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 _____	**10/16/2024**

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 10/16/24, in accordance with Nevada Administrative Code (NAC), Chapter 449, Residential Facility for Groups. The census at the time of the survey was six. The sample size was six. Six resident files and five employee files were reviewed. The facility received a grade of A. There was two complaints investigated. Substantiated: 1. Complaint #NV00072152 was substantiated. (See TAG Y860) 2. Complaint #NV00072204 could not be substantiated. No deficiencies were cited. The investigation of the complaint included: Observations of the cleanliness of the facility, tour of the facility for evidence of cock roaches or mold, Medication Administration practices, residents receiving care and assistance and interactions between caregivers and residents. Interviews were conducted with residents, designee administrator, and caregiver staff. Document review included an invoice from the exterminator and Medication Management policy. 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		
0050 SS= F	Administrator's Responsibilities - Oversight - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.27706,	0050	1. Immediately after the survey, Designee Administrator was in the process of gathering E1's and E2's T.B. Tests, Caregiver Trainings and Background Check documents in order to complete E1's and E2's employee folder. 2. Administrator will require all new employees to provide all requirements before being hired and will complete that employee's folder during the hiring process	11/10/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: ROWENA PACE Title: ADMINISTRATOR Date: 11/14/2024

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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	inclusive, and chapter 449 of NRS. Inspector Comments: Based on observation, interview and record review, the Administrator failed to ensure residents were being cared for by qualified caregivers. Findings include: On 10/16/24 Employee #1 and Employee #2 were providing care to six residents in the home. Employee #1 (E1) E1 was hired on or around 09/25/24 as a Caregiver per the designee administrator. E1 had no employee file on site and lacked documented evidence of a tuberculosis (TB) test and required caregiver training. Employee #2 (E2) E2 was hired on or around 09/25/24 as a Caregiver per the designee administrator. E2 had no employee file on site and lacked documented evidence of tuberculosis (TB) test and required caregiver training. On 10/16/24 in the morning, Resident #1, Resident #2, Resident #3, Resident #4 Resident #5 and Resident #6 verbalized E1 and E2 were Caregivers at the facility and provided care to them. On 10/16/24 in the morning, the Designee Administrator verbalized E1 and E2 were Caregivers at the facility and, neither E1 or E2 had a complete file. E1 and E2 had no Tuberculosis (TB) screening, back ground checks and lacked documented evidence of Caregiver and Mental Illness training. The Designee Administrator acknowledged E1 and E2 should have a file containing TB testing, Caregiver and Mental Illness training. The Designee Administrator also acknowledged E1 and E2 lacked documented evidence of the correct qualifications to be providing care to the residents. The Administrator had left the country without ensuring the facility had qualified caregivers to provide care to the residents. The Administrator planned to return to the facility on 10/29/24. Severity: 2 Scope: 3		in order to be in compliance. 3. Administrator and Designee Administrator shall ensure all requirements are provided by new caregivers before they start working in the facility. 4. Administrator is responsible for ensuring that the plan of correction is implemented in order to be in compliance. 5. On 11-10-24 all requirements were completed by E1 and E2. 6. Please see attached documents.	
0100 SS= F	Personnel File - NAC 449.200 & R043-22 Personnel files. (NRS 449.0302) 1. Except	0100	1. Immediately after the survey, Designee Administrator was in the process of	11/10/2024

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	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: (a) The name, address, telephone number and social security number of the employee; (b) The date on which the employee began his or her employment at the residential facility; (c) Records relating to the training received by the employee, including, without limitation: (1) Certificates of completion for all training completed by the employee; and (2) If a tier 2 training is not provided through a course listed on the Internet website maintained by the Division pursuant to subsection 2 of section 7 of this regulation, a list of topics covered by the training which may consist of, without limitation, the syllabus for the training or an outline of the training; (e) Evidence that the references supplied by the employee were checked by the residential facility. Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 2 Caregivers had a completed employee file (Employee #1 and #2). Findings include: On 10/16/24 Employee #1 and Employee #2 were providing care to six residents of the home. Employee #1 (E1) E1 was hired on or around 09/25/24 as a Caregiver per the Designee Administrator. E1 had no employee file on site and lacked documented evidence of a tuberculosis (TB) test and required caregiver training. Employee #2 (E2) E2 was hired on or around 09/25/24 as a Caregiver per the Designee Administrator. E2 had no employee file on site and lacked documented evidence of tuberculosis (TB) test and required caregiver training. On 10/16/24 in the morning, Resident #1, Resident #2, Resident #3, Resident #4 Resident #5 and Resident #6 verbalized E1 and E2 were Caregivers at the facility and provided the residents care. On 10/16/24 in the morning, the Designee Administrator verbalized E1 and E2 were Caregivers at		gathering E1's and E2's T.B. Tests and Caregiver Trainings in order to complete E1's and E2's employee folder. 2. Administrator will require all new employees to provide all requirements before being hired and will complete that employee's folder during the hiring process. 3. Administrator and Designee Administrator shall ensure all requirements are provided by new caregivers before they start working in the facility. 4. Administrator is responsible for ensuring that the plan of correction is implemented in order to be in compliance. 5. On 11-10-24 all requirements were completed by E1 and E2. 6. Please see attached documents.	

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	the facility and, neither had a complete file containing a Tuberculosis (TB) test, and no documented evidence of Caregiver and Mental Illness training. The Designee Administrator acknowledged E1 and E2 should have had a file, TB test, Caregiver training and Mental Illness training. Severity: 2 Scope: 3			
0860 SS= D	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) 6. The members of the staff of the facility shall: (a) Ensure that the resident receives the personal care that he or she requires. (b) Monitor the ability of the resident to care for his or her own health conditions and document in writing any significant change in his or her ability to care for those conditions. Inspector Comments: Based on interview and record review the facility failed to ensure 1 of 5 residents were kept clean and dry by a facility staff member and not a staff member from an outside agency. (Resident #2). Findings include: Resident #2 (R2) was admitted on 07/26/23 with primary diagnosis of hyperlipidemia, weakness and constipation. On 10/16/24 in the morning, R2 verbalized being left in a brief from the afternoon to the following morning when the Certified Nursing Assistant (CNA) from a home health agency came to shower them. R2 reported this did not happen all the time but every once in a while. R2 reported no pressure sores or affects from being left so long in a brief. On 10/16/24 in the morning, a Caregiver verbalized they had left E2 in a wet brief from 4:00 PM to 9:35 AM the following day explaining the CNA who came from the home health could change E2 when they gave them their bath. The Caregiver indicated the facility process for incontinence care was for staff to assist residents with hygiene and care when they needed changing. The Caregiver	0860	1. Designee Administrator gave specific instructions to all Caregivers to ensure that all residents are cared for in a timely manner and not to wait for or expect C.N.A.'s to do what is expected of the caregivers working in the facility. 2. All caregivers working in the facility will ensure that all residents are receiving the personal care that he or she requires by following a schedule and by simply asking the resident if they need any assistance. 3. Administrator and lead Caregiver shall monitor all residents are receiving the personal care that he or she requires and not to rely on outside help from other agencies. 4. Administrator is responsible in ensuring that the plan of correction is implemented. 5. On 10-17-24. 6. No attached documents.	10/17/2024

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	acknowledged R2 was left in a brief for a long period of time without being cared for. On 10/16/24 in the morning, the Designee Administrator was not aware of staff who waited for the home health agency CNA to provide breif chaning. The Designee Administrator reported this was unacceptable and would ensure this would not happen again. Severity: 2 Scope: 1 Complaint #NV00072152			