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 _____ | **10/21/2021** |

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

| (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<br><br>Inspector Comments: This Statement of Deficiencies was generated as a result of a complaint investigation completed at your facility on 10/21/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The census at the time of the investigation was one. The sample size was two. One complaint was investigated. Complaint# NV00064935 with three allegations was unsubstantiated. Allegation#1 - The facility failed to provide quality care and staff were abusive to a resident was unsubstantiated based on observations of staff/resident interactions and interviews with the facility Owner and the current facility resident who reported no complaints about care and no abuse was observed by facility staff. Allegation #2 - The facility failed to return a resident's property was unsubstantiated based on observation of the storage of the resident's property and interviews with the facility Owner that revealed the resident had made several appointments with the facility Owner and then failed to show up to the facility to retrieve the property. Allegation #3 - The facility failed to provide anything but Filipino food at meals and food was outdated and spoiled was unsubstantiated based on review of the last 90 days of facility menus and substitution items which did not list any Filipino food items, observation of the items in the facility refrigerator and pantry which did not contain any outdated and/or spoiled items and interviews with the facility Owner and current resident who did not have any complaints about the food or meals served at the facility. The investigation into the allegations included: Observations of staff/resident interactions, facility refrigerator, food and pantry items. Review of the last 90 days of facility menus and food item substitutions. Interviews with the facility Owner and the current facility resident. Record review of two residents' | 0000 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: PETER DURAIS Title: ADMINISTRATOR Date: 01/04/2022

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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| | files, including the resident of concern. A deficiency unrelated to the complaint was identified, see Tag Y0930. 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: | | | |

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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.<br><br>Inspector Comments: Based on record review and interview the facility failed to maintain a complete file on an admitted resident containing the resident's medical information and personal information. Findings include: On 10/21/21 in the afternoon, a review of Resident #1's file revealed the absence of a recent physical examination record and an Activities of Daily Living (ADL) Assessment. In an interview with the facility Owner, the Owner confirmed the absence of the documentation and acknowledged that this documentation should be included in all admitted residents' files and kept by the facility. Severity: 2 Scope: 1 | 0930 | 0930- TAG-0930<br><br>(1) AFTER SURVEY ADMINISTRATOR WENT OVER THE FILES TO CHECK FOR THE ABSENCE OF A RECENT PHYSICAL EXAMINATION RECORD AND A ACTIVITIES OF DAILY LIVING (ADL) ASSESMENT.<br>(B) ADMINISTRATOR SHALL DISCUSS THE IMPORTANCE OF COPIES OF THE REQUIRED RESIDENTS FILES.<br>(C) ADMINISTRATOR SHALL GO OVER THE CORRECTED FILES DURING HIS NEXT REGULAR MONTHLY MEETING.<br>(D) PERSON RESPONSIBLE: ADMINISTRATOR | 01/04/2022 |