STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2274	A. BUILDING _____ B. WING _____	07/25/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SACHELE SENIOR GUEST HOME 2	3397 EL CAMINO REAL, LAS VEGAS, NEVADA ,89121

(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
0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey initiated at your facility on 07/25/19 and finalized on 07/25/19. This State Licensure survey was conducted in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for 6 Residential Facility for Group beds for elderly and disabled persons, and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was six. Six resident files were reviewed and three employee files were reviewed. The facility received a grade of A. The findings and conclusions of any investigation by the Division of Public and Behavioral Health 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. The following deficiencies were identified.	0000		
0252 SS= F	Storage of Food - Adequate Storage; Packaging - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 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. Inspector Comments: Based on observation and interview, the facility failed to ensure food was stored appropriately and not spoiled or expired. Findings include: On 07/25/19 at 9:30 AM, during the initial tour, one indoor freezer, two outdoor freezers and one outdoor refrigerator were observed full and contained various food items. The food items were packed into the freezer without sufficient storage space between items. The surveyor was unable to move food items freely to observe them due to the packing of the freezers and refrigerator. An unmarked package containing beef fell out of one of the outdoor freezers as the surveyor opened the door. Two packages marked turkey bacon had a date of	0252	Freezer and refrigerator was cleaned July 28, 2019. Turkey bacon was disposed. The basket with cantaloupe, mango and a loaf of bread was thrown away on the day of the survey. Staff and residents food supply will be each labeled. Administrator is responsible that food supply is adequate and appropriately packaged or labeled must monitor every 3 months to be in compliant with the bureau.	07/28/2019

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	06/27/18. On the kitchen table in the dining room, a basket contained a cantaloupe and a mango with dark brown soft spots on the skin of the fruit. A packaged loaf of bread was laying on top of the cantaloupe and mango and had a green substance surrounding the crusts of the bread. On 07/25/19 at 9:30 AM, the Administrator indicated the indoor and outdoor freezers and outdoor refrigerator stored food for residents and staff. The Administrator indicated the facility bought an additional freezer for the outdoor area to store food. The Administrator acknowledged many food items were not labeled to identify which food was for the residents and which food was for staff. The Administrator and Administrator's Designee were unaware turkey bacon expired when in the freezer. The Administrator indicated the cantaloupe, mango and loaf of bread were for staff. The Administrator acknowledged there was no label on the food items to indicate whether they were for residents or staff. The Administrator acknowledged the cantaloupe, mango and loaf of bread were spoiled and removed them from the table. Severity: 2 Scope: 3			
0620 SS= D	Written Policy on Admissions - NAC 449.2702 Written policy on admissions; eligibility for residency. (NRS 449.0302) 4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast; (b) Requires restraint; (c) Requires confinement in locked quarters; or (d) Requires skilled nursing or other medical supervision on a 24-hour basis. Inspector Comments: Based on observation, interview and record review, the facility failed to ensure a bedfast waiver was completed for 1 of 6 sampled residents (Resident #6). Findings include: Resident #6 (R6) R6 was admitted on 10/28/05 with diagnoses including dementia and chronic obstructive pulmonary disease. On 07/25/19 between the hours of 9:00 AM and 1:28 PM, R6 was observed lying in bed. On 07/25/19 at 1:00 PM, a Caregiver indicated R6 was bedfast and received hospice	0620	R6's waiver exemption request was submitted August 7, 2019. Please see attach exempt request form. Administrator is responsible that any future or recent resident that is bedfast must apply for a waiver exemption to allow or retain a resident in a facility must monitor every 6 months and to be renewed annually to be in compliant with the bureau.	08/07/2019

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	services. The Caregiver indicated R6 did not get out of the bed and was immobile in bed. The Caregiver indicated R6 had been bedfast for 14 years. The Caregiver indicated R6 required repositioning every hour. The Caregiver indicated R6 was dependent of all Activities of Daily Living. On 07/25/19 at 1:00 PM, the Administrator indicated R6 had been bedfast for 14 years. The Administrator indicated the facility submitted a bedfast waiver for R6 in 2006, which was located in R6's medical record. The Administrator acknowledged R6 was immobile in bed and could not reposition self. R6's medical record revealed R6 was receiving hospice services. A hospice physical exam dated 03/18/19, documented R6 was bed to chair bound with both eyes closed, but responded to tactile stimulus. R6 was unable to make eye contact or verbalize needs. R6 was non-verbal with garbled speech, continued to decline and was very frail. R6's bilateral upper extremities had increased rigidity and were contracted. R6's bilateral lower extremities were stiff. R6 showed discomfort with repositioning. An Activities of Daily Living Assessment dated 01/05/19, documented R6 was bed bound, completely dependent and unable to make needs known. R6's medical record revealed a bedfast waiver exemption request was submitted on 08/18/06 by the facility. R6's medical record revealed the facility was approved for a bedfast waiver on 03/13/07. R6's medical record lacked documented evidence a bedfast waiver was obtained annually from 2007 through 2019. On 07/25/19 at 1:00 PM, the Administrator was unaware the facility had to maintain an annual bedfast waiver exemption for R6. The Administrator acknowledged a bedfast waiver was not approved annually for R6 from 2007 through 2019. Severity: 2 Scope: 1			

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0999 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure toxic chemicals were kept in a locked area. Findings include: On 07/25/19 at 9:30 AM, two cans of paint primer were observed in an unlocked cabinet on the outdoor patio. On 07/25/19 at 9:30 AM, the Administrator indicated a staff member was using the primer to work outdoors the past few days. The Administrator acknowledged the two cans of paint primer were unlocked and accessible to residents. Severity: 2 Scope: 3	0999	The irrigation tubing primer and glue was put in the locked storage on the day of the survey. Administrator is responsible that all toxic substances are not accessible to any residents of the facility for their safety, monitor every 3 months to be in compliant with the bureau.	07/25/2019