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 _____	**01/15/2025**

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 an annual State Licensure and complaint survey completed at your facility on 01/15/25, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for 150 Residential Facility for Group beds for elderly and disabled persons, with an endorsement for Assisted Living, Category II residents. The census at the time of the survey was 70. Twenty resident files and ten employee files were reviewed. The facility received a grade of C. There were two complaints investigated. Unsubstantiated: 1. Complaint #NV00073153 could not be substantiated. No regulatory deficiencies could be identified. 2. Complaint #NV00072909 could not be substantiated. No regulatory deficiencies could be identified. The investigation of the complaints included: Observation of grooming and physical appearance for residents, interactions between staff and residents, staff answering call bells in a timely manner, lack of odors in the facility and meal service. Interviews were conducted with residents, Caregivers, Medical Technicians, the Wellness Director, and the Administrator. Record Review of twenty records, which included the residents of concern. Document Review included facility policy and procedures, fall policy, shower schedule, incident reports and resident council minutes. 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 investigations, 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		
0102 SS= E	Personnel File - TB Screening - NAC 449.200 Personnel files. 1. Except as	0102	Employee #1 -Physical Exam - see	02/13/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: CHRISTINA D PEREZ Title: Executive Director Date: 02/25/2025

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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	otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee; Inspector Comments: Based on interview and record review, the facility failed to ensure a physical exam was completed for 1 of 10 employees (Employee #1) and a tuberculosis (TB) screening was completed annually, for 4 of 10 employees (Employee #2, Employee #5, Employee #7 and Employee #10) Findings include: Employee #1 (E1) E1 was hired on 01/02/25 as the Administrator. Review of E1's employee record revealed E1 had not completed a physical exam. Employee #2 (E2) E2 was hired on 06/06/22 as a Personal Care Attendant. Review of E2's employee record revealed E2 had completed a two-step TB screening on 05/31/22. There was no documentation E2 completed an annual TB screenings since 2022. Employee #5 (E5) E5 was hired on 07/01/14 as a Medication Technician. Review of E5's employee record revealed E5 last completed an annual TB screening on 04/28/21. There was no documentation E5 completed an annual TB screening since 2021. Employee #7 (E7) E7 was hired on 04/12/15 as a Personal Care Attendant. Review of E7's employee record revealed E7 had completed an annual TB screening on 09/20/23. There was no documentation E7 completed an annual TB screening for 2024. Employee #10 (E10) E10 was hired on 07/01/14 as a Resident Care Coordinator. Review of E10's employee record revealed E10 had completed an annual TB screening on 09/25/23. There was no documentation E10 completed an annual TB screening in 2024. On 01/15/25, in the afternoon, the Business Office Manager confirmed there was no documentation E1 had completed a physical exam or E2, E5, E7 and E10 had		attachment Employee #2 #5 and #7 and #10 see attachments All employee file will be audited for TB screenings. All staff missing TB Screenings will be completed by March 15th, 2025. Moving forward new hires TB screening first step will be completed prior to first shift. All current employees will be monitored and kept current. BOM and ED will be responsible	

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	annual TB screenings on file. Severity: 2 Scope: 2			
0106 SS= E	Personnel File - 1st Aid & CPR - NAC 449.200 Personnel files 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 interview and record review, the facility failed to ensure cardiopulmonary resuscitation (CPR) training was completed every two years for 3 of 10 employees (Employee #2, Employee #7 and Employee #10). Findings include: Employee #2 (E2) E2 was hired on 06/06/22 as a Personal Care Attendant. Review of E2's employee record revealed E2 had completed CPR training on 12/28/22. There was no documentation of current CPR training for E2. Employee #7 (E7) E7 was hired on 04/12/15 as a Personal Care Attendant. Review of E7's employee record revealed E7 had completed CPR training on 02/04/22. There was no documentation of current CPR training for E7. Employee #10 (E10) E10 was hired on 07/01/14 as a Resident Care Coordinator. Review of E10's employee record revealed E10 had completed CPR training on 12/28/22. There was no documentation of current CPR training for E10. On 01/15/25, in the afternoon, the Business Office Manager confirmed there was no documentation of current CPR training for E2, E7 and E10. Severity: 2 Scope: 2	0106	Employee #2, #5, #7, #10 – see attachments All employee files will be audited for CPR certifications. Any employee needing a CPR certification will be completed by March 15th,2025. New Hires will complete with 30 days. All current employee files audited and monitored by BOM and kept current BOM and ED will be responsible	02/13/2025

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0255 SS= F	Permits-Comply with NAC 446 on Food Service - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 6. A residential facility with more than 10 residents shall: (a) Comply with the standards prescribed in chapter 446 of NAC; and (b) Obtain the necessary permits from the Division. Inspector Comments: Based on observation on 01/15/25, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Critical Violations: a. The low temperature dish machine was not dispensing a detectable level of chlorine sanitizer at the start of inspection. The temperature during the wash and rinse cycles reached a maximum of 100 degrees Fahrenheit (F) and did not meet the manufacturer's recommended temperatures. 2. Major Violations: a. Staff did not have hair restrained while preparing toast, beverages, serving meals and washing ware in the kitchen. b. There was black build-up and growth on the internal components of the ice machine. c. There was grease and dust build-up on the back of the equipment on the cook's line and on the sides of the deep fat fryer and range. 3. Equipment and Maintenance Violations: a. There was heavy ice build-up on the back of the evaporator fans in the walk-in cooler and walk-in freezer. Severity: 2 Scope: 3	0255	ECO-LAB called for dishwasher chlorine levels and level being monitored daily. Water temperature booster has been installed and dishwasher is now within temperature. -See attachment Ice machine (attached pictures) has been cleaned and maintained by kitchen and maintenance department if needed Back of equipment cleaned and kitchen will maintain cleaning schedule (see attached pictures) Servers and care staff will be wearing hair nets and have their hair properly restrained. Work order to replace both motors on deep freezer is in process. Awaiting parts FSD will be responsible for upkeep in the kitchen.	02/13/2025

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0859 SS= D	Medical Care of Resident After Illness - NAC 449.274 and R043-22 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. (NRS 449.0302) 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by a qualified provider of health care in accordance with NRS 449.1845. The resident must be cared for pursuant to any instructions provided by the qualified provider of health care. Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 20 residents (Resident #8 and Resident #14) received an annual physical examination. Findings include: Resident #8 (R8) R8 was admitted on 12/13/23 with diagnoses of hypertension, hyperlipidemia, and chronic obstructive pulmonary disease. R8's file documented a physical examination was dated 12/09/23. R8's file lacked documented evidence of an annual physical examination. Resident #14 (R14) R14 was admitted on 08/31/23 with a diagnosis of diabetes, hypertension, and bipolar disorder. R14's documented a physical examination was dated 08/12/23. R14's file lacked documented evidence of an annual physical examination. On 01/15/25 in the afternoon, the Administrator acknowledged R8 and R14's files lacked documented evidence of an annual physical examination and was unable to provide the missing documents. Severity: 2 Scope: 1	0859	H&P for Resident #8 and #14 has been completed -See attachment RSD will audit resident files for current annual H&P are kept up to date by March 15th, 2025 RSD and ED will responsible	02/13/2025
0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the	0878	Medication for Resident #4 has been corrected RCC and RSD to complete a monthly cart audit to determine if MD/Provider orders match what is in medication cart.	02/13/2025

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	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 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		RSD and ED will monitor	

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	record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. Inspector Comments: Based on observation, record review and interview, the facility failed to ensure medications were administered per physician orders for 1 of 20 sampled residents (Resident #4). Findings include: Resident #4 (R4) R4 was admitted on 06/30/21 with diagnoses including polycythemia vera and atrial fibrillation. On 01/15/25 in the morning, the medication cart contained R4's over-the-counter (OTC) medication bottle Vitamin D (as cholecalciferol): 25 mcg (1000 International Units [IU]); Calcium (as tricalcium phosphate): 500 mg. A hand-written sticker on the bottle documented Calcium plus D3 500 mg, take two gummies by mouth once daily. A list of R4's current physician orders dated 01/15/25 documented Calcium plus D3 600 milligrams (mg) /25 micrograms (mcg), chew two gummies by mouth once daily. R4's January 2025 Medication Administration Record (MAR) documented a discontinue (D/C) order for Calcium plus D3 500 mg-25 mcg; Stop date 01/12/25. R4's January 2025 MAR documented Calcium plus D3 600 mg/25 mcg, chew two gummies by mouth once daily; Originated 01/11/25, Date Written 01/12/25. On 01/15/25 in the morning, the medication technician acknowledged the D/C order for 500 mg calcium on R4's January 2025 MAR, and acknowledged the facility did not increase the daily amount of calcium to 600 mg as prescribed in the most recent physician order. Severity: 2 Scope: 1			
0905 SS= D	Administration of Medication Restrictions - NAC 449.2746 Administration of medication: Restrictions concerning medication taken as needed by resident; written records. (NRS 449.0302) 1. A caregiver employed by a residential facility shall not assist a resident in the administration of a medication that is taken as needed unless: (a) The resident is able	0905	Medication for Resident #4 label has been corrected PRN medications on bottles for symptoms to monitor and dispense medications by written instructions why the PRN medication are being administered.	02/13/2025

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	to determine his or her need for the medication; (b) The determination of the resident ' s need for the medication is made by a medical professional qualified to make that determination; or (c) The caregiver has received written instructions indicating the specific symptoms for which the medication is to be given, the exact amount of medication that may be given and the frequency with which the medication may be given. Inspector Comments: Based on observation, record review, and interview, the facility failed to receive written instructions indicating the symptoms for which a medication was to be administered for 1 of 20 sampled residents (Resident #4). Findings include: Resident #4 (R4) R4 was admitted on 06/30/21 with diagnoses including polycythemia vera and atrial fibrillation. The list of R4's current physician orders dated 01/15/24 documented Hydroxyzine Pam 25 milligrams (mg) capsule, take one capsule by mouth every evening as needed. R4's January Medication Administration Record (MAR) and R4's medication bottle also documented Hydroxyzine Pam 25 mg capsule, take one capsule by mouth every evening as needed. The January MAR documented an Order Note next to Hydroxyzine Pamoate: For Itching. There were no written instructions indicating the symptoms for which the Hydroxyzine Pamoate was to be administered on the physician order or the medication bottle. On 01/15/25 in the morning, the medication technician acknowledged there were no written instructions indicating the symptoms for the as needed medication Hydroxyzine Pamoate to be administered on either the physician order or the medication bottle. On 01/15/25 in the morning, without referring to the MAR, the Caregiver verbalized Hydroxyzine Pamoate was for itching. The list of R4's current physician orders dated 01/15/24 documented Ondansetron ODT 8		RCC and RSD to complete a monthly cart audit to determine that PRN medications, MAR and prescription match. MD/Provider orders will match what is in medication cart and clarify with MD/Provider RSD and ED will monitor	

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	mg tablet, take one tablet by mouth every 6 hours as needed. R4's January MAR and R4's medication bottle documented Ondansetron ODT 8 mg tablet, take one tablet by mouth every 6 hours as needed. There were no written instructions indicating the symptoms for which the Ondansetron was to be administered on the physician order, R4's January MAR, or the medication bottle. On 01/15/25 in the morning, the medication technician acknowledged there were no written instructions indicating the symptoms for the as needed medication Ondansetron to be administered on the physician order, on R4's January MAR, or on the medication bottle. On 01/15/25 in the morning, the medication technician verbalized Ondansetron was administered for nausea and vomiting. Severity: 2 Scope: 1			
1540 SS= D	Cultural Competency Training - R004-24 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 (b) Receives a certificate of completion on or before the	1540	Employee #3 scheduled CC training is on 02/21/2025 Cultural Competency training audit will be completed and employees missing CC training has been scheduled and starting on 02/21/2025. BOM and ED will be responsible for ongoing trainings	02/13/2025

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	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 interview and document review, the facility failed to ensure Cultural Competency training was completed within 90 days of hire, for 1 of 10 employees (Employee #3) Findings include: Employee #3 (E3) E3 was hired on 10/14/24 as a Personal Care Attendant. E3's employee record revealed E3 had not completed Cultural Competency training within 90 days of hire. On 01/15/25, in the afternoon, the Business Office Manager confirmed there was no documentation of Cultural Competency training for Employee #3. Severity: 2 Scope: 1			
1840 SS= E	UNL Caregiver Training - R063-21 Sec. 4 1. An unlicensed caregiver who provides care	1840	Employee #2, #3, #4, and #5 – see	02/13/2025

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	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; (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 interview and record review, the facility failed to ensure infection control (IC) training, for unlicensed caregivers, was completed for 4 of 10 employees (Employee #2, Employee #3, Employee #4 and Employee #5). Findings include: Employee #2 (E2) E2 was hired on 06/06/22 as a Personal Care Attendant. Review of E2's employee record revealed E2 had not completed IC training. Employee #3 (E3) E3 was hired on 10/14/24 as a Personal Care Attendant. Review of E3's employee record revealed E3 had not completed IC training within 90 days of hire. Employee #4 (E4) E4 was hired on 07/01/14 as a Medication Technician. Review of E4's employee record revealed E4 had not completed IC training. Employee #5 (E5) E5 was hired on 07/01/14 as a Medication Technician. Review of E5's employee record revealed E5 had not completed IC training. On 01/15/25, in the afternoon, the Business Office Manager confirmed there was no		attachment Infection control training audit will be completed and employees missing Infection Control training will be completed by March 15th,2025. BOM and ED will be responsible for ongoing trainings	

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 _____	**01/15/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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	documentation of IC training for Employee #2, Employee #3, Employee #4 or Employee #5. Severity: 2 Scope: 2			