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 _____	**08/01/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PACIFICA SENIOR LIVING SAN MARTIN	**8374 W CAPOVILLA AVE, LAS VEGAS, NEVADA ,89113**

(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 at your facility on 08/01/22, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The sample size was five. There was one complaint investigated. The facility received a grade of A. Complaint #NV00066468 with one allegation was substantiated. The allegation a resident's property was reported as stolen, and the facility failed to follow policies and procedures related to theft of resident property was substantiated. (See TAG 0Y599). 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 deficiencies were identified.	0000		
0599 SS= D	Rights of Residents; Procedure for Filing - NAC 449.268 Rights of residents; procedure for filing grievance, complaint or report of incident; investigation and response. (NRS 449.0302) 2. The administrator of a residential facility shall provide a procedure to respond immediately to grievances, incidents and complaints. The procedure must include a method for ensuring that the administrator or a person designated by the administrator is notified of the grievance, incident or complaint. The administrator or a person designated by the administrator shall personally investigate the matter. A resident who files a grievance or complaint or reports an incident pursuant to this subsection must be notified of the action taken in response to the grievance, complaint or report or be given a reason why no action needs to be taken. 3. The employees of the facility shall comply with the procedures adopted pursuant to	0599	1. Policy on theft will be followed in its entirety and immediately detailing correct steps and appropriate notifications as applicable 2. In-service on Theft, grievance log steps , process to follow when an occurrence is reported. 3. Grievance log to be reviewed daily at stand up 4. ED,AED,RSD,RCC for both buildings (campus) 5. 9/11/2022	09/08/2022

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: CYNTHIA MORRIS Title: Regional Director of Operations Date: 09/08/2022

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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	subsection 2. Inspector Comments: Based on interview, record review, and document review, the facility failed to complete an investigation for an allegation of theft of a resident's personal property and failed to follow the facility's grievance policy for 1 of 5 sampled residents (Resident #1). Findings include: Resident #1 (R1) R1 was admitted to the facility on 10/31/21, with diagnoses including stroke and knee replacement. R1 reported to the Executive Director, personal property, including jewelry, a credit card and medications were stolen from R1's room between the months of January-April 2022. The Facility's Theft of Resident Property policy indicated for reports of theft of resident property, a log would be maintained by the Executive Director or their designee which would list any reported missing items having a value of $25 or more. This log should be kept current and maintained for 12 calendar months. The log would include: -Description of item - Estimated value -Date/time the theft or loss was discovered -Date /time the theft occurred -Action taken The Business Office Manager reported being aware of two residents who had reported missing property. The Business Office Manager indicated R1 had notified her in June that property such as jewelry, credit cards and medications were stolen. The Business Office Manager advised she helped the resident file a police report for the missing items. The Business Office Manager verbalized the facility's policy was to complete an investigation and suspend or terminate any employee involved in the theft. The Business Office Manager confirmed there was no documentation the facility completed an investigation into R1's stolen property, there was no incident report of the report of stolen items and no log was completed related to R1's report of stolen property. Severity: 2 Scope: 1 Complaint#NV00066468			