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 _____	**07/16/2025**

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 Inspector Comments: This Statement of Deficiencies was generated as a result of a complaint investigation completed in your facility on 07/16/2025, in accordance with Administrative Code (NAC), Chapter 449, Residential Facilities for Groups The census at the time of the survey was eight. The facility received a grade of A. The sample size was six. There was one complaint investigated. Unsubstantiated: Complaint #NV00074513 could not be substantiated. No regulatory deficiencies could be identified. The investigation of Complaint included: Observation of physical appearance of residents, residents eating lunch, water by bedside, and a tour of the facility. Interviews were conducted with residents, hospice staff member, Caregivers, and Owner Record Review of five records, which included the resident of concern. Document Review included menus, and incident reports. 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		
0515 SS= D	Supervision and Treatment of Residents - NAC 449.259 & R043-22 Supervision and treatment of residents generally. (NRS 449.0302) 1. A residential facility shall ensure that the staff of the facility collaborate with each resident of the facility, the family of the resident and other persons who provide care for the resident, including, without limitation, a qualified provider of health care, as interpreted by section 8 of this regulation, to: (a) Develop a person-centered service plan for the resident; and (b) Review the person-centered service plan at least once each year.;	0515	1. R5 has moved out of the facility on June 24,2025. Moving forward, all resident files will be reviewed quarterly and update any change in their ADL's and Person Centered Care Plan. 2. The administrator shall implement an in-house	08/30/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: ROWENA PACE Title: ADMINISTRATOR Date: 08/30/2025

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.

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	Inspector Comments: Based on interview and record review the facility failed to ensure a person-centered careplan was revised after a change on condition for 1 of 6 residents (Resident #5). Findings include: Resident #5 (R5) R5 was admitted to the facility on 11/29/2024 with a diagnosis of cerebral infraction. A person-centered care plan dated 12/04/2024 documented R5 was on a regular diet and could feed themselves. On 07/16/2025 in the morning, a Caregiver indicated R5 required assistance with feeding. On 07/21/2025 in the afternoon, R5's provider verbalized R5 required assistance with feeding. On 07/28/2025 in the morning, the Owner revealed R5 required assistance with feeding and acknowledged R5's care plan was not accurate and should have been revised. Severity : 2 Scope: 1		resident tracker to ensure up to date revision/s on each resident's file. 3. The administrator, with the assistance of the lead caregiver, shall conduct a quarterly resident file review to ensure changes in ADL and Person Centered Care Plan is up to date and in compliance with the bureau. 4. The administrator will be in charge of the plan of correction implementation. 5. R5 has moved out of the facility on June 24, 2025. 6. Please refer to attached photo for R5's incident report.	
0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician , physician assistant or advanced practice registered nurse has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician, physician assistant or advanced	0878	1. Prescriptions for R6 were called to the pharmacy on the day of the survey and was delivered on July 28, 2025. 2. A medication supply review will be put in place to ensure a non-recurrence, to	08/30/2025

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	practice registered nurse. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician, physician assistant or advanced practice registered nurse. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician, physician assistant or advanced practice registered nurse must be administered as prescribed by the physician, physician assistant or advanced practice registered nurse. If a physician, physician assistant or advanced practice registered nurse orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician, physician assistant or advanced practice registered nurse must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, physician assistant or advanced practice registered nurse, a physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. Inspector Comments: Based on observation, interview, and record review the facility failed to ensure medications		be conducted by lead caregiver and/or administrator. 3. A monthly review of residents' medications has been set in place to monitor supply. 4. The administrator will be in charge of the plan of correction implementation. 5. The medications have been delivered on July 28, 2025. 6. Please refer to attached file.	

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	were on site and available for 1 of 6 residents (Resident #6). Findings include: Resident #6 (R6) R6 was admitted to the facility on 11/22/2024 with a diagnosis of heart disease. A review of the July 2025 Medication Administration Record (MAR) for R6 documented R6 was prescribed the following medications: - Trazadone 100 Milligrams (mg) take one tablet by mouth every night at bedtime. - Tizanidine 4 mg take one tablet by mouth as needed for muscle spasms. - Ondansetron 8 mg take one tablet by mouth under tongue every four hours as needed for nausea/vomiting. On 07/28/2025 in the morning, Trazadone, Tizanidine, and Ondansetron were not in R6's medication bin. On 07/28/2025 in the morning, the Caregiver revealed R6'sTrazadone, Tizanidine, and Ondansetron were not on-site because they forgot to reorder the medications. On 07/28/2025 in the morning, the Owner verified R6's Trazadone, Tizanidine, and Ondansetron were not on-site. Severity: 2 Scope: 1			