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 _____ | **04/24/2025** |

| 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<br><br>Inspector Comments: This Statement of Deficiencies was generated as a result of an annual State Licensure survey and complaint investigation at your facility on 04/24/25 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 nine. Nine resident files and four employee files were reviewed. The facility received a grade of B. There was one complaint investigated. Unsubstantiated: 1. Complaint #NV00073656 could not be substantiated. No regulatory deficiencies could be identified. The investigation of the complaint included: Observation of resident behaviors. Interviews were conducted with residents and Caregivers. Record Review of ten resident records, which included the resident of concern. 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 deficiencies were identified. | 0000 | | |
| 0072 SS= E | Qualifications of Caregiver - Med Training - NAC 449.196 Qualifications and training of caregivers. (NRS 449.0302) 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Before assisting a resident in the administration of a medication, receive the training required pursuant to paragraph (e) of subsection 6 of NRS 449.0302, which must include at least 16 hours of training in the management of | 0072 | 1. Initial 16 hours MAR trainings were both located for E3 and E4 and placed in their respective folders.<br>2. Owner and Lead Caregiver will ensure that Initial MAR trainings and annual trainings are renewed in a timely manner and immediately placed in Employee folders in order to be in compliance.<br>3. Owner / Administrator will conduct a monthly audit of employee requirements to ensure all employees are always in compliance.<br>4. Administrator is responsible in ensuring | 05/09/2025 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: ROWENA PACE Title: ADMINISTRATOR Date: 05/11/2025

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.

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 _____ | **04/24/2025** |

| 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 |
|---|---|---|---|---|
| | medication consisting of not less than 12 hours of classroom training and not less than 4 hours of practical training, and obtain a certificate acknowledging the completion of such training; (b) Receive annually at least 8 hours of training in the management of medication and provide the residential facility with satisfactory evidence of the content of the training and his or her attendance at the training; (c) Complete the training program developed by the administrator of the residential facility pursuant to paragraph (e) of subsection 1 of NAC 449.2742; and (d) Annually pass an examination relating to the management of medication approved by the Bureau.<br><br>Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 4 employees received initial 16 hours of medication management training (Employee #3 and #4). Findings include: Employee #3 (E3) E3 was hired on 11/05/23, as a Medication Technician. E3 completed eight hours of annual medication management training on 05/10/24. E3's file lacked documented evidence of initial 16 hours of medication management training. Employee #4 (E4) E4 was hired on 09/25/24, as a Medication Technician. E4 completed eight hours of annual medication management training on 03/07/25. E4's file lacked documented evidence of initial 16 hours of medication management training. On 04/24/25 in the morning, E3 acknowledged the missing documentation and reported E3 did not take the 16 hour course. E3 reported E4 was unable to obtain a copy of their 16 hour training certificate and acknowledge the missing documentation. Severity: 2 Scope: 2 | | that the plan of correction is implemented.<br>5. On 5/9/25, E3 and E4 Initial MAR trainings were located and was verified by Administrator and that they were placed in E3's and E4's folder.<br>6. Please see attached documents. | |

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 _____ | **04/24/2025** |

| 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 |
|---|---|---|---|---|
| 0102 SS= D | Personnel File - TB Screening - NAC 449.200 Personnel files. 1. Except 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: (d) The health certificates required pursuant to chapter 441A of NAC for the employee;<br><br>Inspector Comments: Based on interview and record review, the facility failed to ensure a physical examination was completed upon hire for 1 of 4 employees (Employee #2). Findings include: Employee #2 (E2) E2 was hired on 01/03/25, as a Caregiver. E2's file lacked documented evidence of a physical examination upon hire. On 04/24/25 in the morning, E2 acknowledged the missing documentation and indicated E2 did not have a physical examination Severity: 2 Scope: 1 | 0102 | 1. E2 could not locate her most recent Physical Exam so E2 was scheduled to see her doctor on 5/6/25.<br>2. Owner / Administrator will ensure that all new employees shall get a Physical Exam before hire and ensure that it is placed in employee folder.<br>3. Owner / Administrator will monitor no less than once a month all employee folders to ensure all requirements are up to date in order to be in compliance.<br>4. Administrator will be responsible for ensuring that the plan of correction is implemented.<br>5. On 5/6/25, E2 got her Physical Exam from her doctor and placed a copy of document in her folder.<br>6. Please see attached document. | 05/09/2025 |
| 0923 SS= F | Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician; and (b) Kept in its original container until it is administered.<br><br>Inspector Comments: Based on observation and interview, the facility failed to ensure medications were not pre- poured prior to administration. Findings include: On 04/24/25 at 8:45 AM, in a cabinet there were nine medication cups which contained multiple resident's morning medications. On 04/24/25 at 8:45 AM, the Caregiver indicated they pre-poured medications, into medication cups, for all residents, and confirmed the medications were not kept in the original containers until administration. Severity: 2 Scope: 3 | 0923 | 1. Immediately after the survey, the nine medication cups were discarded and all med techs were reminded that pre-pouring of residents medications are never allowed.<br>2. Med-techs received a refresher course on how to properly administer medications to residents, most importantly keeping the medications in its original container until it is administered to the resident.<br>3. Owner / Administrator will monitor on a daily basis that pre-pouring of medications is never to be practiced in this facility.<br>4. Owner / Administrator is responsible for ensuring that the plan of correction is implemented.<br>5. On 4/24/25. the nine medication cups were discarded.<br>6. No documents to attach. | 05/09/2025 |

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 _____ | **04/24/2025** |

| 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 |
|---|---|---|---|---|
| 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.<br><br>Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 9 residents received a two-step tuberculosis (TB) test (Resident #7). Findings include: Resident #7 (R7) R7 was admitted on 11/13/24, with diagnosis including hypertension and diabetes. R7's file lacked documented evidence of a two-step TB test. On 04/24/25 in the morning, the Caregiver acknowledged the resident file lacked documented evidence of a two-step TB test and was unable to provide documented evidence. Severity: 2 Scope: 1 | 0936 | 1. Evidence of a Quantiferon Test for R7 was found and placed in resident's folder.<br>2. Owner / Administrator will ensure that a 2-step TB test or equivalent test will be done prior to resident being admitted.<br>3. Owner / Administrator will do a monthly audit of resident requirements to ensure we are always in compliance.<br>4. Administrator is responsible for ensuring that the plan of correction is implemented.<br>5. On 5/9/25, Quantiferon results for R7 was placed in his folder.<br>6. Please see attached document. | 05/09/2025 |

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 _____ | **04/24/2025** |

| 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 |
|---|---|---|---|---|
| 1011 SS= D | Care for Persons with Mental Illnesses - NAC 449.2764 Residential facility which offers or provides care for persons with mental illnesses: Application for endorsement; training for employees. (NRS 449.0302) 2. A person who provides care for a resident of a residential facility for persons with mental illnesses shall, within 60 days after becoming employed at the facility, attend not less than 8 hours of training concerning care for residents who are suffering from mental illnesses.<br><br>Inspector Comments: Based on record review and interview, the facility failed to ensure eight hours of mental illness training was completed within 60 days of hire for 1 of 4 employees (Employee #2). Findings include: Employee #2 (E2) E2 was hired on 01/03/25, as a Caregiver. E2's file lacked documented evidence of eight hours of mental illness training. On 04/24/25 in the morning, E2 acknowledged the missing documentation and reported E2 had not completed mental illness training. Severity: 2 Scope: 1 | 1011 | 1. On 4/25/25, E2 completed 8 hours of Mental illness training.<br>2. Owner / Administrator will ensure that all new employees shall go through no less than 8 hours of Mental Illness training and within 60 days of hire and existing existing employees get their annual certificates in a timely manner.<br>3. Owner / Administrator will monitor no less than once a month all the employee folders and ensure that all requirements are up to date in order to be in compliance.<br>4. Administrator will be responsible in ensuring that the plan of correction is implemented.<br>5. On 4/25/25, E2 completed 8 hours of Mental Illness training.<br>6. Please see attached file. | 05/09/2025 |