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 _____	**06/28/2022**

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 Inspector Comments: This Statement of Deficiencies was generated as a result of a complaint investigation completed in your facility on 06/28/22, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The census at the time of the survey was 3. The sample size was 3. The facility received the grade of A. One complaint was investigated. Complaint #000066325 with seven allegations was substantiated without deficiencies. Allegation #1 - A resident expired, and the Administrator did not report it and continued to collect their money was unsubstantiated due to lack of evidence. Facility policy was reviewed. Interview with facility staff revealed policy of contacting person of contact once a resident expires and discontinuing any collection of money for services has been followed. Allegation #2 - Residents in the facility were not fed on time and only received cold cereal all day was unsubstantiated based on interviews, policy review and observations. Residents in the home reported they were given three meals a day with snacks and fruit always available. Staff interviews revealed caregivers cooked three meals per day. Observation of variety of fruit at the facility and sufficient food in the refrigerator and cabinets. Allegation #3 - Residents were transferred back and forth to another group home which does not have a license was unsubstantiated based on interviews. Resident interviews revealed no current residents were moved in and out of the facility once they were admitted. Staff reported they have a separate independent care facility, but they do not transfer residents between homes. Allegation #4 - Residents were not driven to their appointments and their bank cards and identification cards (IDs) were taken from them was unsubstantiated based on observation and interviews. Observation were made of current resident's IDs and	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: Title: Date:

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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	bank cards which were in their possession. Residents reported they were in possession of their bank cards, money and IDs. Staff interviews revealed residents kept their personal belongings as well as bank cards and IDs in their purses or wallets. Allegation #5 - The Administrator placed residents in a shed in the backyard if they didn't have room in the home was unsubstantiated based on observation and interviews. Observation of the backyard shed revealed no residents were not living in the backyard shed. Residents reported they had not been placed in the shed and had not witnessed anyone else being placed in the shed. Staff reported residents had not been placed in the shed. Allegation #6 - The Administrator picked up homeless individuals and had them work as caregivers and those caregivers were not certified was unsubstantiated based on observation, record review and interviews. Record reviews revealed caregivers who were present in the facility were current and had all certifications and trainings needed. Interviews with the residents revealed there were only two caregivers who work in the facility. Staff members reported there were only two caregivers who work in the facility. Allegation #7 - There was a bad odor in the facility from a broken pipe in the kitchen was substantiated without deficiency based on observation and interviews. Staff reported there was a broken pipe in the kitchen approximately two months ago which had been fixed within 2 days of the pipe being broken. Resident interviews revealed there was a broken pipe in the kitchen that was fixed quickly. No bad odor was present in the home during the inspection. The investigation into the allegations included: Interviews with three residents and two caregivers. Document review of facility policies, hiring policies, complaint or grievance policy, elder abuse trainings for staff, caregiver training, background checks, and weekly menus. Record review of resident files including			

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	physician assessments and incident reports. Observation of kitchen, refrigerator and pantry. 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. There were no regulatory deficiencies identified.			