DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**09/05/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT FRANCIS GROUP HOME CARE 5	**4245 E BALTIMORE AVE, LAS VEGAS, NEVADA ,89104**

(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 a complaint investigation completed in your facility on 09/05/23, in accordance with Nevada Administrative Code (NAC), Chapter 449, Residential Facility for Groups. The census at the time of the survey was four. There was one complaint investigated. Verified: Complaint #NV00069267was verified. (See Tag 0174) The investigation of the Complaint included: Observation of sights, and primarily smells, in the individual rooms in the home, as well as the common areas. Interviews were conducted with the Administrator and residents. 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 investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified:	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: AMALIA O. MAGNO Title: Administrator Date: 09/22/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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0174 SS= F	Health& Sanitation-odors-hazards-insects-dirt - NAC 449.209 Health and sanitation. (NRS 449.0302) 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 free movement of residents within and outside the facility; (c) Insects and rodents; and (d) Accumulations of dirt, garbage and other refuse. Inspector Comments: Based on observation and interview, the facility failed to ensure there were no odors of cat urine in the facility. Findings include: On 09/05/23 at 9:45 AM, the smell of ammonia, attributed to cat urine, was detected in the home. The smell was strongest in the room which housed three cats and the cats' litter boxes, and was also found to a lesser degree in the entry way and in the common areas central to the home which the resident had access to. On 09/05/23 in the morning, the Administrator acknowledged the smell and attested to trying to rid the home of the odor. Severity: 2 Scope: 3 This was a repeat deficiency from the annual survey completed on 12/29/22.	0174	a) The premises of the facility has been cleaned and disinfect on 9/5/23 and repainted the walls on 9/8/23 . Additional cat litter boxes have been placed . b)The administrator instructed the caregiver to clean immediately whenever the cats sprayed and left feces in the litter box . The administrator will make sure that the facility premises are free from offensive odor and unpleasant smells and it will never happen again. The administrator will monitor for compliance . c)Date of completion : 9/8/23	09/22/2023