/compliance date specified in writing by the health authority. Failure to comply with this notice and immediately correct the identified deficiencies may result in the suspension or termination of your provider agreement, funding, or future authorization as a provider authorized by the State	RFG 0001-Deficiencies		

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	of Nevada pursuant to NAC 433.384, and other applicable local and state laws. Inspector Comments: This Statement of Deficiencies was generated as a result of an annual survey completed at your facility on 08/05/2026. The facility was licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with intellectual disability, with one bed for low income, three Category I and six Category II residents. The census at the time of the survey was eight. Eight resident files and six employee files were reviewed. The facility received a grade of B.			
Y 0172 SS= F	NAC 449.209 2. Containers used to store garbage outside of the facility must be kept reasonably clean and must be covered in such a manner that rodents are unable to get inside the containers. At least once each week, the containers must be emptied, and the contents of the containers must be removed from the premises of the facility. 3. Containers used to store garbage in the kitchen and laundry room of the facility must be covered with a lid unless the containers are kept in an enclosed cupboard that is clean and prevents infestation by rodents or insects. Containers used to store garbage in bedrooms and bathrooms are not required to be covered unless they are used for food, bodily waste or medical waste.	Y 0172	**1)** The facility immediately addressed the identified safety concerns. The damaged solar lantern was removed from the balcony and discarded. The loose balcony railing is was assessed by contractor and scheduled to be secured by 9.1.2026. The damaged patio chair was removed from the balcony and discarded. The balcony area was inspected following the corrective work to verify that the identified hazards had been eliminated. **2)** The facility will incorporate exterior resident-accessible areas, including balconies, patios, railings, outdoor furniture, lighting fixtures, and other mounted items, into routine environmental safety inspections. Staff will be instructed to immediately report damaged, loose, broken, or otherwise unsafe equipment or fixtures to management. Items presenting an immediate safety hazard will be removed from resident access or the affected area will be restricted until repairs can be completed. **3)** The Office Manager or designee will conduct and document weekly environmental safety inspections of	08/14/2026

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	4. To the extentpracticable, the premises of the facility must be kept free from: (a) Offensive odors; (b) Hazards, including obstacles that impede the freemovement of residents within and outside the facility; (c) Insects and rodents; and (d) Accumulations of dirt, garbage and other refuse. 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, facility failed to ensure the exterior of the premises were well maintained. Findings include: On 08/05/2026 at 9:13 AM, during the tour of the exterior of the facility, the following were observed: - A mounted solar power lantern that was on the balcony post had the lid broken off, with sharp pieces of plastic from the body of the lantern. - The railing around the top balcony was loose when touched. - A patio chair on the balcony was ripped at the seat top to the bottom. On 08/05/2026 at 9:20 AM, the office manager confirmed the findings above and verbalized residents could get hurt and would get maintenance to correct the		balconies, patios, and other resident-accessible exterior areas for four weeks. Thereafter, these areas will be incorporated into the facility's routine monthly environmental safety inspections. Any deficiencies identified during inspections will be documented and promptly corrected. Inspection records and completed maintenance documentation will be reviewed by the Administrator to verify continued compliance. **4)** The **Office Manager** will be responsible for ensuring that this Plan of Correction is implemented and maintained. **5) Completed 8.14.2026** **6)** Supporting documentation will be attached and uploaded into the system, including, as applicable: **7)** The facility will conduct a facility-wide inspection of resident-accessible exterior areas to identify similar potential hazards. The inspection will include balconies, patios, railings, outdoor furniture, exterior lighting, mounted fixtures, walkways, and other outdoor equipment accessible to residents. Any damaged, loose, sharp, unstable, or otherwise unsafe items identified during the inspection will be immediately removed from service, secured, repaired, or replaced as appropriate. Findings and corrective actions will be documented and maintained for review.	

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	concerns. Severity: 2 Scope: 3			
Y 0250 SS= F	**NAC 449.217** 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. 2. Perishable foods must be refrigerated at a temperature of 40 degrees Fahrenheit or less. Frozen foods must be kept at a temperature of 0 degrees Fahrenheit or less. 3. Sufficient storage must be available for all food and equipment used for cooking and storing food. Food that is stored must be appropriately packaged. 4. The administrator of a residential facility shall ensure that there is at least a 2-day supply of fresh food and at least a 1-week supply of canned food in the facility at all times. 5. Pesticides and other toxic substances must not be stored in any area in which food, kitchen equipment, utensils or paper products are stored. Soaps, detergents, cleaning compounds and similar substances must not be stored in any area in which food is stored. Inspector Comments: Based on observation, interview and document review, the facility failed to ensure the oven was clean. Findings include: On 08/05/2026 at 9:30 AM, the interior of	Y 0250	**1)** The facility immediately corrected the identified concern by thoroughly cleaning the interior of the oven and removing all charred food, burnt food particles, grease, and other residue. The oven was inspected following cleaning to ensure it was clean and sanitary. **2)** The facility will incorporate the oven into the kitchen's routine cleaning schedule. Staff responsible for kitchen cleaning will be instructed to inspect the oven regularly and clean any food debris, grease, or residue before buildup occurs. **3)** The Office Manager or designee will conduct and document weekly kitchen inspections for four weeks to ensure the oven and other cooking equipment are maintained in a clean and sanitary condition. Thereafter, the oven will be monitored as part of the facility's routine environmental inspections. Any concerns identified will be corrected promptly. **4)** The **Office Manager** will be responsible for ensuring that this Plan of Correction is implemented and maintained. **5)** Corrective action completed on **08/12/2026**. **6)** Supporting documentation will be attached and uploaded into the system, including photographs of the cleaned oven, the updated cleaning schedule/checklist, and documentation of staff instruction. **7)** The facility will inspect other kitchen appliances and food preparation areas, including the stovetop, microwave, refrigerator, counters, cabinets, and other cooking equipment, to identify any similar cleanliness concerns. Any areas found to have food debris, grease, residue, or other unsanitary conditions will be cleaned	08/12/2026

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	the oven had charred food and burnt food particles. On 08/05/2026 at 9:32 AM, the office manager acknowledged the burnt food in the interior of the oven. Severity: 2 Scope: 3		immediately and incorporated into the routine cleaning and inspection schedule.	
Y 0905 SS= D	**NAC 449.2746** **Administration of medication: Restriction concerning medication taken as needed by resident; written records.** 1. A caregiver employed by a residential facility shall not assist a resident in the administration of a medication that is taken as needed unless: (a) The resident is able to determine his need for the medication; (b) The determination is made by a medical professional qualified to make that determination; or (c) The caregiver has received written instructions indicating the specific symptoms for which the medication is to be given, the amount of medication that may be given, and the frequency with which the medication may be given. 2. A caregiver who administers medication toa resident as needed shall record the following information concerning the administration of the medication: (a) The reason for the administration; (b) The date and time of the	Y 0905	**1)** The facility immediately reviewed Resident #8's PRN Acetaminophen 325 mg order and identified that the indication of "fever" required an assessment to determine whether the medication was appropriate to administer. The physician changed order to reflect for "Pain". The resident's physician was contacted to clarify and revise the PRN order to include a specific indication for use that facility staff can appropriately identify and follow within their scope of practice. The revised physician order was updated on the resident's MAR to ensure the medication is administered only in accordance with the clarified instructions. **2)** The facility will implement a review process for all new and existing PRN medication orders to ensure each order contains clear, specific instructions identifying the symptom or condition for which the medication may be administered without requiring staff to perform an assessment outside their scope of practice. Medication staff will be instructed to notify the Office Manager of any PRN order that is unclear, nonspecific, or requires an assessment before administration. The prescribing physician will be contacted for clarification before staff administer medication under an unclear or inappropriate PRN order. **3)** The Office Manager or designee will conduct and document weekly medication and MAR audits for four weeks to verify that PRN medication orders contain specific indications for use and do not require staff to perform an assessment outside their	08/10/2026

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	administration; (c) The dose administered; (d) The results of the administration of the medication; (e) The initials of the caregiver; and (f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician, physician assistant or advanced practice registered nurse. Inspector Comments: Based on observation, record review, and interview the facility failed to ensure an as needed (PRN) medication included written instructions indicating a specific symptom for which the medication was to be given and did not require an assessment to determine if the medication was appropriate to administer for 1 of 8 residents (Resident #8). Findings include: Resident #8 Resident #8 was admitted to the facility on 05/13/2024, with diagnoses including senile degeneration and Alzheimer's disease. A physician order signed on 06/11/2026 and the August 2026 MAR for Resident #8 documented acetaminophen 325 milligram (mg) tablet. Take two tablets by mouth every six hours as needed for fever. On 08/05/2026 at 11:45 AM, the Office Manager confirmed the indication for acetaminophen for Resident #8 was fever. The Office Manager verbalized the facility did not conduct vitals on residents and explained fever was not an appropriate indication for usage. Severity: 2 Scope: 1		scope of practice. Any deficient or unclear PRN orders identified will be referred to the prescribing physician for clarification and corrected promptly. Following the four-week monitoring period, PRN medication orders will continue to be reviewed as part of the facility's routine medication audits. **4)** The **Office Manager** will be responsible for ensuring that this Plan of Correction is implemented and maintained. **5)** Corrective action will be completed by **08/21/2026**. **6)** Supporting documentation will be attached and uploaded into the system, including the clarified/revised physician order for Resident #8, updated MAR, completed medication audit documentation, and documentation of staff education regarding PRN medication orders and administration requirements. **7)** The facility will conduct a **100% audit of all residents' PRN medication orders and corresponding MARs** to identify any other residents potentially affected by the same deficient practice. Each PRN order will be reviewed to verify that it contains a specific indication for use that staff can identify without performing an assessment outside their scope of practice. Any unclear, nonspecific, or inappropriate PRN order identified during the audit will be referred to the prescribing physician for clarification and corrected on the physician order and MAR as applicable. The completed audit will be maintained as supporting documentation.	
Y 0920		Y 0920		08/10/202

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SS= E	NAC 449.2748 Medication Storage. 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. Medications 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. 3. Medication including, without limitation, any over-the-counter medication or dietary supplement, must be: (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician; and (b) Kept in its original container until it is administered. Inspector Comments: Based on observation, interview, record review and		**1)** The facility immediately reviewed the identified OTC medications for Residents #1, #7, and #8 against their current physician orders. The Acetaminophen and Vitamin C for Resident #1, Vitamin D-3 and Hydrophilic topical cream for Resident #7, and Calamine lotion and Hydrophilic topical cream for Resident #8 were properly labeled with the applicable **resident's name and prescribing physician's name and instructions**. Staff verified that each medication corresponded with a current physician order before the medication was returned to the resident's medication bin. **2)** The facility will implement a medication labeling verification process requiring all prescription and OTC medications to be reviewed upon receipt and prior to being placed into a resident's medication bin. Medication containers will be checked to ensure they are properly labeled with the resident's name, prescribing physician's name, and other required information. Medication staff will be educated on the facility's medication labeling requirements and instructed not to place an improperly labeled medication into a resident's medication bin until the deficiency has been corrected. **3)** The Office Manager or designee will conduct and document weekly medication cart/bin audits for four weeks to verify that OTC and prescription medications are appropriately labeled and correspond with current physician orders. Any labeling deficiencies identified during an audit will be corrected immediately. Following the four-week monitoring period, medication labeling will continue to be reviewed as part of the facility's routine medication audits. **4)** The **Office Manager** will be responsible for ensuring that this Plan of Correction is implemented and maintained. **5)** Corrective action was completed on **08/10/2026**. **6)** Supporting documentation will be attached and uploaded into the system, including photographs or documentation	6

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	document review, the facility failed to ensure an over-the-counter (OTC) medication was labeled with the prescriber's name and/or the resident's name for whom the medication was prescribed for 3 of 8 residents (Resident #1, #7 and #8). Findings include: Resident #1 Resident #1 was admitted to the facility on 03/01/2022, with diagnoses including anemia, lower back pain and gastroesophageal reflux disease. A physician order dated 05/19/2026 documented Acetaminophen 500 milligram (mg) tablet, take one tablet twice a day as needed for pain and Vitamin C 500 mg tablet, one tablet two times per day. On 08/05/2026 at 11:19 AM, the Acetaminophen 500 mg tablet bottle and Vitamin C 500 mg tablet bottle located in the medication bin for Resident #1 lacked a label documenting the resident’s name and the name of the physician who ordered the medication. Resident #7 Resident #7 was admitted to the facility on 11/03/2025, with diagnoses including dementia, depression and hypertension. A physician order dated 03/06/2026 documented Vitamin D-3 1000 units tablet, take one tablet by mouth once daily and Hydrophilic topical cream, apply cream liberally to dry skin as needed to soften skin. On 08/05/2026 at 11:36 AM, the Vitamin D-3 tablet bottle and Hydrophilic topical cream tub located in the medication bin for Resident #7 lacked a label documenting the resident’s name and the name of the physician who ordered the medication. Resident #8 Resident #8 was admitted to the facility on 05/13/2024, with diagnoses including senile		demonstrating corrected medication labeling, completed medication audit records, and documentation of staff education regarding medication labeling requirements. **7)** The facility will conduct a **100% audit of all residents' medications**, including OTC medications, vitamins, supplements, topical medications, and PRN medications, to identify any other medication containers potentially affected by the same deficient practice. Each medication will be compared with the resident's current physician orders and reviewed for appropriate labeling. Any improperly labeled medication identified during the audit will be corrected immediately before continued use. The completed facility-wide medication audit will be maintained as supporting documentation.	

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	degeneration and Alzheimer's disease. A physician order dated 06/11/2026 documented Calamine lotion, apply thin layer to affected areas for itching on arms and Hydrophilic topical cream, apply liberally to dry skin. On 08/05/2026 at 11:42 AM, the Calamine lotion bottle and Hydrophilic topical cream tub located in the medication bin for Resident #8 lacked a label documenting the resident's name and the name of the physician who ordered the medication. On 08/05/2026 at 11:45 AM, the Office Manager explained an OTC medication was required to have documentation of the resident's name and physician's name on the medication bottle. The Office Manager confirmed Resident #1, #7 and #8's OTC medications lacked the physician's name and resident's name. Severity: 2 Scope: 2			