STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	358	A. BUILDING _____ B. WING _____	06/26/2024

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 an Annual State Licensure survey completed in your facility on 06/26/2024, in accordance with Nevada Administrative Code (NAC), Chapter 449, Residential Facilities 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 nine. Nine resident files and four 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 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		
0895 SS= D	Administration of Medication Maintenance - NAC 449.2744 and R043-22 Administration of medication: Maintenance and contents of logs and records. (NRS 449.0302) 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician, physician assistant or advanced practice registered nurse, including, without limitation, whether the medication is to be administered according to a routine schedule or as needed; (5) Any change in an order or prescription of a resident ' s physician, physician assistant or advanced practice registered nurse,including, without limitation, the discontinuation of the medication; (6) Any time when the resident	0895	0895 - * Medication ordered for R7- Savelamar now added on his MAR. * Reinforced to Med Techs that all medications delivered to the home will be written to the MAR as soon as received. * Administrator will do audit and monitor monthly that all medications is in the MAR to prevent deficient practice will not recurr. * Administrator is responsible that the plan of correction is implemented. * Completed 06/26/24	07/19/2024

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	is out of the facility; and (7) Any mistakes made in the administration of medication. Inspector Comments: Based on interview and record review the facility failed to ensure the Medication Administration Record (MAR) was accurate for 1 of 9 residents (Resident #7). Findings include: Resident #7 (R7) R7 was admitted to the facility on 01/08/2024 with a diagnosis of Atrial Fibrillation. On 06/26/2024 in the afternoon, the medication Sevelamer 800 milligrams (mg) was observed in R7s medication bin. A physician order for R7 dated 01/01/2024 documented Sevelamer 800 mg administer four tablets by mouth three times a day with meals and two tablets two times a day with snacks. On 06/26/2024 in the afternoon, the medication Sevelamer 800 mg was not documented on R7's MAR. On 06/26/2024 in the afternoon, the Administrator verbalized R7 was receiving the Sevelamer per the physicians order, but acknowledged the Sevelamer was not documented on R7's MAR and verbalized all medications being administered should have been documented onto the MAR. Severity: 2 Scope: 1			
1700 SS= F	Annual Assessment of History of Each Resident - NRS 449.1845 Administrator of residential facility for groups to conduct annual assessment of history of each resident and cause provider of health care to conduct certain examinations and assessments; placement based on assessment. 1. The administrator of a residential facility for groups shall: (a) Annually cause a qualified provider of health care to conduct a physical examination of each resident of the facility; (b) Annually conduct an assessment of the history of each resident of the facility, which must include, without limitation, an assessment of the condition and daily activities of the resident during the immediately preceding year; and (c) Cause a qualified provider of health care to conduct an assessment of the condition and needs of a resident of the facility to determine whether the resident meets the criteria prescribed in paragraph (a) of	1700	* Made forms of Admission Assessment/Protective Supervision/Plan of Care and Person Centered Service Care Plan for all residents. * The home will utilize the new forms upon admission of new residents. * The manager will make sure that the records have the complied copy of all forms of Admission Assessment/Protective Supervision/Plan of Care and Person-Centered Service Care Plan for all residents in their binders. * The Administrator will monitor that the deficient practice will not recur. * Completed 07/19/2024 * Please note: That R8 was discharged from the facility last 06/30/2024	07/19/2024

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	subsection 2: (1) Upon admission of the resident to the facility; and (2) If a physical examination, assessment of the history of the resident or the observations of the administrator or staff of the facility, the family of the resident or another person who has a relationship with the resident indicate that: (I) The resident may meet those criteria; or (II) The condition of the resident has significantly changed. 2. If, as a result of an assessment conducted pursuant to paragraph (c) of subsection 1, the provider of health care determines that the resident: (a) Suffers from dementia to an extent that the resident may be a danger to himself or herself or others if the resident is not placed in a secure unit or a facility that assigns not less than one staff member for every six residents, any residential facility for groups in which the resident is placed must meet the requirements prescribed by the Board pursuant to subsection 2 of NRS 449.0302 for the licensing and operation of residential facilities for groups which provide care to persons with Alzheimer's disease or other severe dementia. (b) Does not suffer from dementia as described in paragraph (a), the resident may be placed in any residential facility for groups. 3. As used in this section, "provider of health care" has the meaning ascribed to it in NRS 629.031. (Added to NRS by 2019, 2594) Inspector Comments: Based on interview and record review the facility failed to obtain a placement assessment for 9 of 9 residents (Resident #1, #2, #3, #4, #5, #6, #7, #8, and #9). Findings include: Resident #1 (R1) R1 was admitted to the facility on 09/11/2019, with a diagnosis including hypertension and bi-polar disorder. R1's file lacked a placement assessment. Resident #2 (R2) R2 was admitted to the facility on 11/17/2019, with a diagnosis of neoplasm of the brain. R2's file lacked a placement assessment. Resident #3 (R3) R3 was admitted to the facility on 11/15/2018, with a diagnosis of dementia. R3's file lacked a placement assessment. Resident #4 (R4) R4 was admitted to the facility on 08/04/2023 with a diagnosis of dementia. R4's file lacked a placement assessment. Resident #5 (R5) R5 was admitted to the			

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	facility on 04/03/2019 with a diagnosis of dementia, R5's file lacked a placement assessment. Resident #6 (R6) R6 was admitted to the facility on 03/01/2024 with a diagnosis of Traumatic Brain Injury (TBI). R6's file lacked a placement assessment. Resident #7 (R7) R7 was admitted to the facility on 01/08/2024 with a diagnosis of Atrial Fibrillation. R7's file lacked a placement assessment. Resident #8 (R8) R8 was admitted to the facility on 02/17/2016 with a diagnosis of bi-polar disorder. R8's file lacked a placement assessment. Resident #9 (R9) R9 was admitted to the facility on 06/11/2024 with a diagnosis of dementia. R9's file lacked a placement assessment. On 06/26/2024 in the afternoon, the Administrator acknowledged a placement assessment was not obtained to determine appropriate placement for R1, R2, R3, R4, R5, R6, R7, R8, and R9. Severity: 2 Scope: 3			