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 _____	**06/23/2025**

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

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0000	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a mandatory re-grading and complaint investigation survey completed at your facility on 06/23/25, 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 84. Six resident files and five employee files were reviewed. The facility received a grade of A. There were four complaints investigated. Unsubstantiated: 1. Complaint #NV00073669 could not be substantiated. No regulatory deficiencies could be identified. 2. Complaint #NV00073839 could not be substantiated. No regulatory deficiencies could be identified. 3. Complaint #NV00074227 could not be substantiated. No regulatory deficiencies could be identified. Substantiated without deficiency 4. Complaint #NV00073995 substantiated without deficiency. 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, physical environment, and meal service. Interviews were conducted with residents, Caregivers, Medical Technicians, a Resident Care Manager, and the Administrator. Clinical Record Review of six resident files, which included the residents of concern. Document Review included facility policy and procedures, staff schedules, facility notifications, and a repair work order. 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	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: ALEX BETANCOURT Title: Executive Director Date: 10/16/2025

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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	relief that may be available to any party under applicable federal, state, or local laws. The following deficiencies were identified:			
0102 SS= D	Personnel File - TB Screening - NAC 449.200 Personnel files. 1. Except as 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 tuberculosis (TB) test was completed annually for 1 of 5 sampled employees (Employee #6). Findings include: Employee # (E6) E6 was hired on 05/17/24 as a Medication Technician. E6's employee record documented a TB test completed on 03/7/24. E6's employee record lacked evidence of a completed annual TB test. On 06/23/25 in the afternoon, the Business Office Manager acknowledged E6's employee record lacked evidence of a completed annual TB test. Severity: 2 Scope: 1	0102	1) Employee #6 had the initial TB test on 5/1/24 and annual on 2/27/25 2) New tracker created to ensure compliances 3) Monthly checks on upcoming due dates 4) BOM or designee 5)10/1/2025	10/01/2025

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0106 SS= D	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 1 of 5 sampled employees (Employee #7). Findings include: Employee #7 (E7) E7 was hired on 06/22/22 as a Personal Care Attendant. E7's employee record documented a completed CPR training card dated 05/09/23. E7's employee record lacked documented evidence of current CPR training. On 06/23/25 in the afternoon, the Business Office Manager acknowledged E7's employee record lacked evidence current CPR training. Severity: 2 Scope: 1	0106	1) Employee #7 completed CPR training on 6/2/25 2) New tracker created to insure compliances 3) Monthly checks for upcoming due dates 4) BOM or designee 5) 10/1/2025	10/01/2025
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.	0255	N/A	10/16/2025

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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.	0859	N/A	10/16/2025
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 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	0878	N/A	10/16/2025

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	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 record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744.			
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 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.	0905	N/A	10/16/2025
1540	Cultural Competency Training - R004-24	1540	N/A	10/16/202

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SS= D	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 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			5

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	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.			
1840 SS= D	UNL Caregiver Training - R063-21 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; (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 annually for 1 of 5 sampled employees (Employee #5) and the facility failed to ensure IC training was completed upon hire for 1 of 5 sampled employees (Employee #7). Findings include: Employee # (E5) E5 was hired on 04/07/22 as a Personal Care Attendant (PCA). E5's employee record lacked evidence of IC training upon hire and	1840	1) Employees #5 completed her IC training on 10/7/25, Employee #7 completed the training on 10/13/25 2) New tracker created to insure compliances 3) Monthly checks for upcoming due dates 4) BOM or designee 5) 10/13/25	10/13/2025

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	annually thereafter. Employee #7 (E7) E7 was hired on 06/22/22 as a PCA. E7's employee record documented an IC training certificate dated 06/22/22. E7's employee record lacked evidence of annual IC training. On 06/23/25 in the afternoon, the Business Office Manager acknowledged E5's employee record lacked evidence of IC training upon hire and annually thereafter and acknowledged E7's employee record lacked evidence of annual IC training. Severity: 2 Scope: 1			