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 _____	**06/18/2024**

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 and Facility Reported incident (FRI) completed in your facility on 06/18/23, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The census at the time of the survey was 104. The sample size was six. There were one complaint and one Facility Reported Incident (FRI) investigated. The facility received a grade of A. Substantiated: 1. Complaint #NV00071070 was substantiated. (See Tag Y0357) Substantiated without deficiencies: 2. FRI #9910 was substantiated with no deficient practice. The investigation of the complaint and FRI included: Observation of grooming and physical appearance of residents, resident dining, laundry rooms, facility cleanliness and resident's bathrooms. Interviews were conducted with residents, Caregivers, the Maintenance Director, the Dining Service Director, and the Administrator. Record Review six of resident records, which included the residents of concern. Document Review of facility policies and procedures, maintenance requests, menus, grievance logs, and letters to residents from the facility. 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 deficiency was identified:	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: TORREY DONNER Title: Executive Director Date: 08/13/2024

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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0357 SS= C	Bathrooms and Toilet Facilities - NAC 449.222 Bathrooms and toilet facilities; toilet articles. (NRS 449.0302) 7. Each resident must have his or her own toilet articles and must be provided with toilet paper, individual towels and washcloths. Paper towels may be used for hand towels. The towels and washcloths must be changed as often as is necessary to maintain cleanliness, but in no event less often than once each week. A soap dispenser may be used instead of individual bars of soap. Inspector Comments: Based on interview and document review the facility failed to provide residents with toilet paper. Findings include: Resident #1 (R1) On 06/18/24 in the morning, R1 verbalized the facility stopped providing toilet paper to the residents and was told they had to purchase their own toilet paper for their apartments. Resident #2 (R2) On 06/18/24 in the morning, R2 verbalized the facility stopped providing toilet paper to the residents and was told they had to purchase their own toilet paper for their apartments. Resident #4 (R4) On 06/18/24 in the morning, R4 verbalized the facility stopped providing toilet paper to the residents and was told they had to purchase their own toilet paper for their apartments. Resident #5 (R5) On 06/18/24 in the morning, R5 verbalized they believed their family provides the toilet paper and didn't know if the facility would provide toilet paper or not. A letter dated 04/04/24 sent to residents and families stated the facility would only be stocking toilet paper in public restrooms and in the case of emergency only. The letter stated the change would go into affect on 04/15/24. On 06/18/24 in the afternoon, the Administrator acknowledged the facility stopped providing toilet paper to the residents in April of 2024 related to budget constraints. Severity: 1 Scope: 3	0357	1. The community has always had toilet paper if needed, going forward MD will have a few rolls left during housekeeping days, if needed by the resident. 2. MD will return to purchasing toilet paper monthly from supplier. 3. ED to monitor purchasing application to ensure that toilet paper is being ordered. 4. ED and MD. 5. 08/13/2024 6. See attached.	08/13/2024