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 _____	**06/09/2025**

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 and complaint investigation survey completed at your facility on 06/09/25 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. Ten resident files and five employee files were reviewed. The facility received a grade of C. There was one complaint investigated. Unsubstantiated: 1. Complaint # NV00074131 could not be substantiated. No regulatory deficiencies could be identified. The investigation of the complaint included: Observations of door alarms and locks, and responses to the doorbell. Interviews were conducted with residents, caregiver staff, ancillary healthcare staff, and the Administrator. Clinical Record Review of ten records. Document Review of facility policy. 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		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | Name: VISITACION T. DELA PENA | Title: Administrator | Date: 07/25/2025

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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0730 SS= D	Manual Removal of Fecal Impactions - NAC 449.2718 Residents requiring manual removal of fecal impactions or use of enemas or suppositories. (NRS 449.0302) 1. A person who requires the manual removal of fecal impactions or the use of enemas or suppositories must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless: (a) The resident is able to provide the care for himself or herself; or (b) The care is administered according to the written instructions of a physician by a medical professional who has been trained to provide that care. Inspector Comments: Based on record review, observation, and interview, the facility failed to ensure a caregiver did not assist with the insertion of suppositories for 1 of 10 residents (R6). Findings include: Resident #6 (R6) R6 was admitted on 06/11/24 with diagnoses including atherosclerosis of the native coronary artery, Alzheimer's Disease, and Type 2 Diabetes Mellitus. On 06/09/25 during a review of R6's medications, a 12- unit box of suppositories with one suppository left in the box was observed. R6 required the assistance of another person for the insertion of a suppository. On 06/09/25 at 2:23 PM, E1 explained they inserted the suppository for R6 after R6's shower. E1 was not a medical professional such as a nurse or physician. There was no documented evidence of a physician order for suppositories for R6. On 06/09/25 in the afternoon, the Administrator verbalized R6's suppository administration was not recorded on R6's June 2025 MAR and the suppositories were administered by the Caregiver and not a medical professional. R6 was not able to administer the suppository without assistance. Severity: 2 Scope: 1	0730	Tag 0730 * Dulcolax Suppository was discontinued by the provider. * Reinforced to the staff that suppositories should not be given at the facility except for RN from hospice or Home Health. * Administrator will remind health provider that suppository by their RN if needed. * Administrator will ensure plan of correction is implemented. * Completed 7/22/2025	07/25/2025

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0872 SS= D	Medication Educ Initial/annual Administrator - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (f) In his or her first year of employment as an administrator of the residential facility, receive, from course approved by the Division pursuant to section 12 of this regulation, at least 16 hours of training in the management of medication consisting of not less than 12 hours of classroom training and not less than 4 hours of practical training and obtain a certificate acknowledging completion of such training. (g) After receiving the initial training required by paragraph (f), receive annually from a course approved by the Division pursuant to section 12 of this regulationat least 8 hours of training in the management of medication and provide the residential facility with satisfactory evidence of the content of the training and his or her attendance at the training. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 3 Caregivers administering medications had completed the initial sixteen hours of medication management training requirement. Findings include: Employee #1 (E1) E1 was hired on 09/01/24 as a Caregiver. E1's file contained a certificate for eight hours of medication management training completed on 04/01/24. E1's file lacked documented evidence of 16 hours of initial medication management training. On 06/09/25 in the afternoon, the Administrator acknowledged E1's file did not have a certificate for 16 hours of initial medication management training. The Administrator was unable to provide proof of E1's initial 16 hours of medication management training. Severity: 2 Scope: 1	0872	Tag 0872 * E1 7will no longer pass and assist with medications. * E2 will replace E1 to assist the medication passing and assisting. E2 had her 16hrs Medication Training last 7/23/2026 * New caregivers will have 16hr medication administration training. * Administrator will ensure new caregivers will have 16hr medication administration training. * Completed 7/23/2026	07/25/2025

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0874 SS= F	Medication Administration-Report Received - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 2. Within 72 hours after the administrator of the facility receives a report submitted pursuant to paragraph (a) of subsection 1, a member of the staff of the facility shall notify the resident's physician, physician assistant or advanced practice registered nurse of any concerns noted by the person who submitted the report. The report must be reviewed and initialed by the administrator. Inspector Comments: Based on record review and interview, the facility failed to ensure 6-month medication reviews were initialed as reviewed by the Administrator for 8 of 10 residents (Residents #1, #2, #3, #4, #6, #7, #8, and #9). Findings include: Resident #1 (R1) R1 was admitted on 04/03/19 with diagnoses including Senile Degradation of the Brain and Dementia. R1's most recent medication reviews were performed on 05/13/25, 03/10/25 and 01/30/25. There was no documentation of the Administrator's initials on R1's medication reviews. Resident #2 (R2) R2 was admitted on 06/27/24 with diagnoses including osteoarthritis, acute and chronic respiratory failure, and unspecified sequelae of cerebral infarction. R2's most recent medication reviews were performed on 05/13/25, 02/06/25, and 01/16/25. There was no documentation of the Administrator's initials on R2's medication reviews. Resident #3 (R3) R3 was admitted on 11/19/18 with a diagnosis of coronary arteriosclerosis. R3's most recent medication reviews were performed on 05/13/25 and 10/31/24. There was no documentation of the Administrator's initials on R3's medication reviews. Resident #4 (R4) R4 was admitted on 08/04/23 with diagnoses including Parkinson's Disease and Dementia. R4's most recent medication review was performed on 04/08/24. There	0874	Tag 0874 * Medication Reviews was done for all residents signed by the pharmacist and administrator except for R5 who was transferred to another facility on 06/25/2025. * Alert will be put in place for every 6 months Medication Review for compliance. * Administrator will monitor deficient practices will not recur. * Completed 07/06/2025	07/25/2025

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	was no documentation of the Administrator's initials on R4's medication review. Resident #6 (R6) R6 was admitted on 06/11/24 with diagnoses including atherosclerosis of native coronary artery with angina pectoris, Alzheimer's Disease and Type 2 Diabetes Mellitus. R6's most recent medication reviews were performed on 05/13/25 and 01/30/25. There was no documentation of the Administrator's initials on R6's medication reviews. Resident #7 (R7) R7 was admitted on 09/11/19 with diagnoses including End Stage Renal Disease, arthritis, and depression. R7's most recent medication reviews were performed on 05/13/25 and 10/31/24. There was no documentation of the Administrator's initials on R7's medication reviews. Resident #8 (R8) R8 was admitted on 02/17/16 with diagnoses including hypertension, bipolar disorder, and depression. R8's most recent medication reviews were performed on 05/13/25 and 09/04/24. There was no documentation of the Administrator's initials on R8's medication reviews. Resident #9 (R9) R9 was admitted on 11/17/19 with a diagnosis of malignant neoplasm of the brain. R9's most recent medication reviews were performed on 04/08/24 and 10/21/21. There was no documentation of the Administrator's initials on R9's medication reviews. On 06/09/25 in the afternoon, the Administrator acknowledged they should have reviewed and initialed R1, R2, R3, R4, R6, R7, R8 and R9's medication reviews within 72 hours. Severity: 2 Scope: 3			
0895 SS= E	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	0895	Tag 0895 * -R5 was transferred out to another facility on 06/25/2025. - R6 Quetiapine being given as ordered but not reflected on MAR. -R7 Hydralazine provider changed order to "no more hold" order during dialysis days. Carvedilol changed to once a day "No hold Order" - R9 Valporic Acid being given was a	07/25/2025

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	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 is out of the facility; and (7) Any mistakes made in the administration of medication. Inspector Comments: Based on record review and interview, the facility failed to ensure the Medication Administration Record (MAR) was accurate for 4 of 10 residents (Residents #5, #6, #7, and #9). Findings include: Resident #5 (R5) R5 was admitted on 12/11/24 with diagnoses including Dementia, Schizophrenia, and anxiety with depression. A physician order dated 12/17/24 documented Senna 8.6 milligrams (mg), two tablets by mouth twice a day, AM and PM. On 06/09/25 in the afternoon, R5's medication bin contained Senna 8.6 mg tablet, take two tablets by mouth twice a day in the morning and in the evening. On 06/09/25 in the afternoon, R5's June MAR documented Senna 8.6 mg tablet, generic for Black-Draught, take two tablets by mouth twice a day in the morning and in the evening. R5's June MAR contained only one line documenting administration of Senna 8.6 mg, in the evening (PM). R5's June 2025 MAR lacked documentation of administration of Senna 8.6 mg the morning (AM). On 06/09/25 in the afternoon, the Administrator explained they played it by ear in regard to administration of Senna 8.6 mg, depending		newly ordered medication and was not transcribed in the MAR. * Administrator will make sure that all meds are reflected on MAR right away. * Administrator will monitor on a monthly cycle that all meds are reconciled and reflected with the MAR. * Administrator and Med Tech will ensure that the deficiency will no longer occur. * Completed 07/20/2025	

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	on R5's constipation. Then the Administrator indicated R5 received Senna in the morning even though AM administration of Senna was not documented on the MAR, proceeding to write the letters "AM" on the MAR in front of the surveyor. The Administrator explained they administered the medication according to the instructions on the bottle, two times a day. Resident #6 (R6) R6 was admitted on 06/11/24 with diagnoses including atherosclerosis of native coronary artery, Alzheimer's Disease and Type 2 Diabetes Mellitus. A physician order dated 07/31/24 documented Quetiapine 50 milligram tablet (mg), take one tablet every afternoon then take two tablets every night at bedtime. R6's medication bin contained Quetiapine 50 mg, take one tablet by mouth every afternoon then take two tablets every night at bedtime. R6's June 2025 MAR documented Quetiapine 50 mg tablet, generic for Seroquel. Take one tablet by mouth every afternoon and take two by mouth at bedtime for behavior, psychosis and sleep. R6's June MAR documented administration of Quetiapine only at bedtime. Initially the Administrator verbalized they administered Quetiapine in the morning, then indicated they administered it as prescribed, two times a day, and proceeded to correct the MAR. Resident #7 (R7) R7 was admitted on 09/11/19 with diagnoses including end stage renal disease, arthritis, depression, and bipolar disorder in remission. R7's medication bin contained Hydralazine 50 mg tablet, take two tablets by mouth three times a day, hold in the morning of dialysis days (Tuesday, Thursday, Saturday). R7's June 2025 MAR documented Hydralazine 50 mg tablet, take two tablets by mouth three times a day, hold in the morning of dialysis days (Tuesday, Thursday, Saturday). R7's June 2025 MAR documented the Caregiver's initials for 06/03/25 (Tuesday) AM, and the Administrator's initials for 06/05/25 (Thursday) AM and 06/07/25 (Saturday)			

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	AM. The Caregiver reported they administered the medication on Tuesday morning, but the Administrator stated R7 did not take it. The Administrator explained R7 did not take the medication on dialysis days because the procedure would flush the medication out of R7's system. The Administrator admitted the administration documentation on the June 2025 MAR for Tuesday, Thursday, and Saturday was an error. The Administrator followed up with an email to the surveyor on 06/12/25, explaining R7 never took their medication when they went to dialysis as it was being cleansed in their system, and the June MAR was just erroneously signed. Resident #9 (R9) R9 was admitted on 11/17/19 with a diagnosis of malignant neoplasm of the brain. A physician order dated 05/29/25 documented, Start Valproic acid capsule (250 mg). Take one capsule by mouth three times a day for seizures. On 06/09/25 in the afternoon, R9's medication bin contained Valproic acid capsules 250 mg, take one capsule by mouth three times a day for seizures. Valproic acid was not listed on R9's June 2025 MAR. On 06/09/25 at 3:05 pm, the Administrator reported they had been administering Valproic acid to R7 since 05/30/25. On 06/09/25 at 3:06 PM, the Caregiver also verbalized they had been administering Valproic acid. On 06/09/25 in the afternoon, the Administrator acknowledged the MAR was not accurate for R5, R6, R7, and R9. Severity: 2 Scope: 2			
1037 SS= D	Care to Persons with Dementia - NAC 449.2768 and R043-22 Residential facility which provides care to persons with dementia: Training for employees. (NRS 449.0302, 449.094) 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that: (a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation,	1037	Tag 1037 * E3 Has taken Dementia and Alzheimer's Training but not on file. Please see uploaded files. * Administrator will make an alert to update required training on annual basis. * The Administrator will ensure that the plan of correction will be implemented. * Completed 06/10/2025	07/25/2025

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	dementia caused by Alzheimer ' s disease, successfully completes: (3) If such an employee is licensed or certified by an occupational licensing board, at least 3 hours of continuing education in providing care to a resident with dementia, which must be completed on or before the anniversary date of the first date the employee was initially employed at the facility. The requirements set forth in this subparagraph are in addition to those set forth in subparagraphs (1) and (2), may be used to satisfy any continuing education requirements of an occupational licensing board, and do not constitute additional hours or units of continuing education required by the occupational licensing board. (4) If such an employee is a caregiver, other than a caregiver described in subparagraph (3), at least 3 hours of tier 2 training in providing care to a resident with dementia, which must be completed on or before the anniversary date of the first date the employee was initially employed at the facility. The requirements set forth in this subparagraph are in addition to those set forth in subparagraphs (1) and (2). Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 5 caregivers completed three hours of required Alzheimer's and Dementia Caregiver training. Findings include: Employee #3 (E3) E3 was hired as the Administrator on 11/01/90. E3's file contained a certificate documenting 1.25 hours of Alzheimer's training on 04/11/25 from an entity not listed in regulation, without a transcript indicating the course included Tier 2 topics. E3's file lacked documented evidence of three hours of approved Alzheimer's and Dementia training in 2025. On 06/09/25 in the afternoon, the Administrator acknowledged the lack of documentation of approved Alzheimer's training in E3's file, and was unable to provide documentation of three hours of approved Alzheimer's training for			

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	E3. Severity: 2 Scope: 1			
1825 SS= E	Designation/Training persons for IC Program - NAC 449.0109 Designation and training of person responsible for infection control. 3. The program to prevent and control infections within the facility for the dependent developed pursuant to paragraph (a) of subsection 1 must provide for the designation of: (a) A primary person who is responsible for infection control; and (b) A secondary person who is responsible for infection control when the primary person is absent to ensure that someone is responsible for infection control at all times. 4. The persons designated pursuant to subsection 3 as responsible for infection control shall complete not less than 15 hours of training concerning the control and prevention of infections provided by the Association for Professionals in Infection Control and Epidemiology, Inc., the Centers for Disease Control and Prevention of the United States Department of Health and Human Services, the World Health Organization or the Society for Healthcare Epidemiology of America, or a successor in interest to any of those organizations, not later than 3 months after being designated and annually thereafter. 5. Training completed pursuant to subsection 4 may be in any format, including, without limitation, an online course provided for compensation or free of charge. A certificate of completion for the training must be maintained in the personnel file of each person designated pursuant to subsection 3 for 3 years immediately following the completion of the training. Inspector Comments: Based on record review and interview, the facility failed to ensure the primary and secondary infection control staff completed 15 hours of infection control training annually (Employees #3 and #5). Findings include: Employee #3 (E3) E3 was hired as the Administrator on 11/01/90. On 06/09/25 in the afternoon, E3 was identified as the current secondary infection	1825	Tag 1825 * E5 was terminated. * E3 updated the 15-hr IPC training for 2025. E3 designated another staff as secondary IPC staff. * Administrator will put an alert to ensure the deficient practice does not recur. * The Administrator and Trainor that the plan of correction is implemented. * Completed 6/20/2025	07/25/2025

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	control person for the facility. E3's file contained evidence of 15 hours of approved Infection Control training completed on 06/05/24. E3's training expired on 06/05/25. E3's file lacked documented evidence of 15 hours of approved Infection Control training completed annually. Employee #5 (E5) E5 was hired as a Caregiver on 04/01/18. On 06/09/25 in the morning, E5 was identified as the current primary infection control person for the facility. E5's file lacked evidence of 15 hours of annual infection control training regarding the control and prevention of infections from an approved organization. Severity: 2 Scope: 2			

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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
1840 SS= D	UNL Caregiver Training - R063-21 Sec. 4 1. An unlicensed caregiver who provides care to residents, patients or clients at a facility described in section 3 of this regulation shall annually complete evidence-based training provided by a nationally recognized organization concerning the control of infectious diseases. The training must include, without limitation, instruction concerning: (a) Hand hygiene; (b) The use of personal protective equipment, including, without limitation, masks, respirators, eye protection, gowns and gloves; (c) Environmental cleaning and disinfection; (d) The goals of infection control; (e) A review of how pathogens, including, without limitation, viruses, spread; and (f) The use of source control to prevent pathogens from spreading. 2. Each unlicensed caregiver who completes the training required by subsection 1 must provide proof of completion of that training to the administrator or other person in charge of the facility in which the unlicensed caregiver provides care. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 5 Caregivers completed the annual required infection control training for unlicensed caregivers (Employee #4). Findings include: Employee #4 (E4) E4 was hired as a Caregiver on 07/17/19. E4's file lacked documented evidence of the required infection control training provided by a nationally recognized organization. On 06/09/25 in the afternoon, the Administrator confirmed E4 did not complete the required annual infection control and prevention training. Severity: 2 Scope: 1	1840	Tag 1840 * E4 completed requirement for IPC Training. * Administrator will ensure that all annual trainings will be in compliance with the regulations. * Administrator will put an alert chart for all annual trainings. * Administrator and staff will ensure that the plan of correction is implemented. * Completed 7/25/2025.	07/25/2025