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 _____	05/22/2024

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 survey completed at your facility on 05/22/24, 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 the survey was eight. Eight resident files and three employee files were reviewed. 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 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		
0178 SS= F	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility failed to ensure the exterior of the facility was maintained. Findings include: On 05/22/2024 at 9:36 AM, garbage bags and debris were observed scattered throughout the backyard of the facility. On 05/22/2024 at 9:40 AM, the Caregiver acknowledged the backyard had not been maintained. Severity: 2 Scope: 3	0178	1. On 5/23/24, the backyard was cleaned and properly disposed of the garbage bags that were in the backyard. 2. Caregivers are instructed not to allow accumulation of old equipment and debris to pile up in the backyard. 3. Administrator/Owner/Caregivers will monitor on a weekly basis that the backyard is kept clean for the safety of residents and staff. 4. Administrator/Owner is responsible that the Plan of Correction is implemented. 5. On 5/23/24. 6. Please see attached document.	05/23/2024

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 G. PACE Title: ADMINISTRATOR Date: 06/09/2024

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0936 SS= D	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on interview and record review the facility failed to ensure annual signs and symptoms were completed for 1 of 8 residents who was positive for Tuberculosis (TB). Findings include: Resident #6 (R6) R6 was admitted to the facility on 04/22/2022 with a primary diagnosis of diabetes. R6's medical record revealed R6 had a positive QuantiFERON test on 05/02/2022 and had a negative chest x-ray on 05/09/2022. R6's medical record documented signs and symptoms for TB was completed on 05/03/2023. R6's record lacked documented evidence annual signs and symptoms of TB had been completed for 2024. On 05/22/24 in the morning, a staff member acknowledged R6's missing signs and symptoms for 2024. Severity: 2 Scope: 1	0936	1. A Signs and Symptoms TB Test was scheduled the next day for R6. 2. Administrator/Owner will monitor on a monthly basis that all TB tests are up to date in order to be in compliance. 3. Administrator/Owner will monitor using a Checklist when TB tests are due for residents and staff. 4. Administrator/Owner is responsible for ensuring the Plan of Correction is implemented. 5. On 5/23/24. 6. Please see attached documents.	05/23/2024