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 _____	**06/01/2021**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT MICHAEL GROUP HOME	**3980 PLACITA AVENUE, LAS VEGAS, NEVADA ,89121**

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a complaint investigation initiated at your facility on 05/24/21 and completed on 06/01/21, in accordance with Nevada Administrative Code 449, Residential Facility for Groups. The census at the time of the survey was three. The sample size was four. The facility received a grade of A. There was one complaint investigated. Complaint #NV00063943 with four allegations was substantiated. Allegation #1 - Facility did not maintain a Medication Administration Record (MAR) for a resident was substantiated. (See TAG 0930) Allegation #2 - Facility failed to record reason and result for the administration of as needed medications was substantiated. (See TAG 0910) Allegation #3 - The facility did not have documented evidence an employee completed medication management training was substantiated. (See TAG 0072) The following allegation could not be substantiated: Allegation #4 - A caregiver did not have First Aid/Cardiopulmonary Resuscitation (CPR) certification could not be substantiated based on record review showing all caregivers had current First Aid/CPR certification while working in the facility. The investigation into the allegations included: Observations of medication and medication storage. Interviews with three residents, the Owner, and the Administrator. Record review of files and MARs for three current residents and one former resident, and three employee files. 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: PETER DURAIS Title: ADMINISTRATOR Date: 06/16/2021

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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0072 SS= D	Qualifications of Caregiver - Med Training - NAC 449.196 Qualifications and training of caregivers. (NRS 449.0302) 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Before assisting a resident in the administration of a medication, receive the training required pursuant to paragraph (e) of subsection 6 of NRS 449.0302, which must include 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 the completion of such training; (b) Receive annually at 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; (c) Complete the training program developed by the administrator of the residential facility pursuant to paragraph (e) of subsection 1 of NAC 449.2742; and (d) Annually pass an examination relating to the management of medication approved by the Bureau. Inspector Comments: Based on record review and interview the administrator failed to maintain documentation a caregiver attended and completed a medication management training program for 1 of 3 employees (Employee #1). On 05/24/21 in the morning, a review of Employee #1's file revealed a lack of documented evidence the employee had completed a medication management training program since their hire date of 10/20/19. On 05/24/21 in the morning, the Administrator explained the employee's file was in storage and they would locate the file. On 06/01/21 in the morning, the Administrator explained they were unable to locate documented completion of a medication management training program for Employee #1. The	0072	TAG-0072: (a) After the survey administrator checked on residents, medication management training. It turned out some copies were taken by the caregiver, the papers were mixed together with some other papers without facility permission. (b) Administrator shall discuss filing system and the need to retain copies for the facility on the next employee meeting. (c)Administrator shall go over resident files during his regular monthly walk through. (d:)Person responsible: Administrator (e)Date completed: June 16-2021	06/16/2021

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	Administrator acknowledged a record of the training must be maintained. Severity: 2 Scope: 1 Complaint #NV00063943			
0910 SS= D	Administration of Medication Restrictions - NAC 449.2746 Administration of medication: Restrictions concerning medication taken as needed by resident; written records. (NRS 449.0302) 2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the medication: (a) The reason for the administration; (b) The date and time of the administration; (c) The dose administered; (d) The results of the administration of the medication; (e) The initials of the caregiver; and (f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident ' s physician. Inspector Comments: Based on record review, document review and interview, the facility failed to document the reason and result of the administration of as needed medications for 1 of 3 residents (Resident #1). Findings include: Resident #1 On 5/24/21 in the morning, a review of the Medication Administration Record (MAR) for Resident #1 listed the following medications were signed as administered on 05/10/21 and 5/11/21: - 50 milligrams (mg) Banophen, "Take 1 capsule by mouth twice daily as needed." - Acetamin 500 mg, "Take 1 tablet by mouth every six hours as needed for pain or fever." The MAR lacked a note indicating the reason and a result of the administration of the as needed medications. On 05/24/21 in the morning, the Administrator acknowledged the MAR lacked documented evidence of the reason and result of the administered as needed medications for Resident #1 on 05/10/21 and 05/11/21. Severity: 2 Scope: 1 Complaint #NV00063943	0910	Tag-0910 (a) After survey administrator went over the Mar and instructed the caregiver to notate the necessary reason and result of the administered prn meds. (1) Administrator shall include medication management in the next caregiver meeting. (c) Administrator shall go over resident mar in his walkthrough. (d) Person responsible: Administrator (e) Date completed: June 16-2021	06/16/2021

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0930 SS= D	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (a) The full name, address, date of birth and social security number of the resident. (b) The address and telephone number of the resident ' s physician and the next of kin or guardian of the resident or any other person responsible for the resident. (c) A statement of the resident ' s allergies, if any, and any special diet or medication he or she requires. Inspector Comments: Based on document review and interview, the facility failed to ensure a Medication Administration Record (MAR) was maintained and available for 1 of 4 residents sampled (Resident #4) Findings include: On 05/24/21 in the morning, a review of the MARs for the residents revealed the facility lacked a MAR for Resident #4 from September 2020 through February 2021. On 05/24/21 in the morning, the Administrator indicated the MAR for Resident #4 was in storage and would need to be pulled from storage. On 06/01/21 in the morning, the Administrator explained the MAR for Resident #4 was not at the facility and could not be located. Severity: 2 Scope: 1 Complaint #NV00063943	0930	Tag- 0930: (a) After survey administrator checked the mar of former resident #4. Upon investigation , the mar was taken by mental health and was not returned. (b) Administrator shall conduct a meeting for the purpose and emphasize on the need of record keeping. (c) Administrator shall go over resident mars during his regular walkthrough. Person Responsible: Administrator Date completed: June 16-2021	06/16/2021