Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	367	A. BUILDING _____ B. WING _____	08/02/2023

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 an annual State Licensure completed at your facility on 08/02/23, 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 mental illness, Category II residents. The census at the time of the survey was five. Five 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 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		

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0178 SS= F	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility failed to ensure the premises was clean and well maintained. Findings include: - The floors throughout the facility had dust and debris. - The floors along the edges had a black build-up. - The ceiling vents in the hallway and bathrooms had a heavy dust build-up. - The showers had dirt and debris on the shower floor and a shower chair had a brown substance on it. - The baseboards had heavy dust build-up. - The ceiling fan had a heavy dust build-up. - A white cloth chair in the kitchen was soiled with black marks all over it. - Surfaces such as night stands and end tables had a heavy dust build-up. - The bathroom counter had dust and debris. - The refrigerator and kitchen trash can had dried drippings of an unknown substance on them. - The shelves located inside the refrigerator were soiled with food particles and unknown dried substances. The Caregiver acknowledged the heavy dust build-up, debris and dirt on the floors and in the bathrooms and reported the facility needed cleaning. Severity: 2 Scope: 3	0178	Tag #0178 1) Facility to correct by doing a through cleaning of the facility. Attached are pictures of the areas that were found to have dust, debris, and were soiled, and now have been cleaned. Including the following areas: Floors/baseboards Ceiling vent Bathrooms/showers/countertops Ceiling fan Refrigerator/kitchen trash can Furniture/nightstands *Please note that the white chair in the kitchen area has been disposed of. 2) Measure will be put into place for the administrator to check on a weekly basis for cleanliness, and for the head caregiver to check on a daily basis. Any signs of dust, debris, and soil will be cleaned up immediately. An in-service was done on this regulation, (Health and Sanitation), to the three caregivers. Please also see in attachments. 3) Administrator to monitor to ensure that the deficiency will not recur, and an in-service was done. 4) Administrator 5) Correction completed on 08/06/2023 6) Pictures and supporting documents are attached. 7) N/A 8) N/A	08/08/2023

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0251 SS= F	Storage of Food-Perishable Foods Refrigerated - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 2. Perishable foods must be refrigerated at a temperature of 40 degrees Fahrenheit or less. Frozen foods must be kept at a temperature of 0 degrees Fahrenheit or less. Inspector Comments: Based on observation and interview, the facility failed to ensure food was properly stored after it was cooked as evidenced by: On 08/02/23 at 10:00 AM, there was a plate of pancakes and a plate containing eggs and sausage covered with saran wrap on the kitchen table. The food items were cold to the touch. The Caregiver reported the pancakes, eggs, and sausage were left over from breakfast, which was cooked at 6:40 AM. The food items were being kept on the kitchen table for residents who ate later in the morning at which time the Caregiver would re-heat the food. The Caregiver indicated the food was not kept in the refrigerator or kept heated in between 6:40 AM and 10:00 AM and acknowledged the food was kept on a plate with saran wrap over it on the table. The Caregiver reported the food was going to be dated and put into the refrigerator for later. The Caregiver was not aware food had to be kept at a certain temperature and could not sit out. Severity: 2 Scope: 3	0251	Tag #0251 Plan of correction date completed 08/06/2023 1) Facility will correct by making staff aware of the this regulation, and doing an in-service on this regulation, (Storage of Food-Perishable Foods Refrigerated). The training was done in person, and also had the staff read the regulation, and acknowledge that they understood this regulation. The staff was instructed to put food in a container and to put it into refrigerator for storage after each meal, and to not let food sit out on the counter. 2) Measures have been taken to ensure this deficiency will not recur by making staff aware of the importance of this regulation, and how improperly stored food can harm someone if eaten. An in-service was done on this regulation by the administrator, (Storage of Food-Perishable Foods Refrigerated). Please see attached in-service training. 3) The administrator will monitor on weekly basis, and the head caregiver will monitor on a daily basis to ensue the deficiency will not recur. 4) Administrator 5) Plan of correction date completed 08/06/2023 6) Please see documents of training to all three caregivers. 7) N/A 8) N/A	

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0920 SS= F	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medications for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself or herself without supervision may keep the resident ' s medication in his or her room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room. Inspector Comments: Based on observation and interview, the facility failed to ensure medications were secured as evidenced by: There was a brown bag on the kitchen counter containing three bottles of unsecured medication. Eye drops and a bottle of Keppra were unsecured in the Caregiver's room. The Caregiver reported when the medications were delivered the medications should have been secured in the medication cabinet and not left unsecured on the kitchen counter. The Caregiver acknowledged the medications were unsecured in the Caregiver room and should have been secured. Severity: 2 Scope: 3	0920	Tag #0920 Plan of correction completed on 08/06/2023 1) Facility to correct this finding by making staff aware of the importance of this regulation, (Medication Storage), and doing an in-service on this regulation. 2) Measures have been put in place to ensure the deficiency will not recur by the administrator checking for medication storage issue on a weekly basis, and the head caregiver on a daily basis. An in-service has been given to staff. 3) Administrator to monitor that this deficiency will not recur. 4) Administrator 5) Plan of correction completed on 08/06/2023 6) Please see attachment of in-service training. 7) N/A 8) N/A	