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
	436	A. BUILDING _____ B. WING _____	07/25/2023

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 an annual State Licensure survey completed in your facility on 07/25/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Requirements for Residential Facility for Groups. The facility is licensed for five Residential Facility for Group beds for elderly and disabled persons and/or mental illness, Category I residents. The census at the time of the survey was four. Four resident files and three 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 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:	0000		
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 document review, the facility failed to ensure an employee completed a background check through the Nevada Automated Background Check System (NABS) for 1 of 3 employees (Employee #3). Findings include: Employee #3 (E3) E3 was hired by the facility on 07/01/17. There was no documented evidence E3 had completed a background check through NABS. On 07/25/23 at 11:00 AM, the Owner / Operator and the Administrator acknowledged E3 did not have a completed background check through NABS. Severity: 2 Scope: 1	0104	Tag 104 (a) After survey administrator sent the employee concerned to do his fingerprinting for immediate resolution ; (b) Administrator shall discuss fingerprinting, among others, during the next employee meeting and emphasized that said documentation is essential per regulations; (c) Administrator shall go over employees files during his regular monthly walkthrough and shall require employees to have them updated should the need arises; (d) Person responsible: Administrator (e) Date completed: August 4, 2023 Copy of Fingerprinting is here to attached as Tag 104	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	Name: PETERSON C DURIAS	Title: administrator	Date: 08/08/2023