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
	356	A. BUILDING _____ B. WING _____	05/18/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT BENEDICT'S HOME	3625 S ROSEWOOD DR, 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 conducted in your facility on 5/18/17. This State Licensure survey was conducted by the authority of NRS 449.0307, Powers of the Division of Public and Behavioral Health. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illnesses, chronic illnesses and/or mental retardation, Category I residents. The census at the time of the survey was six. Six resident files were reviewed and two 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 deficiencies were identified:	0000		

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: ROSELYN JAVIER Title: Owner/RFA Date: 05/25/2017

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0178 SS= F	449.209(5) - Health and Sanitation-Maintain Int/Ext - NAC 449.209 Health and sanitation. 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 premises was clean and well maintained. Findings include: On 5/18/17 in the afternoon, during a tour of the facility observed the following deficiencies on the exterior of the facility: -Uncovered trash bin on a plastic rack on side of the facility -Inoperable microwave oven on a table along the side of the facility -A wheel rim with shredded material on the top, exposing a gold foam material sitting on top of two tires in the backyard -A pile of miscellaneous metal materials including a bicycle, gardening tools, a bedframe and other items located in the far corner of the backyard -Many empty plastic water bottles on the ground all along the side of the facility -Miscellaneous debris on the ground along the side of the facility -Many open bags and boxes containing empty water bottles and other plastic items along the side of the facility On 5/18/17 in the afternoon, Employee #2 confirmed the observations. This was a repeat deficiency from the 6/20/16 State Licensure survey. Severity: 2 Scope: 3	0178	Tag 0178 - A) Administrator cleaned the exterior and disposed all the debris that was found during the survey of the Care Home facility, B) Administrator will monitor the facilities interior and exterior and make sure it's clean and well maintained daily. C) Date of correction 5/19/17 D) Photos attached	05/19/2017