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 _____	**07/08/2024**

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 survey and complaint investigation conducted at your facility on 07/08/24, 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 nine. The sample size was nine resident files and five employee files. The facility received a grade of B. There was one complaint investigated: Substantiated: 1. Complaint #NV00071316 was substantiated. (See TAGS Y0100 and Y0104) The investigation of the Complaint included: Observation of Caregivers providing care and assistance to residents, meal preparation, and tours of the facility. Interviews were conducted with residents, a Manager, and the Administrator. Clinical Record Review of nine records. Five employee files were reviewed. Document review included facility policy and procedures. 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		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | Name: VISITACION T. DELA PENA | Title: Administrator | Date: 08/19/2024

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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0100 SS= D	Personnel File - NAC 449.200 & R043-22 Personnel files. (NRS 449.0302) 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (a) The name, address, telephone number and social security number of the employee; (b) The date on which the employee began his or her employment at the residential facility; (c) Records relating to the training received by the employee, including, without limitation: (1) Certificates of completion for all training completed by the employee; and (2) If a tier 2 training is not provided through a course listed on the Internet website maintained by the Division pursuant to subsection 2 of section 7 of this regulation, a list of topics covered by the training which may consist of, without limitation, the syllabus for the training or an outline of the training; (e) Evidence that the references supplied by the employee were checked by the residential facility. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 5 Caregivers had a completed employee file (Employee #5). Findings include: Employee #5 (E5) E5 was hired on or around 03/01/24 as a Caregiver. E5 did not have an employee file located at the facility. E5 had no documentation of hire date, training, personnel information or reference checks. On 07/08/24 in the morning, Resident #2, Resident #5, Resident #6, Resident #7, Resident #8 and Resident #9 verbalized E5 was a Caregiver at the facility. On 07/08/24 in the afternoon, the Administrator verbalized E5 was a Caregiver, had no employee file on site for E5 and could not produce documented evidence of caregiver training, personnel information and reference checks. The Administrator acknowledged E5 should have had an employee file on site. Severity: 2 Scope: 1 Complaint# NV00071316	0100	0100 * To correct the deficiency, the facility tried to enroll E5 in the Background Check site as soon as we obtained his TIN but failed to progress in because it requires more documents. * E5 is no longer employed for time being until he complies all necessary documents and certificates to qualify as caregiver. * In order for the deficiency not to recur, the administrator and the hiring staff will monitor that all employees should pass the background check and must turn in enough certificates to be hired as caregiver. * The Administrator and the hiring staff * Correction completed on 07/29/2024. * Evidence of E5 TIN was provided and checked through Nevada bgcheck site.	07/29/2024

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0104 SS= D	Personnel Files - Background Checks - NAC 449.200 Personnel files. (NRS 449.0302) 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. Inspector Comments: Based on interview and record review, the facility failed to ensure a background check was completed through the Nevada Automated Background Check System (NABS) for 1 of 5 employees (Employee #5). Findings include: Employee #5 (E5) E5 was hired on or around 03/01/24 as a Caregiver. E5 had no documented evidence at the facility of a background check completed through NABS. On 07/08/24 in the morning, the Administrator confirmed E5 had not yet completed a background check. Severity: 2 Scope: 1 Complaint# NV00071316	0104	* The facility employs adequate staff with sufficient certifications required by BHCQC licensing and with separate binders, however the facility was not able to provide one for E5 because of the long wait for his remaining requirements. To correct the deficiency, the facility tried to enroll E5 in the Background Check site as soon as TIN was obtained but failed to progress because it requires more documents. * For the meantime, E5 is no longer employed in the facility until he complies all necessary documents and certificates to qualify as caregiver. * In order for the deficiency not to recur, the administrator and the hiring staff will monitor that all employees should pass the background check and must turn in enough certificates to be hired as caregiver. * The Administrator and the hiring staff * Correction completed on 07/29/2024. * Evidence of E5 TIN was provided and checked through Nevada bgcheck site.	07/29/2024

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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 backyard was clean and well maintained. Findings include: The following observations were made on the morning of 07/08/24 in the backyard: - A shopping cart full of blankets - A twin sized mattress - Unused glass containers - A wheelchair - Sharp objects such as an unsecured saw blade and palm tree trimmer - Weed killer - 4 mops and 2 brooms - Liquid nails - Multiple bags of concrete mix - Caulking - Hammers - Unused pieces of wood - Cinder blocks - Mesh netting on the ground On 07/08/24 in the afternoon, the Administrator acknowledged the backyard was not clean and well maintained. The Administrator verbalized the items belonged to a resident and they needed to be cleaned up. Severity: 2 Scope: 3	0178	* The backyard with a shopping cart full of blankets, and twin-size mattress were collected by the bulk trash and all unused glass containers collected by our hobbyist resident, the wheelchair, sharp objects that belong to our resident who is constructing a garden and all his belongings that are hazardous were already removed from the backyard. The resident agreed to the facility owner and administrator to cooperate and cleaned the backyard as instructed. He utilized the wood, the net, the cement block cinders and the bags of the concrete mix for his project. * To correct the deficiency, the Administrator offered the resident to ask what he needs for his ongoing project and will be provided. The caregivers extended help in cleaning the backyard and made sure that the tools and equipment's for his construction will be kept, locked up in the storage at the casita's garage. The Administrator ordered the caregivers to make sure that the backyard gate is padlocked so that it will not be hazardous for the residents, and they will not have access for the storage. * The Administrator will monitor and ensure that the deficiency will not recur. *The Administrator and the Manager * Completed July 29,2024 * Pictures are attached	07/29/2024
0895 SS= F	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	0895	* The facility had errors in the MAR and corrected them by contracting the pharmacy to do the MAR and print them for the facility. The Medication Staff and the Administrator will reconcile the MAR, the Medication order and the Medication boxes to make sure the deficiency will no longer recur. The Administrator and the manager altogether	07/29/2024

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	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 is out of the facility; and (7) Any mistakes made in the administration of medication. Inspector Comments: Based on interview, record review and document review the facility failed to ensure the Medication Administration Record (MAR) was accurate for 5 of 9 residents' medications (Resident #1, Resident #2, Resident #4, Resident #8, and Resident #9). Findings include: Resident #1 (R1) R1 was admitted on 06/14/24, with diagnoses including anxiety disorder and atrial fibrillation. A physician's order dated 06/05/24 documented metoprolol 25 milligrams (mg), take 0.5 tablet by mouth daily. The label on the medication documented metoprolol 25 milligrams (mg), take 0.5 tablet by mouth daily. The July 2024 MAR documented metoprolol 25 milligrams (mg), take 1 tablet by mouth daily. On 07/08/24 in the afternoon, R1 reported no issues with the administration of their medications. On 07/08/24 in the afternoon, the Manager reported administering the metoprolol as the physician directed. The Manager acknowledged the MAR was inaccurate and needed to be corrected to reflect R1's current medications. Resident #2 (R2) R2		will check the details of the MAR and see to it that it has the complete details of the type of medication administered to each resident, the date and the time, the date and time refuses or otherwise misses, and administration of medication and instructions of administration for all medications and others. * To ensure that the deficiency will no longer recur, the facility contracted the pharmacy to print out the correct details of the MAR to avoid typographical errors and the Administrator and the Manager will reconcile the MAR, the Doctor's Order and the Medicine boxes of the residents to avoid error in the future. * The Administrator will monitor the MAR to ensure that the deficiency will no longer recur. * The Administrator, the Manager and the Pharmacist MAR department * Completed July 29, 2024 * Pictures of MAR samples were made by the pharmacy * Re: R4 files were mistakenly uploaded to the next tag on this site	

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	was admitted on 06/05/24, with diagnoses including displaced fracture of olecranon and hypertension. A physician's order dated 06/06/24 documented Oxycodone Hydrochloride/Acetaminophen 5 milligrams (mg)- 325 mg tablet, give one tablet every six hours as needed for pain in left arm or hand. The label on the medication documented Oxycodone/Acetaminophen 5 milligrams (mg)- 325 mg tablet, give one tablet every six hours as needed for pain in left arm or hand. The July 2024 MAR documented Oxycodone-Acetaminophen 10 -325 mg, take 1 tablet by mouth every 4 hours as needed for moderate to severe pain and Oxycodone 5mg, take 1 tablet by mouth every 6 hours as needed for pain. On 07/08/24 in the afternoon, R2 reported no issues with the administration of their pain medications and verbalized not being in pain. On 07/08/24 in the afternoon, the Manager acknowledged the MAR was inaccurate and needed to be corrected to reflect R2's current medications. Resident #4 (R4) R4 was admitted on 05/20/24, with a diagnosis of heart disease. A physician's order dated 03/04/24 documented Divalproex tablet 500 mg, take two tablets by mouth every evening. The label on the medication documented Divalproex tablet 500 mg, take two tablets by mouth every evening. The July 2024 MAR documented Divalproex Sodium tablet 500 mg, take one tablet by mouth once a day. On 07/08/24 in the afternoon, the Manager acknowledged the MAR was inaccurate and should not have been. The Manager verbalized giving R4 two tablets every evening as prescribed by R4's physician. Resident #8 (R8) R8 was admitted on 02/18/23, with a diagnosis of chronic obstructive pulmonary disease. A physician's order dated 05/07/24 documented Trazodone Hydrochloride 100 mg, take one tablet by mouth at bedtime. The label on the medication documented Trazodone Hydrochloride 100 mg, take one tablet by mouth at bedtime. The July 2024 MAR documented Trazodone Hydrochloride			

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	100 mg, take two tablets by mouth at bedtime. On 07/08/24 in the afternoon, the Manager acknowledged the MAR was inaccurate and should not have been. The Manager verbalized giving R8 one tablet every evening as prescribed by R8's physician. Resident #9 (R9) R9 was admitted on 05/01/24, with diagnoses including dementia and anxiety. A physician's order dated 07/03/24 documented Atorvastatin 20 mg, take one tablet every day by mouth at bedtime. The label on the medication documented Atorvastatin 20 mg, take one tablet every day by mouth at bedtime. The July 2024 MAR documented Atorvastatin Calcium 20 mg, take one tablet by mouth daily with a dose being given in the AM each day in July. On 07/08/24 in the afternoon, R9 reported receiving their medications but R9 was unaware which medications were given when. On 07/08/24 in the afternoon, the Manager acknowledged the MAR was inaccurate and should not have been. The Manager verbalized giving R9 their medication in the evening as prescribed by R9's physician. Severity: 2 Scope: 3			
1700 SS= C	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	1700	* The facility provides Resident binder records for each resident and will make sure that each resident has the initial assessment profile. The Administrator instructed the manager to update the admission assessment profile for all residents along with the plan of care. Profiles for 1,2,3,4,5,6 and 9 were updated with initial Placement assessments and plan of care. * The Administrator instructed the facility manager to make sure all records for the residents have the initial placement assessment record will be done before the admission for each resident. * The Administrator will monitor the records for each resident before admission and will see to it that it has the Initial Assessment	07/29/2024

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	determine whether the resident meets the criteria prescribed in paragraph (a) of 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 record review and interview, the facility failed to ensure an initial placement assessment was obtained for 7 of 9 Residents. (Resident # 1, #2, #3, #4, #5, #6 and #9) Findings include: Resident #1 (R1) R1 was admitted on 06/14/24 with diagnoses including anxiety disorder and atrial fibrillation. R1's file lacked an initial placement assessment. Resident #2 (R2) R2 was admitted on 06/05/24 with diagnoses including heart disease and hypertension. R2's file lacked an initial placement assessment. Resident		profile to prevent from the deficiency to recur. * Administrator, Manager, Case Manager *Completed July 29,2024 * Supporting documents attached. * Re: R1 is a VA and needs to meet his Primary doctor as scheduled this August 13,2024.	

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	#3 (R3) R3 was admitted on 10/15/23 with diagnoses including heart disease and hypertension. R3's file lacked an initial placement assessment. Resident #4 (R4) R4 was admitted on 05/20/24 with a diagnosis of heart disease. R4's file lacked an initial placement assessment. Resident #5 (R5) R5 was admitted on 05/10/24 with diagnoses including kidney failure and hypertension. R5's file lacked an initial placement assessment. Resident #6 (R6) R6 was admitted on 04/27/24 with a diagnosis of heart disease. R6's file lacked an initial placement assessment. Resident #9 (R9) R9 was admitted on 05/01/24 with diagnoses including dementia and anxiety. R9's file lacked an initial placement assessment. On 07/08/24 in the afternoon, the Administrator acknowledged an initial placement assessment was not obtained for Resident #1, #2, #3, #4, #5, #6 and #9 and should have been. Severity: 1 Scope: 3			