

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 11029	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/29/2025
NAME OF PROVIDER OR SUPPLIER ST. FRANCIS GROUP HOME # 2		STREET ADDRESS, CITY, STATE, ZIP CODE 4151 E. SAINT LOUIS AVENUE, LAS VEGAS, NEVADA ,89104		
(X4) ID PREFIX TAG RFG 0001- Deficienci es	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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	ID PREFIX TAG RFG 0001- Deficienci es	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE

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: CHRISTIAN VILLAR Title: Owner
REPRESENTATIVE'S SIGNATURE

Date: 11/15/2025

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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 initiated at your facility on 09/02/25 and finalized on 10/29/25. The facility is licensed for nine Residential Facility for Groups beds for elderly and disabled persons and/or individuals with mental illness, Category 1 residents. The census at the time of the survey was eight. Eight resident files and three employee files were reviewed. The facility received a grade of A.			
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	NAC 440.209: Corrections 2. Starting from date of receipt of Statement of Deficiency on 11/05/25: Owner will remind Caregiver on site to make sure that garbage containers outside of the facility are monitored to ensure no over-filling. By doing so, the garbage containers outside the facility will remain "covered" by the lid until trash is picked up for the week. Regular checks during the week by Caregiver will be done as well to maintain cleanliness. 3. On 11/05/25, a trash can with lid has been purchased and placed within the laundry room for use by residents. Caregiver will remind residents to use new trash can and will monitor trash fullness for removal to ensure optimal cleanliness. Owner will attach picture of new trash can along with receipt. 4. As mentioned in the report, Owner followed up with a pest control company in order to attain recommendations on keeping home free of insects. Progressive Pest Control was contacted and sprayed the perimeter of the facility along with checking interior areas for roaches on	11/15/2025

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	4. To the extent practicable, 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, record review and interview, the facility was not kept free from insects. Findings include: On 09/02/25 in the morning, three dead bed bugs were observed on the floor of Room #3. Upon further observation, live bed bugs were seen moving around in the crevice of the mattress of the bed in Room #3, the room of Resident #1 (R1). Numerous black and brown spots were noted on the mattress and box spring. On 09/02/25 in the morning, live and dead bed bugs were observed in Room #4, room of Residents #4 and #2, on the bedsheets, mattresses and box springs, walls, floors, and underneath furniture. Black and brown stains were seen on mattresses and box		11/08/25. No roaches were noted but pest control did spray common areas (kitchen and bathroom) as a preventative measure as well. Pest control company advised Owner that monthly maintenance sprays along the outside perimeter along with routine checks is best method to ensure facility remains insect free, so Owner has agreed to having Progressive Pest Control come out once a month to do so. This will mitigate any possibility of insects of any kind becoming an issue for the facility again moving forward. Owner will upload the Inspection Report given by Progressive Pest Control. 5. Starting from receipt of Statement of Deficiency on 11/05/25, Administrator along with Owner will work with residents and Caregiver to continue to maintain the optimal cleanliness of facility. That includes helping residents maintain their personal areas, along with reminders to only eat food in dining areas along with smoking in designated areas as well.	

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	springs. On 09/02/25 in the morning, room #5 contained two beds, one for Resident #8 and one for Resident #5. Both beds had live bed bugs and black and brown stains on the mattress. Live bedbugs were on the floor and one bed bug was observed crawling on the wall. On 09/02/25 in the morning, room #6 contained two beds. One resident currently resided in the room, Resident #3 (R3). Live bed bugs were seen in R3's bed and on the floor in the room. On 09/02/25 in the morning, Resident Room #2 contained a dead cockroach behind Resident#6 (R6's) bed. On 09/02/25 at 9:57 AM, Resident #8 (R8) was observed sitting on their bed in Room #5. R8 was asked if R8 had seen bugs, and R8 responded that they sometimes saw bugs. R8 was asked if R8 had any bug bites, and R8 responded that they had bug bites. Numerous bites were observed on both of R8's forearms. The Administrator asked R8 why they had not told the Caregivers about the bites. R8 replied that they did not want to tell them because it would result in a cycle of going back and forth to the doctor. On 09/02/25 at 10:05 AM, Resident #3 (R3) verbalized they saw brown bugs at night all over the kitchen sink area , but not many. On 09/02/25 at 10:41 AM, Residents #6 and #7 (R6 and R7) were interviewed in their room, Room #2. R7 reported seeing German cockroaches crawling on the wall next to their bed, above the area where the exterminator usually sprayed (about three feet up the wall). R6 and R7 both reported seeing about four cockroaches in a month's time. Neither R6 nor R7 reported having bug bites. On 09/02/25 at 10:55 AM, Resident #5 (R5) reported that they did not know of any bugs			

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	currently in the facility. They knew of bugs only the last time the exterminator came to the facility, on a date R5 could not remember. Per R5, everything had to be moved out of the house. Clothes were put in bags and placed on the rocks in the back yard. Clothes were also taken to the laundromat. The mattresses, box springs, sheets and pillowcases were all replaced with brand new items. R5 verbalized the facility was charged a lot of money to fumigate the whole house. On 09/02/25 in the morning, the Administrator verbalized the facility had previously had a bed bug infestation, but it was treated. The Administrator reported the Caregiver had just told the Administrator that Resident #1 (R1) had recently brought some clothes from another group home into the facility, but the Administrator asked the Caregiver not to take such clothing in the future as the clothes could contain bed bugs. The Administrator reported the exterminator sprayed for everything every two months. The Administrator stated they were unaware of a current bed bug infestation. On 09/02/25 at 11:15 AM, a live cockroach was observed on the kitchen counter underneath the dish drip tray, and another live cockroach was seen moving along the top of and underneath the kitchen counter. On 09/02/25 at 11:20 AM, the Administrator reported the exterminator had come before to treat for bed bugs, and the Administrator had notified Southern Nevada Adult Mental Health Services (SNAMHS). The Administrator could not recall the date the exterminator had come. On 09/02/25 in the morning, the Administrator acknowledged the facility had a bed bug infestation after seeing the evidence and speaking with residents. The facility contacted an exterminator and over the course of several weeks, worked to rid the facility of bed bugs. The facility regularly			

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	updated the Bureau on the progress until the bed bugs were gone sending the extermination company's documentation. On 10/29/25 in the morning, the facility was inspected to ensure the treatment plan had been successful and that the bed bugs had been eliminated. No bed bugs were found in the facility. On 10/29/25 at 10:27, Resident #7 (R7) in Room #2 reported that they saw no bed bugs, but they saw a little roach every now and then. R7 explained the roaches were getting fewer and fewer, and that they had only seen dead roaches, not live roaches, in the last few weeks. R7 reported the exterminator was doing a good job, and that in addition, R7 and their roommate kept their room clean and did the mopping. On 10/29/25 at 10:28 AM, Resident #6 (R6), R7's roommate in Room #2, verbalized that they never saw bed bugs, but that they had seen a couple of roaches a few weeks ago. On 10/29/25 at 10:37 AM, Employee #2 (E2) verbalized that sometimes they saw tiny roaches in the kitchen, but not every day. When they saw them, they killed them. On 10/29/25 at 10:50 AM, the Owner explained the exterminator had sprayed for roaches in the inside corners of the kitchen cabinets after the facility staff had removed everything from the cabinets. On 10/29/25 in the morning, the Owner acknowledged the facility had a problem with roaches, and proposed several ways the facility could approach the problem, including spraying the perimeter and consulting the exterminator for recommendations. Severity: 2 Scope:3			