

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

PRINTED: 6/15/2026  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER: |                                                                                                                          | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br><br>B. WING _____                               |                            | (X3) DATE SURVEY<br>COMPLETED<br><br><b>04/14/2022</b> |  |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SACHELE SENIOR GUEST HOME</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                       |                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>3398 BANCROFT CIRCLE, LAS VEGAS, NEVADA ,89121</b> |                            |                                                        |  |
| (X4)<br>ID<br>PREFIX<br>TAG                                          | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY<br>OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ID<br>PREFIX<br>TAG                                   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |                                                                                                    | (X5)<br>COMPLETION<br>DATE |                                                        |  |
| 0000                                                                 | <p>Initial Comments</p> <p>Inspector Comments: This Statement of Deficiencies was generated as a result of the State Licensure Complaint Investigation survey initiated at your facility on 04/05/22 and completed on 04/14/22, in accordance with Nevada Administrative Code, Chapter 449, Residential Facilities for Groups. The facility is licensed for nine Residential Facility for Group beds for elderly or disabled persons, and/or persons with mental illness, Category II residents. The census at the time of the survey was eight. The sample size was one discharged resident. The facility received a grade of A. One complaint was investigated. Complaint #NV00065933, with one allegation was substantiated without deficiencies. The allegation the facility failed to return resident personal property upon discharge, was substantiated without deficiencies. Investigation into the allegation revealed no documentation of a Power of Attorney (POA) or family representative to handle affairs, personal health information and/or personal property of the resident. The resident signed all admission documents, and did not sign any document regarding who could act on their behalf. The facility policies did not document a process for release of resident personal information or property in the event of resident discharge, death, or incapacitation. 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 deficiencies, unrelated to the complaint investigation were identified:</p> | 0000                                                  |                                                                                                                          |                                                                                                    |                            |                                                        |  |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER Name: ROWENA G. PACE Title: ADMINISTRATOR  
REPRESENTATIVE'S SIGNATURE

Date: 05/03/2022

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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| 1020<br>SS= D                                                        | <p>Care for Persons with Chronic Illnesses - NAC 449.2766 Residential facility which offers or provides care for persons with chronic illnesses and debilitating diseases: Application for endorsement; training for employees. (NRS 449.0302) 1. A residential facility which offers or provides care and protective supervision for a resident with a chronic illness or progressively debilitating disease must obtain an endorsement on its license authorizing it to operate as a residential facility for persons with chronic illnesses. The Division may deny an application for an endorsement or suspend or revoke an existing endorsement based upon the grounds set forth in NAC 449.191 or 449.1915.</p> <p>Inspector Comments: Based on record review, document review and interview, the facility failed to acquire an endorsement to provide care to residents with chronic illnesses. (Resident #1) Findings include: Resident #1 (R1) R1 was admitted to the facility on 10/21/21 with primary diagnoses of chronic obstructive pulmonary disease (COPD) exacerbation, chronic hypoxic respiratory failure, and hypertension with chronic kidney disease stage III, as noted on the physician's physical exam dated 10/20/21. On 04/12/22 in the morning, review of R1's Standard Placement Determination dated 10/20/21, revealed the physician designated the resident should have been placed in a facility that provided care to persons with chronic illness or progressively debilitating disease. On 04/12/22 at 2:10 PM, interview with Employee #1 (E1). E1 relayed the facility did have an endorsement for chronic illness. Review of the active endorsements for the facility listed in the Division of Public and Behavioral Health online licensing system, revealed the facility had an endorsement for mental illness. The facility lacked an endorsement or pending application to provide care for residents with chronic illnesses. Scope: 2 Severity: 1</p> | 1020                                                  | <p>1. Submitted an application for "Chronic Illness" endorsement on 04-24-22.<br/>2. Owner/Administrator will ensure that no new residents with a Chronic Illness diagnosis be admitted into the Group Home.<br/>3. Owner/Administrator will review H&amp;P and ensure that resident does not have a Chronic Illness.<br/>4. Owner/ Administrator is solely responsible for ensuring that no residents be admitted into Group Home with a Chronic Illness diagnosis.<br/>5. Chronic Illness endorsement was applied for on 04-24-22. Results are pending.<br/>6. Please see attached documents.</p> |                                                                                                    | 05/02/2022                 |                                                        |  |