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
	NVN386AGC		07/28/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT JAMES HOME CARE	2315 E 9TH STREET 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 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 an annual grading survey conducted in your facility on 7/28/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received a grade of B. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons, Category I residents. The census at the time of the survey was four. Four resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed. The following deficiencies were identified:	Y 000		
Y 177 SS=E	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: Based on observation on 7/28/10, one of two	Y 177		

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 177	Continued From page 1 resident bathrooms contained black mold in shower area (bathroom to the right side of the main entry). Severity: 2 Scope: 2	Y 177		
Y 179 SS=F	449.209(6) Health and Sanitation-Screens NAC 449.209 6. All windows that are capable of being opened in the facility and all doors that are left open to provide ventilation for the facility must be screened to prevent the entry of insects. This Regulation is not met as evidenced by: Based on observation on 7/28/10, the facility failed to provide window screens on windows in two of three resident rooms (Residents #1 and #2). Severity: 2 Scope: 3	Y 179		
Y 802 SS=D	449.2728(2)(a)(b) Residents Requiring Injections NAC 449.2728 2. The caregivers employed by a residential facility with a resident who requires regular intramuscular, subcutaneous or intradermal injections shall ensure that: (a) Sufficient amounts of medicines, equipment to perform tests, syringes, needles and other supplies are maintained and stored in a secure place in the facility. (b) Syringes and needles are disposed of appropriately in a sharps container which is	Y 802		

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NAME OF PROVIDER OR SUPPLIER SAINT JAMES HOME CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 2315 E 9TH STREET RENO, NV 89512		

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Y 802	Continued From page 2 stored in a safe place. This Regulation is not met as evidenced by: Based on observation and interview on 7/28/10, the facility failed to provide appropriate disposal container for syringes and needles (Resident #4). Severity: 2 Scope: 1	Y 802		
Y 921 SS=F	449.2748(2) Medication Storage NAC 449.2748 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. This Regulation is not met as evidenced by: Based on observation on 7/28/10, the facility failed to ensure that refrigerated medications belonging to 1 of 4 residents were secured (Resident #4 - Insulin). Severity: 2 Scope: 3	Y 921		
Y 936 SS=F	449.2749(1)(e) Resident file-NRS 441A Tuberculosis	Y 936		

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Y 936	Continued From page 3 NAC 449.2749 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: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Based on record review on 7/28/10, the facility failed to ensure 2 of 4 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #1 and #4 - missing second step Tuberculin skin test) which affected all residents. This was a repeat deficiency from the 7/21/09 State Licensure survey. Severity: 2 Scope: 3	Y 936		