Division of Public and Behavioral Health

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 _____	12/12/2023

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 completed at your facility on 12/12/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for nine 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 seven. Seven resident files 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 regulatory deficiency was identified:	0000		
1830 SS= D	Infection Control Required Training Inspector Comments: Based on record review and interview, the facility failed to ensure the primary infection control designee completed 15 hours of infection control training (Employee #2). Findings include: Employee #2 (E2) E2 was hired on 01/08/99 as the Administrator. E2's file lacked documented evidence of 15 hours of training concerning the control and prevention of infections from an approved organization. On 12/12/23 in the afternoon, the Administrator acknowledged they were the primary infection control program designee and acknowledged they had not completed the required 15 hours of infection control and prevention training. Severity: 2 Scope: 1	1830	1. Immediately after the survey, E2 got scheduled to get the 15 hours Infection Control Training. 2. Administrator will ensure that all new employees complete the 15 hours Infection Control Training if they will be one of the Infection Control designees. 3. Administrator will monitor if any new or existing employees become Infection Control designees that they have completed the required 15 hours of Training. 4. Administrator is responsible that any Infection Control designees have completed the required 15 hours of training. 5. E2 was able to complete the Infection Control Training on Dec. 19 and 21 of 2023. 6. Please see attached documents.	01/09/2024

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 REPRESENTATIVE'S SIGNATURE Name: ROWENA G. PACE Title: ADMINISTRATOR Date: 01/09/2024