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 _____	**09/05/2024**

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 a complaint investigation completed in your facility on 09/05/24, in accordance with Nevada Administrative Code (NAC), Chapter 449, Residential Facility for Groups. The census at the time of the survey was 8. The sample size was zero. Zero resident files and zero employee files were reviewed. The facility received a grade of A. There was one complaint investigated. Substantiated: 1. Complaint # NV00071851 was substantiated. The investigation of the complaint included: Observations of the cleanliness of the facility and the presence of cockroaches lack of mold and lack of tiles in the yard. Interviews were conducted with residents, family members of residents, and caregiver staff. Document review included an invoice from the exterminator. 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 deficiency was identified:	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: ROWENA PACE Title: ADMINISTRATOR Date: 10/03/2024

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, interview, and document review, the facility failed to ensure the facility was free of cockroaches. Findings include: A tour of the facility on 09/05/24 revealed live and dead cockroaches in resident rooms, in the hallway, in a kitchen drawer and on the kitchen counter, in a bathroom, and in the living room. On 09/05/24 at 11:20 AM, Resident #1 (R1) verbalized that once in a while they saw a cockroach and would see them crawling up the wall. On 09/05/24 at 11:30 AM, a family member of Resident #2 (R2) recounted seeing cockroaches in the kitchen and crawling across the floor of R2's room. On 09/05/24 at 11:36 AM, Employee #1 (E1) confirmed the presence of a live cockroach on the hallway floor. On 09/05/24 at 11:57 AM, Employee #1 explained they used to be able to handle the cockroach problems on their own, but this year the cockroaches were hard to get rid of. Employee #1 provided a copy of an invoice from an exterminator dated 08/17/24, but was unable to produce a copy of a contract with the pest control company which would indicate ongoing treatment of the cockroach infestation. Severity: 2 Scope: 3	0174	1. Owner / Administrator entered into a contract on 9/6/24 with Las Vegas Pest Control to get a better handle on the cockroach problem. 2. Since Las Vegas Pest Control will be doing scheduled visits; it should correct the cockroach problem. 3. Owner & Lead Caregiver will monitor the interior and exterior for cockroaches and contact Las Vegas Pest Control if a spot visit is necessary or more frequent visits are needed. 4. Owner / Administrator will ensure that the plan of correction is implemented. 5. On 9/6/24, facility entered into a contract with Las Vegas Pest Control. 6. Please see attached document.	09/06/2024