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 _____	**08/07/2024**

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 completed in your facility on 08/07/2024, in accordance with Nevada Administrative Code (NAC), Chapter 449, Residential Facilities for Groups. The census at the time of the survey was nine. The sample size was eight. The facility received a grade of A. There was one complaint investigated. Substantiated: Complaint #NV00071625 was substantiated. The investigation of Complaint included: Observation of grooming and physical appearance for residents, and a tour of the facility. Interviews were conducted with Residents, Caregivers, and the Owner. Record Review of five records, which included the residents 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. There were no regulatory deficiencies identified. No further action necessary. Please retain a copy for your records.	0000		
0853 SS= D	Medical Care of Resident After Illness - NAC 449.274 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. (NRS 449.0302) 3. A written record of all accidents, injuries and illnesses of the resident which occur in the facility must be made by the caregiver who first discovers the accident, injury or illness. The record must include: (a) The date and time of the accident or injury or the date and time that the illness was discovered; (b) A description of the manner in which the accident or injury occurred or the manner in which the illness was discovered; and (c) A description of the manner in which the	0853	* That whenever there is a resident fall, and resident sustained a bruise or pain, SOR will be done, even when medical intervention is not needed. * Fall policy will be created and followed by the staff and administrator. * Frequent reinforcement regarding fall precautions will be implemented. * The Administrator will ensure that the plan of correction will be imposed. * Completed 08/07/2024	08/15/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | Name: VISITACION T. DELA PENA | Title: Administrator | Date: 08/15/2024

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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	members of the staff of the facility responded to the accident, injury or illness and the care provided to the resident. This record must accompany the resident if he or she is transferred to another facility. Inspector Comments: Based on interview, record review, and document review, the facility failed to ensure an incident report was completed for a resident who had fallen for 1 of 9 residents (Resident #1). Findings include: Resident #1 (R1) R1 was admitted to the facility on 12/05/2022 with a diagnosis of Alzheimer's. On 08/07/2024 at 9:40 AM, the Administrator indicated if a resident had suffered a fall the resident would have been assessed for injuries and if necessary, transferred to the acute care hospital followed by completing an incident report. On 08/07/2024 at 9:47 AM, the Administrator indicated R1 had fallen and suffered a bruise because of the fall. The Administrator revealed R1 was assessed, and the facility determined R1 did not have to be transferred to the acute care hospital for treatment. R1's medial record lacked documented evidence an incident report was completed after the fall had occurred. On 08/07/2024 at 9:53 AM, the Administrator acknowledged an incident report had not been completed regarding R1's fall. The facility's policy titled Serious Occurrence Reporting documented reportable occurrences include but are not limited to injuries requiring medical intervention. Severity: 2 Scope: 1			