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 _____	**03/12/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAN VICENTE HOME CARE	**8460 RANCHO DESTINO RD, LAS VEGAS, NEVADA ,89123**

(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 conducted at your facility on 03/12/24, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease, Category II residents. The census at the time of the survey was ten. The sample size was five resident files and six employee files. The facility received a grade of B. There was one complaint investigated: Verified: 1. Complaint #NV00070530 was verified. (See Tags Y0100, Y0335, Y0370, Y0557, and Y0991) The investigation of the Complaint included: Observation of grooming and physical appearance for residents, residents receiving care and assistance, meal preparation, resident rooms, alarms on doors, meal preparation, and tour of the facility. Interviews were conducted with residents, the residents of concern, Caregivers, and the Administrator. Clinical Record Review of 5 records, which included the residents of concern. Five employee files were reviewed. Document review included facility policy and procedures, and employee schedules. 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 regulatory deficiencies were identified:	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | Name: VISITACION DELA PENA | Title: Administrator | Date: 04/11/2024

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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0100 SS= D	Personnel File - NAC 449.200 & R043-22 Personnel files. (NRS 449.0302) 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: (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 1 of 6 Caregivers had a completed employee file (Employee #1). Findings include: Employee #1 (E1) E1 was hired on or around 01/29/24 as a Caregiver. E1 had no employee file and lacked documented evidence of the required background check and training. On 03/12/24 in the morning, Employee #4, Resident #1, Resident #4, and Resident #5 verbalized E1 was a Caregiver at the facility. On 03/12/24 in the morning, the Administrator verbalized E1 was a Caregiver, had no file, no background check, and no documented evidence of Caregiver training. The Administrator acknowledged E1 should have had a file, background checks and Caregiver training. Severity: 2 Scope: 1 Complaint# NV00070530	0100	0100 * E1- arrived in US 01/29/24 on a Visitor's Visa. Is now in process of securing a working VISA with assistance of a Law office. E1 also has plans to go back home to the Philippines next month due to rigid VISA requirements. * For background check they require to have Individual Tax Identification number. On 03/18/24, E1 opted also in process waiting period is 4-6 weeks. * Other training requirements in place CPR scheduled 04/04/24 * Administrator will oversee completion of required credentials * Anticipated plan of correction 05/18/24 Tag 0100-POC Date: 4/11/2024 * E1 no longer employed in the facility. * Administrator will make sure all employees will be background checked. * Completed April 3, 2024	04/11/2024

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0335 SS= D	Bedroom - Certain areas as bedroom prohibited - NAC 449.221 Use of certain areas in facility as bedroom prohibited. (NRS 449.0302) A hall, stairway, unfinished attic, garage, storage area or shed or other similar area of a residential facility must not be used as a bedroom. Any other room must not be used as a bedroom if it: 1. Can only be reached by passing through a bedroom occupied by another resident; or 2. Is used for any other purpose. Inspector Comments: Based on observation and interview, the facility failed to ensure a resident bedroom closet was not used as a bedroom for 1 of 6 Employees (Employee #1). Findings include: On 03/12/24 in the morning, an inflatable mattress, bedsheets, a pillow, men's clothing, and men's cologne were observed in a closet located in Resident #1 (R1), Resident #2 (R2) and Resident 3's (R3) bedroom. To access the closet, it was necessary to walk through the resident's bedroom. On 03/12/24 in the morning, R1 reported E1 slept in R1, R2, and R3's bedroom closet. On 03/12/24 in the morning, the Administrator confirmed E1 lived in the master bedroom closet. The Administrator acknowledged a closet should not be used for E1 to reside in. Severity: 2 Scope: 1 Complaint# NV00070530	0335	0335 * All E1 belongings were removed from closet and not to be used as a room. * Reinforced to utilize keyed individual lockers for personal belongings : Lockers 1-31 * Administrators will be responsible to ensure plan of correction is implemented. * Completed 03/13/2024 Tag 0335- POC * Pictures are uploaded to POC documents as evidence that R1, R2 and R3 is no used by E1 or caregivers to reside. * Completed April 3, 2024	04/11/2024

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0370 SS= D	Housing for staff members - NAC 449.224 Housing for staff members. (NRS 449.0302) 1. Bedrooms must be provided for any members of the staff of a residential facility and their families who live at a residential facility. The bedrooms must comply with the provisions of subsections 2 to 8, inclusive, of NAC 449.218 and the provisions of NAC 449.220 and 449.221. Inspector Comments: Based on observation and interview, the facility failed to ensure there was a bedroom provided for one live-in Caregiver (Employee #1). Findings include: Employee #1 (E1) E1 was hired on or around 01/29/24 as a Caregiver. On 03/12/24 in the morning, the facility did not have an extra room for a caregiver to live in. All the bedrooms were occupied by residents. On 03/12/24 in the morning, an inflatable mattress, bedsheets, a pillow, men's clothing, and men's cologne were observed in the closet of a resident room that was occupied by three residents, Resident #1 (R1), Resident #2 (R2) and Resident 3 (R3). On 03/12/24 in the morning, R1 reported reported E1 slept in the bedroom closet of their bedroom. On 03/12/24 in the morning, the Administrator confirmed E1 lived in the master bedroom closet and the facility did not have an extra bedroom for a live in caregiver. Severity: 2 Scope: 1 Complaint# NV00070530	0370	0370 *E1 is now housed at the Administrator's Residence at 9541 Gondolier St. 89178 * Lock was placed on closet only used for resident's belongings * Administrator will monitor deficient practice will not recur and plan of correction is implemented * Completed 03/13/24 Tag 0370- POC Date: 04/03/2024 * Pictures are uploaded to POC documents as evidence that R1, R2 and R3 is no used by E1 or caregivers to reside. * Completed April 3, 2024	04/11/2024

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0557 SS= D	Provision of Dental, Optical and Hearing Care - NAC 449.262 Provision of dental, optical and hearing care and social services; report of suspected abuse, neglect, isolation or exploitation; restrictions on use of restraints, confinement or sedatives. (NRS 449.0302) 3. The members of the staff of a residential facility shall not: (a) Use restraints on any resident; (b) Lock a resident in a room inside the facility; or Inspector Comments: Based on observation and interview, the facility failed to ensure bed rails were not used as a restraint for 2 of 10 residents (Resident #2 and #3). Findings include: Resident #2 (R2) R2 was admitted on 04/03/19 with a diagnosis of dementia. On 03/12/24 in the morning, R2 was observed lying in bed, with half bed rails up on both sides of the bed. Due to cognitive deficit, R2 was unable to indicate if they knew how to lower the bed rails or understood what the bed rails were for. The resident would not respond to questions of wellbeing. Resident #3 (R3) R3 was admitted on 08/04/23 with diagnoses of Parkinson's disease and dementia. On 03/12/24 in the morning, R3 was observed lying in bed, with half bed rails up on one side of the bed, the other side of the bed was pushed up against the wall. Due to cognitive deficit, R3 was unable to indicate if they knew how to lower the bed rails or understood what the bed rails were for. On 03/12/24 in the morning, E4 confirmed half bed rails were in use for both R2 and R3, and acknowledged they were in place to keep R2 and R3 in their beds and keep them from falling. R3 was able to turn in the bed without using the bed rails and would end up facing the other way. R2 could move around and had attempted to get out of bed. Severity: 2 Scope: 1 Complaint# NV00070530	0557	0557 * Side nails were removed from R2 and R3. Hospital bed to lowest position in addition wheels were removed which lowered the bed to another 4 inches. soft floor mattresses were placed around the bed when they are in bed. * Administrator reviewed with staff on restraint regulations and will reinforce that plan of correction is implemented. * Completed 03/15/24.	04/02/2024

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0991 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 and R043-22 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease or other forms of dementia who meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 shall ensure that: (b) Operational alarms, buzzers, horns or other technology for notifying staff when a door is opened are installed on all doors that may be used to exit the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure the door alarms were operating. Findings include: On 03/12/24 in the morning, the back door alarm leading from the kitchen to the backyard was turned off. On 03/12/24 in the morning, E1 acknowledged the back door alarm did not sound when opened and the alarm was turned off. E1 reported the alarm should have been turned on. Severity: 2 Scope: 3 Complaint# NV00070530	0991	0991 * Alarm turned to the back doors leading to backyard. * Reinforced to stall that alarm to be checked daily. * Staff #4 assigned that plan of correction is implemented. * Completed 03/12/24.	04/02/2024

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0999 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 and R043-22 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease or other forms of dementia who meet the criteria prescribed in paragraph (a) of subsection 2 of NRS 449.1845 shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure toxic substances were secured. Findings include: On 03/12/24 in the morning, there were multiple toxic substances such as men's cologne and beer unsecured in the master bedroom closet. The master bedroom closet did not have a lock, and had not been secured. On 03/12/24 in the morning, E4 acknowledged the unsecured toxic substances and reported they should have been locked up. Severity: 2 Scope: 3	0999	0999 * Bedroom closet now has a lock. * Toxic substances to be stored at the keyed lockers. * Staff #4 assigned to monitor and implement plan of correction. * Completed 03/13/24. Tag 0999 - POC Date 4/11/2024 * Pictures are uploaded to POC documents as evidence that R1, R2 and R3 no longer contain toxic substances and lockers are being utilized by residents and caregivers. * Completed April 3, 2024	04/11/2024