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 _____	01/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT PAULS HOME CARE III	4910 KOENIG RD, 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 a mandatory re-grading survey and complaint investigation completed at your facility on 01/26/2026. The facility was licensed for ten Residential Facility for Group beds for elderly or disabled persons and/or persons with mental illness, three Category I and seven Category II residents, with three beds being for low income. The census at the time of the survey was nine. Nine resident files and four employee files were reviewed. The facility received a grade of D. There was one complaint investigated. Complaint NV00074753 was substantiated. (See tag Y850)			
Y 0072 SS= E	NAC 449.196 & R043-22 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 449.0302, 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	Y 0072	The facilityadministrator acknowledges that Employee #1 and Employee #3 did not completetheir annual Medication Management training for 2025 as required. Bothemployees have now completed the required annual Medication Managementtraining, and their certificates have been placed in their employee files. Thefacility administrator has reviewed all employee files to ensure no otherMedication Management trainings were overdue. The facilityadministrator will utilize an employee file checklist to ensure that allemployees receive their annual Medication Management training on or prior tothe anniversary date of their last training so as to not let their traininglapse.	03/02/2026

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	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 NAC 449.2742; (d)Annually pass an examination relating to the management of medication approved by the Bureau. Inspector Comments: Based on personnel record review and interview, the facility failed to ensure annual medication management training was completed timely for 2 of 4 employees (Employees #1 and #3). Findings include: Employee #1 Employee #1 was hired as a Caregiver with a start date of 04/15/2020. Employee #1's personnel record included documentation of annual medication management training completed on 10/06/2024. The record lacked documented evidence of annual training for 2025. Employee #3 Employee #3 was hired as the Owner/Caregiver with a start date of 12/01/2011. Employee #3's personnel record included documentation of annual medication management training completed on 10/06/2024. The record lacked documented evidence of annual training for 2025. On 01/26/2026 at 1:26 PM, the Owner/Caregiver confirmed Employees #1 and #3 had not completed annual medication management training for 2025			

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	as required. This was a repeat deficiency from the 07/15/2025 annual State Licensure survey. Severity: 2 Scope: 2			

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Y 0102 SS= E	NAC 449.200 and R043-22 (d) The health certificates required pursuant to Chapter 441A of NAC for the employee. Inspector Comments: Based on personnel record review and interview, the facility failed to ensure annual tuberculosis (TB) screenings were completed for 2 of 4 employees (Employees #2 and #3), pursuant to Nevada Administrative Code, Chapter 441A. Findings include: Employee #2 Employee #2 was hired as a Caregiver with a start date of 06/15/2014. Employee #2's personnel record included an Employee Tuberculosis Risk Assessment form dated 11/02/2024. The record lacked documentation of an annual TB screening for 2025. Employee #3 Employee #3 was hired as the Owner/Caregiver with a start date of 12/01/2011. Employee #3's personnel record included an Employee Tuberculosis Risk Assessment form dated 11/02/2024. The record lacked documentation of an annual TB screening for 2025. On 01/26/2026 at 1:26 PM, the Owner/Caregiver confirmed Employees #2 and #3 had not completed annual TB screening for 2025 as required. This was a repeat deficiency from the 07/15/2025 annual State Licensure survey. Severity: 2 Scope: 2	Y 0102	The facilityadministrator acknowledges that Employee #2 and Employee #3 did not completetheir annual TB screenings for 2025 as required. Both employees have nowcompleted a current TB screening, and the documentation has been placed intheir employee files. The facility administrator has reviewed all employeefiles to ensure no other TB screenings were overdue. The facilityadministrator will utilize an employee file checklist to ensure that allemployees receive their annual TB screening on or prior to the anniversary dateof their last TB test as to not let their screening lapse.	03/02/2026

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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. 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.	Y 0172	The facility administrator acknowledges the rodent feces found in a closet in a downstairs resident room. The rodent feces have been removed, and the affected area has been cleaned and sanitized. The facility administrator has inspected the facility to ensure no other affected areas were present. The facility administrator will continue utilizing pest control services, and the pest control company will continue to monitor the premises. The facility administrator will also utilize a monthly facility walk-through checklist to ensure the premises remain free of rodents and other pests.	03/02/2026

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	Inspector Comments: Based on observation and interview, the facility failed to ensure the premises were free of rodents. Findings include: On 01/26/2026 at 9:39 AM, rodent feces were observed in a closet in a downstairs resident room. On 01/26/2026 at 10:21 AM, the Owner/Caregiver confirmed the rodent feces in the downstairs closet. The Owner/Caregiver verbalized being aware of a previous rodent infestation at the facility; however, the facility failed to remove the rodent feces. This was a repeat deficiency from the 07/15/2025 annual State Licensure survey. Severity: 2 Scope: 3			
Y 0850 SS= D	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.** 1. If a resident of a residential facility becomes ill or is injured, the resident's physician and a member of the resident's family must be notified at the onset of illness or at the time of the injury. The facility shall: (a) Make all necessary arrangement to secure the services of a licensed physician to treat the resident if the resident's physician is not available; and (b) Request emergency services when such services are necessary. 2. A resident who is suffering from an	Y 0850	The facility administrator acknowledges that Resident #1 had a fall with injury, and the facility did not document the incident, the facility response, or the notifications to the resident's responsible party and physician as required. A late entry incident report has now been completed for the fall, including the date and time of the incident, the manner in which it occurred, the care provided, and the notifications made. The documentation has been placed in the resident's file. The facility administrator has reviewed all resident incident documentation to ensure no other accident, injury, or illness records were incomplete or missing. The facility administrator will utilize an incident and notification checklist to ensure that all accidents, injuries, and illnesses are documented timely and completely, and that the resident's responsible party and	03/02/2026

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	illness or injury from which the resident is expected to recover within 14 days after the onset of the illness or the time of the injury may be cared for in the facility. The decision as to the period within which the resident is expected to recover from the illness or injury and the needs of the resident must be made by the resident's physician or, if he is unavailable, by another licensed physician. 3. A written record of all accidents, injuries and illnesses of the resident which occur in the facility must be made by the caregiver who first discovers the accident, injury or illness. The record must include: (a) The date and time of the accident or injury or the date and time that the illness was discovered; (b) A description of the manner in which the accident or injury occurred or the manner in which the illness was discovered; (c) A description of the manner in which the members of the staff of the facility responded to the accident, injury or illness and the care provided to the resident. This record must accompany the resident if he or she is transferred to another facility. 4. The facility shall ensure that appropriate medical care is provided to the resident by: (a) A caregiver who is trained to provide that care; (b) An independent contractor who is trained to provide that care; or (c) A medical professional. 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. 6. The members of the staff of the facility shall: (a) Ensure that the resident receives the personal care that he requires. (b) Monitor the ability of the resident to care for his own health conditions and shall document in writing any significant change in his ability to care for those conditions. 7. This section does not prohibit a resident		physician are notified at the time of the incident as required.	

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	from rejecting medical care. If a resident rejects medical care, an employee of the facility shall record the rejection in writing and request that the resident sign that record as a confirmation of his rejection of medical care. If the resident rejects medical care that a physician has directed the facility to provide, the facility shall inform the resident's physician of that fact within 4 hours after the care is rejected. The facility shall maintain a record of the notice provided to the physician pursuant to this subsection. 8. As used in this section, "significant change" means a change in a resident's condition that results in a category 1 resident becoming a category 2 resident or otherwise results in an increase in the level of care required by the resident. Inspector Comments: Based on interview and record review, the facility failed to ensure a resident's responsible party and physician were notified after a fall resulted in an injury and the fall with injury was appropriately documented for 1 of 9 residents (Resident #1). Findings include: Resident #1 Resident #1 was admitted to the facility on 10/13/2020, and discharged on 07/18/2025, with diagnoses including hypotension and dementia. Resident #1's clinical record lacked documentation of a fall with injury, facility response to the fall with injury, and notification provided to the resident's responsible party and physician. On 01/26/2026 at 11:02 AM, the Owner/Caregiver recalled Resident #1 experienced a fall approximately one week prior to the resident's discharge date. The Owner/Caregiver recounted in the morning,			

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	the Owner/Caregiver heard a loud “thump” come from Resident #1’s room. Upon investigation, the Owner/Caregiver found the resident on the floor beside the resident’s bed. The resident had a newly acquired cut to the resident’s eyebrow. Resident #1 explained to the Owner/Caregiver the resident rolled off the resident’s bed and the Owner/Caregiver believed the resident struck the resident’s head against the adjacent nightstand. The Owner/Caregiver administered first aid and placed a bandage over the eyebrow cut. The Owner/Caregiver verbalized the injury to the resident’s eyebrow was not severe enough to warrant notification of the resident’s responsible party and physician. The Owner/Caregiver verbalized the fall was documented; however, the Owner/Caregiver was unable to locate the documentation and confirmed it was not present in Resident #1’s clinical record. Severity: 2 Scope: 1 Complaint #NV00074753			
Y 0870 SS= E	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	Y 0870	The facility administrator acknowledges that Resident #2, Resident #4, Resident #7, and Resident #8 did not have a six-month drug regimen review completed as required. Current drug regimen reviews have now been completed by the residents’ healthcare providers, and the written reports have been placed in each resident file. The facility administrator has reviewed all resident files to ensure no additional drug regimen reviews were overdue. The facility administrator will utilize a resident file checklist to ensure that all residents receive a drug regimen review every six months and that the signed report is filed accordingly.	08/05/2026

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	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). Inspector Comments: Based on record review and interview, the facility failed to ensure a drug regimen review was conducted by a physician, pharmacist or registered nurse at least once every six months for 4 of 9 residents residing in the facility longer than six months (Residents #2, #4, #7 and #8). Findings include: Resident #2 Resident #2 was admitted to the facility on 03/17/2017, with diagnoses including			

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	chronic obstructive pulmonary disease and dementia. Resident #2's record included a six-month drug regimen review completed on 02/28/2025. The record lacked documented evidence of the completion of a six-month drug regimen review at any time following 02/28/2025. Resident #4 Resident #4 was admitted to the facility on 05/02/2013, with diagnoses including depression and dementia. Resident #4's record included a six-month drug regimen review completed on 02/28/2025. The record lacked documented evidence of the completion of a six-month drug regimen review at any time following 02/28/2025. Resident #7 Resident #7 was admitted to the facility on 10/01/2024, with diagnoses including coronary artery disease, diabetes mellitus, and hypertension. Resident #7's record lacked documented evidence a drug regimen review was completed at any time after the resident's admission to the facility. Resident #8 Resident #8 was admitted to the facility on 09/01/2023, with diagnoses including schizophrenia and hypertension. Resident #8's record included a six-month drug regimen review completed on 02/28/2025. The record lacked documented evidence of the completion of a six-month drug regimen review at any time following 02/28/2025. On 01/26/2026 in the afternoon, the Owner/Caregiver confirmed Residents #2, #4, #7, and #8 had resided in the facility for more than six months and denied the facility had documentation a drug regimen review			

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	was completed by a physician, pharmacist, or registered nurse within the previous six months. This was a repeat deficiency from the 07/15/2025 annual State Licensure survey. Severity: 2 Scope: 2			
Y 0878 SS= E	NAC 449.2742 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician , physician assistant or advanced practice registered nurse has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician , physician assistant or advanced practice registered nurse. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician , physician assistant or advanced practice registered nurse. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician, physician assistant or advanced practice registered nurse must be administered as prescribed by the physician, physician assistant or advanced practice registered nurse.. If a physician, physician assistant or advanced practice registered nurse orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744;	Y 0878	The facility administrator acknowledges that Resident #5 and Resident #7 had medication orders that were not being followed as prescribed. Updated written physician orders have now been obtained for both residents, and the MARs have been reviewed and corrected as needed to reflect the current orders. The facility administrator has ensured that staff have clear instructions for medication administration, including any hold parameters and the proper method of measuring and preparing medications. The facility administrator has reviewed all other resident medication records to ensure no other medications were being administered contrary to physician orders. The facility administrator will utilize a medication administration checklist to ensure that all medications are administered exactly as prescribed, that any hold parameters or special instructions are clearly understood by staff, and that any unclear orders are clarified with the physician or pharmacy before administration.	03/02/2026

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	(b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician, physician assistant or advanced practice registered nurse must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, physician assistant or advanced practice registered nurse, a physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. Inspector Comments: Based on observation, record review, and interview the facility failed to ensure medications were administered as prescribed for 2 of 9 residents (Resident #5 and #7). Findings include: Resident #5 Resident #5 was admitted to the facility on 02/06/2023, with diagnoses including dementia and hypertension. Resident #5's January 2026 Medication Administration Record (MAR) documented the following: -Atenolol 100 milligram (mg) tablet, take one tablet by mouth once daily. Hold for Systolic Blood Pressure (SBP) less than 110. -Hydrochlorothiazide 12.5 mg, take one capsule by mouth once daily. Hold for SBP less than 110. On 01/26/2026 at 11:52 AM, the Owner/Caregiver confirmed the instructions on Resident #5's MAR for administration of			

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	Atenolol and Hydrochlorothiazide included to hold the medications if the resident's SBP was less than 110. The Owner/Caregiver verbalized the facility was not checking the resident's blood pressure and denied there were any employees currently working for the facility who had received training related to checking residents' blood pressure. The Owner/Caregiver denied the facility had contacted the physician to clarify the order and to notify the physician of the facility's lack of ability to check the resident's blood pressure. On 01/26/2026 at 1:12 PM, the Owner/Caregiver denied the facility had a copy of the physician's orders for Atenolol and Hydrochlorothiazide onsite and verbalized the orders were at the pharmacy. Resident #7 Resident #7 was admitted to the facility on 10/01/2024, with diagnoses including coronary artery disease, diabetes mellitus, and hypertension. Resident #7's January 2026 MAR documented Reguloid powder orange, mix 2.5 grams with eight ounces of liquid and drink by mouth once daily. On 01/26/2026 at 12:07 PM, the Caregiver verbalized the Caregiver would convert grams to milliliters (ml) and used a medication cup to measure the amount of Reguloid powder to administer to Resident #7. The Caregiver retrieved a plastic medication cup from the medication storage cabinet, pointed to the 2.5 ml line on the cup and explained the Caregiver would pour the powder in the cup up to the 2.5 ml line when preparing the medication. The Caregiver and the Owner/Caregiver denied the facility weighed the medication to measure the ordered dose and denied the facility had contacted the physician or the pharmacy to clarify the correct method for preparing the ordered dose. On 01/26/2026 at approximately 12:50 PM, the Owner/Caregiver denied the facility had			

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	a copy of the physician's order for Reguloid power onsite and verbalized the order was at the pharmacy. This was a repeat deficiency from the 07/15/2025 annual State Licensure survey. Severity: 2 Scope: 2			
Y 0905 SS= E	**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 administration;	Y 0905	The facility administrator acknowledges that Resident #6 and Resident #8 had PRN medication orders that did not include the required written instructions specifying the exact symptoms for administration. Updated written PRN instructions have now been obtained from each resident's provider clarifying the exact symptoms for which the medications may be given. All resident MARs and medication labels have been updated accordingly. The facility administrator has reviewed all other PRN medications to ensure they contain clear written instructions that are appropriate for caregivers to assist with. The facility administrator will utilize a PRN medication checklist to ensure that all PRN medications include written instructions from the provider specifying the exact symptoms for administration and are appropriate for caregivers to assist with.	03/02/2026

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	(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 2 of 9 residents (Residents #6 and #8). Findings include: Resident #6 Resident #6 was admitted to the facility on 01/09/2023, with diagnoses including dementia, lower extremity edema, and hypothyroidism. Resident #6's January 2026 Medication Administration Record (MAR) documented Ibuprofen 400 milligram (mg) tablet, take one tablet by mouth twice daily as needed for pain or fever. Resident #8 Resident #8 was admitted to the facility on 09/01/2023, with diagnoses including schizophrenia and hypertension. Resident #8's January 2026 MAR documented Acetaminophen 500 mg tablet, take one tablet by mouth every six hours as needed for pain or fever. On 01/26/2026 in the afternoon, the Owner/Caregiver confirmed the MARs for			

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	Residents #6 and #8 included an indication of "fever" for administration of a PRN medication. The Owner/Caregiver verbalized a fever was any temperature over 100 degrees Fahrenheit (F) and if the resident's temperature exceeded 100 degrees F, staff would administer the medication. The Owner/Caregiver confirmed the MARs lacked a specific temperature threshold at which the medication was to be prescribed, denied facility staff had received training related to checking a resident's temperature, and denied the facility had contacted the residents' physicians to clarify the indication of "fever". The Owner/Caregiver denied the facility had a copy of the physician's orders for Ibuprofen and Acetaminophen onsite and verbalized the order was at the pharmacy. This was a repeat deficiency from the 07/15/2025 annual State Licensure survey. Severity: 2 Scope: 2			
Y 0930 SS= E	NAC 449.2749 **Maintenance and contents of separate file of information concerning each resident; contents; 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	Y 0930	The facility administrator acknowledges that Resident #3 did not have the required second-step TB skin test completed upon admission and that Resident #4 did not have an annual TB screening completed for 2025 as required. The facility administrator acknowledges that Resident #3 did not have the required second-step TB skin test completed within the required time frame following admission. Resident #3 has since been discharged from the facility. The resident's record has been reviewed to ensure the available TB screening documentation is maintained in the closed resident file in accordance with record-retention requirements. The facility administrator also acknowledges that Resident #4 did not have the required annual TB screening completed for 2025. Resident #4 has now completed a current annual TB screening, and the documentation has been placed in the	03/02/2026

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	limitation: (a) The full name, address, date of birth and social security number of the resident. (b) The address and telephone number of the resident's physician and the next of kin or guardian of the resident or any other person responsible for him. (c) A statement of the resident's allergies, if any, and any special diet or medication he requires. (d) A statement from the resident's physician concerning the mental and physical condition of the resident that includes: (1) A description of any medical conditions which require the performance of medical services; (2) The method in which those services must be performed; and (3) A statement of whether the resident is capable of performing the required medical services. (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. (f) The types and amounts of protective supervision and		resident's file. The facility administrator will utilize a resident file checklist to ensure that all residents complete TB screening in accordance with NAC 441A upon admission and annually thereafter, and that all documentation is properly filed in the resident record.	

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	personal services needed by the resident. (g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he 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 ability to perform the activities of daily living; and (3) In any event, not less than once each year. (h) A list of the rules for the facility that is signed by the administrator of the facility and the resident or a representative of the resident. (i)The name and telephone number of the vendors and medical professionals that provide services for the resident. (j) A document signed by the administrator of the facility when the resident permanently leaves the facility. 2. The document required			

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	pursuant to paragraph (j) of subsection 1 must indicate the location to which the resident was transferred or the person in whose care the resident was discharged. If the resident dies while a resident of the facility, the document must include the time and date of the death and the dates on which the person responsible for the resident was contacted to inform him of the death. 3. Except as otherwise provided in this subsection, a resident's file must be kept confidential. A resident's file must be made available upon request at any time to an employee of the bureau who is acting in his capacity as an employee of the bureau. Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 9 residents (Residents #3 and #4) met the requirements for tuberculosis (TB) screening in accordance with Nevada Administrative Code (NAC) 441A. Findings include: Resident #3 Resident #3 was admitted to the facility on 08/21/2025, with diagnoses including hypertension and cognitive impairment. Resident #3's record included documentation of a one-step TB skin test administered on 08/12/2025 and read on 08/14/2025. A second-step TB skin test was			

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	administered on 01/24/2026 and read on 01/26/2026. On 01/26/2026 at 12:06 PM, the Owner/Caregiver confirmed the facility failed to complete a second step TB skin test for Resident #3 upon admission to the facility. The Owner/Caregiver verbalized the one-step TB skin test completed in January 2026 was completed several months following the resident's admission and was completed late. Resident #4 Resident #4 was admitted to the facility on 05/02/2013, with diagnoses including depression and dementia. Resident #4's record included a Resident/Patient Tuberculosis Risk Assessment form dated 11/15/2024. The record lacked documented evidence of a TB screening for 2025. On 01/26/2026 in the afternoon, the Owner/Caregiver confirmed the facility had not completed an annual TB screening for Resident #4 in 2025 as required. Severity: 2 Scope: 2			
Y 1810 SS= F	**NAC 449.0109** **Program and policy for control of infection; designation and training of person responsible for infection control. (NRS439.200, 449.0302)** 1. A facility for the dependent shall: (a) Develop and carry out an infection control program to prevent and control infections within the facility; (b) Review the infection control program, including, without limitation, the infection control policy adopted pursuant to subsection 2, at least annually to ensure that the program meets current evidence-based standards for infection control plans	Y 1810	The facility administrator acknowledges that the facility's infection prevention and control plan did not include the date it was created or last reviewed, and that the plan had not been reviewed annually as required. The infection prevention and control plan has now been reviewed and updated to include the date of review. The facility administrator has reviewed the facility's infection control documentation to ensure the plan is current and properly maintained. The facility administrator will utilize an infection control checklist to ensure that the infection prevention and control plan is reviewed at least annually, updated as needed, and dated to reflect the most recent review.	03/02/2026

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	and the safety needs of residents, staff and visitors; and (c) Develop and carry out a comprehensive plan for emergency preparedness. 2. To carry out the infection control program developed pursuant to paragraph (a) of subsection 1, the facility shall adopt an infection control policy. The policy must include, without limitation, current infection control guidelines developed by a nationally recognized infection control organization that are appropriate for the scope of service of the facility. Such nationally recognized organizations include, without limitation, the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations. 6. The plan for emergency preparedness developed pursuant to paragraph (c) of subsection 1 must address internal and external emergencies and local and widespread emergencies. Such emergencies must include, without limitation, emerging infectious diseases. Inspector Comments: Based on interview and document review, the facility failed to complete an annual review of the facility's infection prevention and control plan. Findings include: On 01/26/2026 at 10:58 AM, the facility's infection prevention and control plan lacked the date the plan was created and last reviewed. On 01/26/2026 at 11:00 AM, the Caregiver/Owner confirmed the infection prevention and control plan lacked the date the plan was created and last reviewed.			

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	The Caregiver/Owner denied the plan was reviewed annually. Severity: 2 Scope: 3			
Y 1825 SS= F	**NAC 449.0109 Designation and training of person responsible for infection control.** 3. The program to prevent and control infections within the facility for the dependent developed pursuant to paragraph (a) of subsection 1 must provide for the designation of: (a) A primary person who is responsible for infection control; and (b) A secondary person who is responsible for infection control when the primary person is absent to ensure that someone is responsible for infection control at all times. 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each	Y 1825	The facility administrator acknowledges that Employee #2 and Employee #3, who were designated as the primary and secondary persons responsible for infection control, did not have documentation in their employee files showing completion of the required 15 hours of infection control training. Both designated employees have now completed the required infection control training, and documentation of completion has been placed in their employee files. The facility administrator has reviewed all infection control records to ensure the required documentation is current and properly filed. The facility administrator will utilize an infection control checklist to ensure that the primary and secondary persons responsible for infection control maintain current training and that documentation of completed training hours is kept in their employee files as required	07/14/2026

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	person designated pursuant to subsection 3 for 3 years immediately following the completion of the training. Inspector Comments: Based on personnel record review and interview, the facility failed to ensure the primary and secondary staff responsible for infection control completed 15 hours of infection control and prevention training (Employees #2 and #3). Findings include: Employee #2 Employee #2 was hired as a Caregiver with a start date of 06/15/2014. Employee #2's personnel record included a Certificate of Training indicating Employee #2 had completed module 1 of the Centers for Disease Control and Prevention (CDC) infection prevention and control program on 08/09/2025; however, the certificate lacked the number of hours of training completed by Employee #2. Employee #3 Employee #3 was hired as the Owner/Caregiver with a start date of 12/01/2011. Employee #2's personnel record included a Certificate of Training indicating Employee #2 had completed the Centers for Disease Control and Prevention (CDC) nursing home infection preventionist training course on 08/09/2025; however, the certificate lacked the number of hours of training completed by Employee #3. On 01/23/2026 at 1:26 PM, the Owner/Caregiver confirmed the personnel records for Employees #2 and #3 lacked documented evidence of the completion of 15 hours of training related to infection prevention and control. The Owner/Caregiver was unable to provide documented evidence of the hours of training completed prior to the end of the			

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	survey. This was a repeat deficiency from the 07/15/2025 annual State Licensure survey. Severity: 2 Scope: 3			