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 _____	01/14/2026

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

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RFG 0001-Deficiencies	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	RFG 0001-Deficiencies		

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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 State licensure survey conducted in your facility on 01/14/26 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facilities 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 nine. Nine resident files and four employee files were reviewed. The facility received a grade of A.			
Y 0557 SS= E	**NAC 449.262 and R043-22** **Provisions of dental, optical and hearing care and social services; report of suspected abuse, neglect or exploitation; restriction on use of restraints, confinement or sedatives.** 3. The members of the staff of a residential facility shall not: (a) Use restraints on any resident; (b) Lock a resident in a room inside the facility; or (c) Provide sedatives to a resident	Y 0557	1) Immediately after the survey, the bed rails of R6 and R8 have been removed from their respective beds. A foam mat has been placed under their beds for safety. 2) The bed rails are removed from the beds, foams are placed under the beds for safety and staff/caregivers are reminded on the proper use of bed rails. 3) The staff/caregivers shall continue the practice of proper usage of bed side rails. All staff/caregivers are aware that bedrails are only used as a tool for the resident to move in and out of the bed and are aware that the use of bedrails would be considered as a restraint to the resident. The administrator will continue to oversee this practice.	01/14/2026

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	unless that sedative has been prescribed for that resident by a physician, physician assistant or advanced practice registered nurse to treat specific symptoms. A caregiver shall make a record of the behavior of a resident who has been prescribed a sedative. Inspector Comments: Based on observation and interview, the facility failed to ensure bed rails were not used as a restraint for 2 of 9 residents (Resident #6, and # 8). Findings include: Resident #6 (R6) R6 was admitted on 07/18/23 with diagnosis of Alzheimer's. On 01/14/26 in the morning, R6 was observed lying in bed, with full bed rails up on both sides of the bed. R6 was physically unable to lower or raise the bedrails without assistance from staff. R6 was not physically or cognitively able to use the bed rails to reposition in bed without assistance. On 01/14/26 in the morning, R6 was nonverbal and unable to communicate the reason they had bedrails. R6's file documented R6 was bed fast with an approved bed fast waiver with expiration date of 01/21/26. Resident #8 (R8) R8 was admitted on 12/27/22 with diagnosis including Alzheimer's, depression, chronic		4) The facility staff/caregivers and administrator will be responsible in ensuring that the plan of correction is implemented. 5) This correction has been implemented on 1/14/26 6) Please refer to attached documents.	

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	obstructive pulmonary disease. On 01/14/26 in the morning, R8 was observed lying in bed, with full bed rails up on both sides of the bed. R8 was physically unable to lower or raise the bedrails without assistance from staff. R8 was not physically or cognitively able to use the bed rails to reposition in bed without assistance. On 01/14/26 in the morning, R8 was nonverbal and unable to communicate the reason they had bedrails. On 01/14/26 in the morning, R8's family member who shared the room explained R8 had decline and would not be able to respond verbally. On 01/14/26 in the afternoon, the Administrator acknowledged the bed rails for R6 and R8's bed rails helped to keep R6 and R8 in bed when staff were providing care every two hours. The Administrator acknowledged the bed rails should not be used as a restraint and should be removed. Scope:2 Severity: 2			
Y 0830 SS= D	**NAC 449.2736** **Request to exempt certain resident from restrictions; contents of request.** 1. The administrator of a residential facility may submit to the division a written request for permission to admit or retain a resident who is prohibited from being admitted to a residential facility or remaining as a resident of the facility pursuant to NAC 449.271 to 449.2734, inclusive.	Y 0830	1) Upon receiving the SOD on 1/28/26, a Plan of Care and CTI was requested from R1's hospice and we were able to apply for an Exemption Waiver for R1 on 2/5/26. Results are still pending. 2) Resident file will be regularly reviewed to ensure necessary waivers or exemptions will be up to date and included in their records. 3) The administrator, with the assistance of the facility staff/caregivers, shall monitor if any new or existing resident's conditions change that would require a medical Exemption Waiver. 4) The facility administrator shall be	02/05/2026

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	2. A written request submitted pursuant to this section must include, without limitation: (a) Records concerning the resident's current medical condition, including updated medical reports, other documentation of current health, a prognosis and the expected duration of the condition; (b) A plan for ensuring that the resident's medical need scan be met by the facility; (c) A plan for ensuring that the level of care provided to the other residents of the facility will not suffer as a result of the admission or retention of the resident who is the subject of the request; and (d) A statement signed by the administrator of the facility that the needs of the resident who is the subject of the written request will be met by the caregivers employed by the facility. 3. A written request submitted to the division pursuant to this section must be received: (a) Before the administrator admits a resident; or (b) At the onset of a medical condition set forth in NAC 449.271 to 449.2734, inclusive. 4. A residential facility must receive the permission requested pursuant to subsection 1 before the facility admits a resident who is otherwise prohibited from being admitted to the facility pursuant to NAC 449.271 to 449.2734, inclusive. 5. A residential facility may retain a		responsible for ensuring that the plan of correction is implemented in order to be in compliance. 5) On 2/5/26 an exemption waiver was applied for R1. 6) Please refer to attached document.	

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	resident who is otherwise prohibited from remaining as a resident of the facility pursuant to NAC 449.271 to 449.2734, inclusive, for 10 days after the facility submits to the division the written request pursuant to subsection 1. Inspector Comments: Based on interview and record review, the facility failed to obtain a medical exemption to maintain a resident with a contracture (Resident #1). Findings include: Resident #1 (R1) R1 was admitted to the facility on 11/05/21 with diagnoses including advance senile dementia, dysphagia, decreased PO Intake, contractures both upper and lower extremities. On 01/14/26 in the morning, R1 was nonverbal and unable to communicate. R1 was observed lying in bed physically or cognitively unable to reposition in bed without assistance. Inspector attempted to engage in verbal communication with R1 however, the response was intelligible. On 01/14/26 in the morning R1 had visible contractures of upper and lower extremities. The Caregiver verbalized R1 was previously on hospice for physical therapy of the contractures, but it became too painful for R1 to continue, now the facility was only providing comfort care with medications, changing positions every two hours and rotating pillows under arms and legs. R1's file lacked documentation of an approved medical exemption from the Bureau for R1's contractures.			

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	On 01/14/26 in the morning, the Administrator acknowledged R1 did not have an approved medical exemption on file for contractures. Scope:2 Severity:1			