Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	NVN379AGC		C 12/03/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST ANTHONY FAMILY HOME CARE	1885 CASTLE WAY RENO, NV 89512

(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) COMPLETE DATE
Y 000	Initial Comments Surveyor: 28384 The findings and conclusions of any investigation by the Health Division 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. This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility on 12/2/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for six Residential Facility for Group beds for elderly and disabled person, category I. The census at the time of the survey was four. Complaint # NV00023642 was substantiated. See Tag Y274. Complaint # NV00023643 was unsubstantiated. The following deficiencies were identified:	Y 000		
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check NAC 449.200 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. This Regulation is not met as evidenced by:	Y 105		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 105	Continued From page 1 Surveyor: 28384 Based on record review on 12/2/09, the facility failed to ensure 1 of 2 caregivers met background check requirements (Employee #2 - no fingerprints or background reports). Severity: 2 Scope: 3	Y 105		
Y 177 SS=F	449.209(4)(d) Health and Sanitation-Dirt, Garbage, Refuse NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (d) Accumulations of dirt, garbage and other refuse. This Regulation is not met as evidenced by: Surveyor: 28384 Based on observation and caregiver and resident interviews on 12/2/09, it was determined the facility did not ensure that used toilet paper was flushed down the toilet in 2 of 2 bathrooms used by residents. Findings include: Signs were posted in both bathrooms "Please throw your toilet paper into the trash can". The caregiver stated residents were asked to discard used toilet paper into the waste basket when they had large or messy bowel movements. The caregiver reported the home uses baby wipes to clean the residents after	Y 177		

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Y 177	Continued From page 2 bowel movements and the wipes would clog up the toilets. Resident interviews confirmed that residents had been instructed to put used toilet paper into the trash receptacle to prevent damage to the sewer system. Severity: 2 Scope: 3	Y 177		
Y 274 SS=C	449.2175(5) Service of Food - Substitutions NAC 449.2175 5. Any substitution for an item on the menu must be documented and kept on file with the menu for at least 90 days after the substitution occurs. A substitution must be posted in a conspicuous place during the service of the meal. This Regulation is not met as evidenced by: Surveyor: 28384 Based on observation and interview on 12/02/09 the facility failed to ensure menu substitutions were documented and retained for at least 90 days. The Administrator stated they have not been maintaining records of menu substitutions. Severity: 1 Scope: 3	Y 274		