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
	354	A. BUILDING _____ B. WING _____	07/13/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SACHELE SENIOR GUEST HOME	3398 BANCROFT CIRCLE, 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 and infection control survey conducted at your facility on 07/13/21, 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 mental illness, category II residents. The census at the time of survey was 7. Seven resident files and three employee files were reviewed. The facility received a grade of A. The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of antidiscrimination policy; posting of nondiscrimination statement and certain other information, NRS 449.102 - Duties of licensed facility to protect privacy of patient or resident, and LCB File No. R016-20 - Cultural competency training; complaint policy; development of gender identity/expression policy; designated person responsible for compliance with these regulations. Failure to comply with NRS 449.101, NRS 449.102 and LCB File No. R016-20 may result in future deficiencies. 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		
0102	Personnel File - TB Screening - NAC 449.200 Personnel files. 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee; Inspector Comments: Tag was not cited as deficient.	0102		

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 PACE Title: Administrator Date: 08/04/2021

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0106 SS= D	Personnel File - 1st Aid & CPR - NAC 449.200 Personnel files 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1: (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation; Inspector Comments: Based on interview and record review, the facility failed to ensure employee cardiopulmonary resuscitation (CPR) certification was up to date for 1 of 3 employees (Employee #2). Review of Employee #2's training record revealed their CPR certification expired on 01/14/21. The Administrator was unable to provide documentation of Employee #2's current CPR certification. Severity: 2 Scope: 1	0106	1. Administrator had the caregiver attended the training on 7/15/2021 to comply with the deficiency. See copy attached. 2. Administrator will remind the caregivers annually a month before their training expires to avoid this from re occurring. 3. A reminder will be given to the Caregiver a month before training expires to correct the problem. 4. Administrator 5.It was corrected on 7/15/2021 6. Please see attached document. Copy of CPR training	07/15/2021
0859	Medical Care of Resident After Illness - NAC 449.274 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. (NRS 449.0302) 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his or her physician. The resident must be cared for pursuant to any instructions provided by the resident ' s physician. Inspector Comments: Tag was not cited as deficient.	0859		
0895 SS= E	Administration of Medication Maintenance - NAC 449.2744 Administration of medication: Maintenance and contents of logs and records. (NRS 449.0302) 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for	0895	1. It was corrected by writing it on MAR on 7/14/2021, right after the survey. 2. To make sure that this deficiency will not re occur, the Leadcaregiver must check ALL medications and write them all on MAR. Review MAR at least once a week to eliminate mistakes. 3. Administrator will remind the Leadcaregiver on regular basis to double check the Medication Record to avoid discrepancies. 4. Administrator and the Lead Caregiver will work together to implement the POC. 5. It was corrected on 7/14/2021 6. Please see attached documents.	07/14/2021

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	administering the medication to the resident that reflect each current order or prescription of the resident ' s physician. Inspector Comments: Based on interview, document review and record review, the facility failed to ensure the Medication Administration Records (MAR) were accurate for 3 of 7 residents (Resident #1, Resident #5 and Resident #6). Findings include: Resident #1 (R1) was admitted on 10/01/17 with diagnosis including cerebral palsy and diabetes mellitus type 2. Review of physician's order dated 02/16/2021 revealed R1 was prescribed Arthritis pain tablets, 650 milligram tablets, take one tablet by mouth as needed for pain. The medication was not listed on the July 2021 MAR. Resident #5 (R5) was admitted on 10/01/18 with diagnosis including atrial fibrillation and hypertension. Review of physician's order dated 05/11/2021 revealed R5 was prescribed Hydrochlorothiazide 12.5 milligram capsules, take one capsule by mouth every day. The medication was not listed on the July 2021 MAR. Resident #6 (R6) was admitted on 11/20/2019 with diagnosis including hypertension and Parkinson's disease. Review of physician's order dated 07/06/2021 revealed R6 was prescribed vitamin B12, 1000 microgram tablets, take one tablet by mouth every day. The medication was not listed on the July 2021 MAR. On 07/13/2021 at 11:05 AM, a Caregiver confirmed they forgot to put the medications on R1, R5 and R6's July 2021 MARs. Severity: 2 Scope: 2			