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 _____	05/26/2022

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 05/26/22, in accordance with Nevada Administrative Code, Chapter 449, Residential Facilities for Groups. The facility is licensed for 9 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 the survey was 9. Nine 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 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 were identified:	0000		

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: 06/06/2022

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0065 SS= B	Qualifications of Caregivers-Age-Eng-Training - NAC 449.196 Qualifications and training of caregivers. (NRS 449.0302) 1. A caregiver of a residential facility must: (a) Be at least 18 years of age; (b) Be responsible and mature and have the personal qualities which will enable him or her to understand the problems of elderly persons and persons with disabilities; (c) Understand the provisions of NAC 449.156 to 449.27706, inclusive, and sign a statement that he or she has read those provisions; (d) Demonstrate the ability to read, write, speak and understand the English language; (e) Possess the appropriate knowledge, skills and abilities to meet the needs of the residents of the facility; and (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. Inspector Comments: Based on interview and document review, the facility failed to ensure eight hours of annual Caregiver training was completed for 2 of 3 employees (Employee #1 and #2). Findings include: Employee #1 (E1) E1 was hired on 01/14/20 as a Caregiver. E1's file lacked documented evidence eight hours of annual Caregiver training had been completed. E1's last training documents were dated as completed in 01/04/21 & 01/06/21. Employee #2 (E2) E2 was hired on 08/14/19 as a Caregiver. E2's file lacked documented evidence eight hours of annual Caregiver training had been completed. E2's last training documents were dated as completed in 02/25/21. On 05/26/22 in the afternoon, the E2 acknowledged E1 and E2's file lacked the required documentation for annual Caregiver training. Severity: 2 Scope: 1	0065	1. On 06/06/22 Certificate of Training in Caregiving Basics for employee #1 and employee #2 was placed in their respective employee folders. Caregiving Training was completed on 04/29/22 but was just not placed in their employee folders. 2. A checklist was created to remind all employees when their CPR, Fingerprints, MAR, TB Test and Trainings are due and to place them in their folders immediately to minimize this deficiency in the future. 3. Administrator and Lead Caregiver will closely monitor this checklist to ensure all employee requirements are up to date. 4. Administrator is ultimately responsible for ensuring all employee requirements are not expired. 5. The Certificates of Trainings for employees #1 and #2 was completed on 04/29/22 and placed in Employee Folders on 06/06/22. 6. Please see attached documents.	06/06/2022