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 _____	07/16/2025

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
RFG 0001-Deficiencies	The Statement of Deficiencies was generated as a result of a state licensure survey conducted in your facility, in accordance with Nevada administrative code, chapter 449, and Nevada revised statutes chapter 449- Residential Facility for Groups (RFG), medical facilities and other related entities. The findings and conclusions of any investigation by the Division of Health Care Purchasing and Compliance shall not be construed as prohibiting any criminal civil investigation, actions or other claims for reliefs that may be available to any party under applicable federal, state or local law. Based on an inspection conducted, the items marked below identify the violation in operation of the RFG which must be corrected by the revisit/compliance date specified in writing by the health authority. Failure to comply with this notice and immediately correct the identified deficiencies may result in the suspension or termination of your provider agreement, funding, or future authorization as a provider authorized by the State	RFG 0001-Deficiencies		

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	of Nevada pursuant to NAC 433.384, and other applicable local and state laws. Inspector Comments: This Statement of Deficiencies was generated as a result of an annual survey initiated at your facility on 07/16/25. 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 two. Two resident files and three employee files were reviewed. The facility received a grade of C.			
Y 0106 SS= E	NAC 449.0113 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1: (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation. Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 3 employees received cardiopulmonary resuscitation (CPR) and first aid training which included in-person training (Employees #2 and #3). Findings include: Employee #2 (E2) E2 was hired in 1996 as the	Y 0106	a) After survey administrator directed employees 2 and 3 to undergo the required and approved CPR First Aid training from a duly recognized provider. (b) The need for an updated CPR First Aid training shall be discussed during the next employee's meeting to ensure renewal of expired CPR and First Aid Training certifications and/or the need to take the same if necessary. (c) Administrator shall go over employee files during her next regular walkthrough to ensure compliance, renewal/updates of the required CPR/First Aid certifications. (d) Person responsible: Administrator Date: October 8, 2025 Copy attached CPR First Aid cards of employee 2 & 3.	10/14/2025

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	Owner/Caregiver. E2 completed CPR training provided by an online company on 05/05/25. The training did not contain an in-person component, a requirement per regulation. Employee #3 (E3) E3 was hired on 07/01/17 as a Caregiver. E3 completed CPR training provided by an online company on 05/05/25. The training did not contain an in-person component, a requirement per regulation. On 07/16/25 in the afternoon, E2 acknowledged the CPR training completed by E2 and E3 did not contain an in-person component, and the employees should have completed training as required by the regulation. Severity: 2 Scope: 2			
Y 0172 SS= F	**NAC 449.209** 2. Containers used to store garbage outside of the facility must be kept reasonably clean and must be covered in such a manner that rodents are unable to get inside the containers. At least once each week, the containers must be emptied, and the contents of the containers must be removed from the premises of the facility. 3. Containers used to store garbage in the kitchen and laundry room of the facility must be covered with a lid unless the containers are kept in an enclosed cupboard that is clean and prevents infestation by rodents or insects. Containers used to store garbage in bedrooms and bathrooms are not required to be covered unless they are used for food, bodily waste or medical waste.	Y 0172	a) After survey administrator required and the following cleared and removed: The two file cabinets which were in a state of disrepair, a dissembled scooter, a stack of tires, screens and other large, flat items which leaning up against an open-air storage unit, wooden beams which were leaning up against the back wall, a planter which were filled with broken tiles, a rolled-up tarp on the ground, an old file cabinet with tote bags and a towel piled on top, and a football topped with animal feces on the ground. Also removed were crumpled and dirty bed sheet, and pieces of pressed wood, old shoes, many broken tiles, and assorted trash which were between the two outbuildings. b) Keeping and monitoring cleanliness and sanitation shall be among the matters to be prioritized during the next employee's meeting and administrator shall advise management for	10/14/2025

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	4. To the extentpracticable, the premises of the facility must be kept free from: (a) Offensive odors; (b) Hazards, including obstacles that impede the freemovement of residents within and outside the facility; (c) Insects and rodents; and (d) Accumulations of dirt, garbage and other refuse. 5. Theadministrator of a residential facility shall ensure that the premises areclean and that the interior, exterior and landscaping of the facility are wellmaintained. Inspector Comments: Based on observation and interview, the facility failed to ensure the premises were kept clean and free of hazards. Findings include: On 07/16/25 in the morning, the following items were observed: Two file cabinets were in a state		the need to purchase, if necessary, cleaning materials and equipment for this purpose. c) Administrator shall check on the backyard and/or facility premises during his next regular monthly and shall require caregivers to monitor the same and report the matter to the administrator. d) Person responsible: Administrator e) Date of completion: October 9, 2025 Photos of the backyard attached.	

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	of disrepair, a dissembled scooter, a stack of tires, screens and other large, flat items leaning up against an open-air storage unit, wooden beams leaning up against the back wall, a planter filled with broken tiles, a rolled-up tarp on the ground, an old file cabinet with tote bags and a towel piled on top, and a football topped with animal feces on the ground. Between the two outbuildings there were a crumpled and dirty bed sheet, pieces of pressed wood, old shoes, many broken tiles, and assorted trash. On 07/16/25 in the morning, the Owner acknowledged the yard needed to be cleaned. Severity: 2 Scope: 3			
Y 0335 SS= F	**NAC 449.221** **Use of certain areas in facility as bedroom prohibited.** A hall, stairway, unfinished attic,	Y 0335	a) After survey administrator directed that the outside shed/ building be cleared, cleaned and all hazardous and unsanitary items be removed. The person /s therein likewise were told to leave the facility and to take with him/her/their all their possessions. A warning was being imposed for these	10/14/2025

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	garage, storage area or shed or other similar area of a residential facility must not be used as a bedroom. Any other room must not be used as a bedroom if it: 1. Can only be reached by passing through a bedroom occupied by another resident; or Is used for any other purpose. Inspector Comments: Based on observation and interview, the facility failed to ensure a person who was not a resident or related to the owner was not living on the facility's property. Findings include: On 07/16/25 at 9:50 AM, a small, locked outbuilding with windows and a front door was observed in the back yard of the facility. The surveyor requested that the door be opened for entry and observation. The door was opened by a worker on the premises, who had to use tools besides the key in order to get the door open. Upon entry to the building at 10:19 AM, the surveyor observed clothing, several pairs of shoes, several hats and caps, a portable stereo system, an opened bottle of vodka, an electric toothbrush and several other personal effects, prescription medication, a tray of baked cinnamon rolls of which three had been taken, a partial plastic container of strawberry pastries, an envelope of laundry detergent, jumper cables and generator, a laptop computer, correspondence from a bank, a magazine, a cellular phone, two couches, pictures and wall hangings on the walls, a lamp, a wallet, a gun, a bone next to a dog dish on the floor, bags, purses, a vacuum cleaner with a towel hanging on it, a cup of ramen		people to avoid from coming back. b) Administrator shall discuss cleanliness and sanitation inside the facility and it's premises during the next caregiver's meeting and also to avoid allowing outsiders to stay and occupy, permanently or temporary, any space in the facility unless authorized as a worker therein. c) Administrator shall ensure the maintenance of a cleanliness and sanitation inside and outside the facility and shall check the same during his monthly walkthrough and require employees to monitor compliance. Employees are required to report to management for immediate action. d) Person Responsible: Administrator Date of completion: October 8, 2025	

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	noodles, an ash tray with cigarette butts, trash on the floor, and several storage bins. On 07/16/25 at 10:22 AM, the Owner explained their family member's friend had been living in the structure. The Owner reported that they had given the person a 30 days' notice, but the person came back with their partner. Another shed-like structure in the back yard held the person's and their partners possessions, per the Owner. The Owner verbalized the person was there on and off, and it had been three days since they had been there. The Owner admitted the two sleep there sometimes. The dog dish and bone were for the Owner's son's dog. Severity: 2 Scope: 3			
Y 0870 SS= D	NAC 449.2742 **Administration of medication: Responsibilities of administrator, caregiver and employees of facility.** 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and	Y 0870	a) After survey this matter was referred to resident's health worker for the issuance of a proper Medication Review documentation as mandated by the rules. A medication Review was obtained. b) Administrator shall discuss the need for the issuance of a Medication Review documentation every 6 months from the resident's nurse, pharmacist or physician who are directly involved in his care and as mandated by the rules. c) Administrator shall review resident files during her regular walkthrough to ensure compliance. d) Date of completion: October 8, 2025	10/14/2025

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	appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility. (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). Inspector Comments: Based on record review and interview, the facility failed to ensure a six-month medication review was conducted by a physician, pharmacist, or registered nurse for 1 of 2 residents (Resident #2). Findings include: Resident #2 (R2) R2 was admitted on 09/05/22 with a diagnosis of schizophrenia.			

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	R2's file contained medication reviews dated 01/03/25 and 06/03/25. The medication reviews were prepared by and signed by the Owner only. On 07/16/25 in the afternoon, the Owner acknowledged the medication reviews had not been conducted by a physician, pharmacist, or registered nurse, and they should have been. Severity:2 Scope: 1			
Y 0878 SS= D	NAC 449.2742 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician , physician assistant or advanced practice registered nurse has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician , physician assistant or advanced practice registered nurse. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician , physician assistant or advanced practice registered nurse. The administration of over-the-counter medications and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744. 6. Except as otherwise provided in this subsection, a medication prescribed by a physician, physician assistant or advanced practice registered nurse must be administered as prescribed by the physician, physician assistant or advanced practice registered nurse.. If a physician, physician assistant or advanced practice registered nurse orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting	Y 0878	a) After survey, administrator directed the matter to be referred to resident's nurse and/or physician to check and do the necessary corrections relative to his monthly Abilifty injection and to ensure proper administration as ordered., b) Administrator shall discuss resident's injection schedule and proper monitoring during their next caregiver's meeting. c) Administrator shall go over resident's file to ensure compliance and assist in the monitoring of resident's behavior and/or tolerance to the treatment. d) Person responsible: Administrator e) Date of completion: October 8, 2025	10/14/2025

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	in the administration of the medication shall: (1) Comply with the order; (2) Indicate on the container of the medication that a change has occurred; and (3) Note the change in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician, physician assistant or advanced practice registered nurse must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744; and (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, physician assistant or advanced practice registered nurse, a physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 2 residents received their medication timely (Resident #1). Findings include: Resident #1 (R1) R1 was admitted on 03/01/25 with a diagnosis of schizoaffective disorder. R1's medications included Abilify Maintena Extended Release 400 milligrams (mg), inject 400 mg intramuscularly once monthly, dated 06/23/25. The Owner reported the injection was performed by R1's healthcare provider, who visited R1 at the facility to inject the			

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	medication. R1's June 2025 Medication Administration Record (MAR) documented Abilify Maintena ER 400 mg inject 400 IM once monthly (waiting for provider to inject), will come 06/07/25. R1's June 2025 MAR documented administration of Abilify on 06/07/25 by R1's provider. R1's July 2025 Medication Administration Record (MAR) lacked documented evidence of administration of Abilify in July. On 07/16/25 at 12:50 PM via telephone, R1's healthcare provider acknowledged R1 was last injected with Abilify on 06/07/25, and R1was overdue for their injection. The provider verbalized the injection was supposed to be within four weeks, and it had been about five weeks since the last injection. On 07/16/25 in the afternoon, the Owner acknowledged R1's injection of Abilify was overdue and explained they had called the provider and the home health agency but neither had come to visitR1. Severity: 2 Scope:1			
Y 1840 SS= D	**R063-21 Sec. 4.** Sec. 4. 1. An unlicensed caregiver who provides care to residents, patients or clients at a facility described in section 3 of this regulation shall annually complete evidence-based training provided by a nationally recognized organization concerning the control of infectious diseases. The training must include, without limitation, instruction concerning: (a) Hand hygiene; (b) The use of personal protective equipment, including, without limitation, masks, respirators, eye protection, gowns and gloves; (c) Environmental cleaning and disinfection; (d) The goals of infection control;	Y 1840	a) Administrator directed employee#3 to immediately take the required Infection Control Class/Training from a nationally recognized institution. b) Administrator shall discuss the need for the update of this type of certification and/ or training as mandated by the regulations and the same shall be discussed during the next employee's meeting. c) Administrator shall go over employees' file to ensure updates, renewals and compliance with Department of Health's policies on caregiving, inter alia. d) Person responsible: Administrator e) Date of completion: October 8, 2025	10/14/2025

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	(e) A review of how pathogens, including, without limitation, viruses, spread; and (f) The use of source control to prevent pathogens from spreading. 2. Each unlicensed caregiver who completes the training required by subsection 1 must provide proof of completion of that training to the administrator or other person in charge of the facility in which the unlicensed caregiver provides care. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 3 Caregivers completed the annual required infection control training for unlicensed caregivers (Employee #3). Findings include: Employee #3 (E3) E3 was hired as a Caregiver on 07/01/17. E3's file contained documentation of 4 hours of infection control training provided by the facility's Administrator on 07/04/24. E3's file lacked documented evidence of the required infection control training for unlicensed caregivers provided by a nationally recognized organization.			

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	On 07/16/25 in the afternoon, the Owner confirmed E3 did not complete the required annual infection control and prevention training. Severity: 2 Scope: 1			
Y 1540 SS= D	**NAC 449.011931and R004-24** NAC 449.011931 Cultural competency training for agent or employee who provides care to patient or resident. (NRS 449.0302, 449.103) 1. Except as otherwise provided in NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176, a facility shall provide cultural competency training through an approved course or program to an agent or employee described in subsection 2 of NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176: (a) Within 90 days after contracting with or hiring the agent or employee; (b) At least biennially thereafter. Such biennial training must consist of at least 2 hours of instruction each biennium. 2. The facility may provide the training required by subsection 1 over several instructional periods or during a single instructional period so long as the agent or employee: (a) Completes the hours of cultural competency training required by subsection 1 and the entire contents of the course or program; and	Y 1540	a) After survey administrator required Employee #3 to attend and schedule for a Cultural Competency class from a duly recognized provider. b) Administrator shall discuss as a reminder to all caregivers to comply with current regulations which include among others the need to attend certified courses, e.g.., Cultural Competency during the next employee's meeting. c) Administrator shall go over employees' files to ensure compliance with current rules during her regular walkthrough. d) Date of completion: October 8, 2025 Person responsible: Administrator	10/14/2025

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	(b) Receives a certificate of completion on or before the date on which subsection 1 requires the agent or employee to complete the cultural competency training. 3. Except as otherwise provided in subsection 4, the facility shall keep documentation in the personnel file of an agent or employee of the facility or a record of an agent or employee in the relevant electronic system of the facility proof of the completion of the cultural competency training required pursuant to NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176. 4. If an agent or employee of a facility is exempt from the requirement to complete cultural competency training pursuant to subsection 3 of NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176, the facility shall maintain proof in the personnel file of the agent or employee or a record of the agent or employee in the relevant electronic system of the facility that the agent or employee holds a valid professional license, registration or certificate, as applicable, for which the continuing education described in subsection 3 of NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176, is required for renewal. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 3 employees were in compliance with Nevada Revised Statutes (NRS)449.103 regarding cultural competency training. Findings include: Employee #3 (E3)			

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 _____	07/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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	E3 was hired on 07/01/17 as a Caregiver. E3's file contained a certificate for a cultural competency course not approved by the Bureau. On 07/16/25 in the afternoon, the Owner acknowledged the cultural competency course completed by E3 was not an approved course, and E3 should have taken an approved course. Severity: 2 Scope: 1			