

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 436	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/17/2026
NAME OF PROVIDER OR SUPPLIER SAINT MICHAEL GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3980 PLACITA AVENUE, LAS VEGAS, NEVADA ,89121		
(X4) ID PREFIX TAG RFG 0001- Deficiencies	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG RFG 0001- Deficiencies	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	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			

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 Name: MARINA VAUGHN
REPRESENTATIVE'S SIGNATURE

Title: Marina vaughn

Date: 03/15/2026

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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 a mandatory re-grading survey initiated at your facility on 02/17/26. The facility is licensed for five Residential Facility for Groups beds for elderly and disabled persons and/or individuals with mental illness, Category I residents. The census at the time of the survey was two. One resident file and zero employee files were reviewed. The facility received a grade of A.			
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	Y 0172: (2) AFTER THE SURVEY THE CARE GIVER WAS NOTIFIED THAT ALL TRASH CANS SHOULD BE KEPT CLEAN AND COVERED AT ALL TIMES ALSO THE ADMINISTRATOR SHALL GO OVER THE IMPORTANCY OF ALL CLEANLINESS OF THE FACILITY IN ORDER TO BE IN COMPLIANCE WITH HEALTH AND REGULATIONS. (A) PERSON RESPONSIBLE: ADMINISTRATOR (B) DATE COMPLETED: 2/27/2026 (5) AFTER THE SURVEY THE ADMINISTRATOR HAD THE EXTERIOR PAINTED AND HAD THE ROOFING COMPNY COME TO THE FACILITY TO REPLACE THE ROOF. THE ADMINISTRATOR SHALL GO OVER THE PROPERTY ON HER DAILY WALK THROUGHS TO COMPLY WITH HEALTH AND REGULATIONS . (6) PERSON RESPONSIBLE: ADMINISTRATOR	02/27/2026 6

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	4. To the extent practicable, 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. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility failed to ensure the premises were kept clean. Findings include: On 02/17/26 at 10:30 AM, the following items were observed in the back yard: An old headboard, several planks of wood, a pillow, an old cushion, an empty bookshelf, a window screen, an iron grate, pieces of fencing, and an unused cardboard bow were behind a shed. A cardboard box with trash, a vacuum cleaner, and various odd metal parts were stored in the back yard. On 02/17/26 in the morning, the Administrator and the Caregiver acknowledged the items and agreed the back yard should not be used as a storage		(A) DATE COMPLETED: 2/27/2026	

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	area. Severity: 2 Scope: 3			

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			22222	
Y 0335 SS= F	NAC 449.221 Use of certain areas in facility as bedroom prohibited. A hall, stairway, unfinished attic, 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 staying on the facility's property.	Y 0335	Y 0335 (A) AFTER THE SURVEY THE ADMINISTRATOR HAD THE RESIDENTS MOVE AND ONLY THE CONTENTS IN THE STORAGE ARE FOR THE FCILITY AND ANY EXTRA ITEMS THAT THE RESIDENTS MAY NEED TO KEEP AS STORAGE SPACE IS VERY LIMITED IN THE FACILITY. THE STORAGES WILL BE KEPT LOCKED WITH EXTRA KEYS FOR THE CAREGIVER TO HAVE ACCESS TO THESE UNITS TO ENSURE SAFETY OF THE RESIDENTS. (B) PERSON RESPONSIBLE: ADMINISTRATOR (C) DATE COMPLETED: 2/27/2026	02/27/2026 6

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	Findings include: On 02/17/26 at 10:30 AM, the outbuilding which housed people during the previous survey was locked. The surveyor requested entry, but the Administrator and the Caregiver were unable to access the building because they did not have the key. The Caregiver confirmed they could not gain access without taking the door off. In an interview on 02/17/26 in the morning, the Administrator reported the people who had lived there at the time of the annual survey in July had moved back in. The Administrator shared that she had told them to leave, and that they had ignored her. The Administrator explained that it would cost her \$900.00 to have them physically evicted. In an interview on 02/17/26 in the morning, the Caregiver verbalized that the two individuals came by about every two or three days and would sleep there. The Caregiver reported the shed contained a couch, a television, and the persons' clothes. The Caregiver said they had told both individuals that they had to find another place to live. Both the Administrator and the Caregiver expressed that the two individuals, whom they knew, had nowhere else to go. The Caregiver indicated that the individuals were getting a sum of settlement money soon, after which they would be able to go out on their own. On 02/17/26 in the morning, the Administrator acknowledged that the facility was not allowed to house people who were not residents, and that this would be a repeat citation because it had been cited during the annual survey, and although initially corrected, the correction did not last. This was a subsequent finding from the annual survey conducted on 07/16/25. Severity: 2 Scope: 3			