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 _____	**12/14/2020**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT ANNE RESIDENTIAL CARE CORP	**3158 KINGSPOINT AVENUE, LAS VEGAS, NEVADA ,89120**

(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 at your facility on 12/14/20, 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 persons with mental illness, Category II residents. The census at the time of the survey was four. The sample size was five. There was one Complaint investigated. Complaint #NV00062668 with five allegations was substantiated. Allegation #1: A resident did not receive a prescribed medication was substantiated. (See Tag 886) The following allegations could not be substantiated: Allegation #2: A facility employee opened residents' mail was unsubstantiated based on interviews conducted with residents and a Caregiver. Allegation #3: Bathrooms were unsanitary and covered in ants was unsubstantiated based on observations of two bathrooms and interviews conducted with residents. Allegation #4: Food was terrible; residents could not ask for seconds was unsubstantiated based on interviews conducted with residents and a Caregiver. Allegation #5: Resident care and assistance not provided after 5:00 PM was unsubstantiated based on interviews conducted with residents and a Caregiver. The investigation into the allegations included. Observation of the facility environment Interviews with four residents and a Caregiver. Review of five residents' medical records. Document review of menus and employee schedule. 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 deficiency was	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: DOROTHY DOMINGO Title: Administrator Date: 01/12/2021

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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	identified:			
0886 SS= D	Medication Administration - Responsibility - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 10. The administrator of a facility is responsible for any assistance provided to a resident of the residential facility in the administration of medication, including, without limitation, ensuring that all medication is administered in accordance with the provisions of this section. Inspector Comments: Based on interview and record review, the facility failed to ensure 1 of 5 residents received medications as prescribed. (Resident #1) Findings include: Resident #1 Resident #1 (R1) was admitted on 02/14/20 with diagnosis including chronic obstructive pulmonary disease (COPD) and constipation. The resident was prescribed Gavilax Powder on 02/14/20, mix one gram of powder with eight ounces of fluid two times a day. Medication Administration Record (MAR) dated April 2020, documented R1 did not receive the prescribed medication from 04/18/20-04/30/20. The MAR lacked documentation regarding the missed medication doses and if the resident's physician had been notified. On 12/14/20, at 11:00 AM, the Manager indicated the medication was discontinued. Later, the Manager reported the resident had refused to take the medication. There was no documentation the physician was notified of the resident's refusal/missed medication dose. The Manager confirmed the resident did not receive the medication. Severity: 2 Scope: 1 Complaint #NV00062668	0886	A. The Administrator immediately discussed at Staffs and provided the facility a "PHYSICIAN NOTIFICATION OF MISSED/REFUSED MEDICATION FORM" to be used if any of the Resident refused/missed to take medication for proper documentation. The said form should be faxed to the doctor's office for notification of the incident. Please see attached document. B. The Administrator shall ensure that all employees would attend the Medication Refresher Class every year to be on task regarding medication procedures. C. Accomplished 01-08-21	01/08/2021