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	5528	A. BUILDING _____ B. WING _____	12/29/2025

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SAN MARTIN SENIOR LIVING	8374 W CAPOVILLA AVE, LAS VEGAS, NEVADA ,89113

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RFG 0001-Deficiencies	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	RFG 0001-Deficiencies		

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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 an annual survey and a complaint investigation initiated at your facility on 12/29/25 and finalized on 12/31/25. The facility is licensed for 150 Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was 98. Nineteen resident files and nine employee files were reviewed. The facility received a grade of B. There was one complaint and one Facility Reported Incident (FRI) investigated. Substantiated without deficient practice: 1. Complaint # NV00012784 was substantiated with no deficient practice. 2. FRI #NV00012787 was substantiated with no deficient practice. The investigation of the complaint and the FRI included: Observation of laundry rooms, dryer temperatures, water temperatures, resident rooms, the kitchen, alert signage in the facility, and hand sanitizer available in the facility. Interviews were conducted with residents, family members and personal caregivers of residents, Caregiver staff, Housekeeping staff, the Maintenance Director, the			

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	Administrator, and the Business Office Manager. No Clinical Record Review was conducted for the complaint and the FRI. Document review included Southwest Gas site visit documentation, plumbing receipt for gas valve pressure check, e-mails sent to residents and residents' families regarding temporary gas shut-off, and alert signage posted in the facility.			
Y 0065 SS= D	**NAC 449.196 & R043-22** **Qualifications of caregivers:** 1. A caregiver of a residential facility must: (a) Be at least 18 years of age; (b) Be responsible and mature and have the personal qualities which will enable him or her to understand the problems of elderly persons and persons with disabilities; (c) Understand the provisions of NAC 449.156to 449.27706,inclusive, *and sections 2 to 16,inclusive, of this regulation* and sign a statement that he or she has read those provisions; (d) Demonstrate the ability to read, write, speak and understand the English language; (e) Possess the appropriate knowledge, skills and abilities to meet the needs of the residents of the facility; and *(f) Not later than 60 days after commencing employment with the residential facility, receive not less than 4 hours of a combination of tier 1 and tier 2 training related to care for the residents of the facility;* and *(g)*Receive annually not less than 8	Y 0065	1) Employee completed the annual training 2) Weekly reports will be generated to ensure compliance 3) Review of the weekly report by RCC (Resident Care Coordinator) or Designee 4) RCC or Designee 5) 01/14/2026	01/14/2026

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	hours of training related to providing for the needs of the residents of a residential facility. Such training *must include, without limitation, at least 2 hours of tier 2 training.* Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 9 employees had completed annual caregiver training (Employee #8). Findings include: Employee #8 (E8) E8 was hired on 04/21/15 as a Resident Assistant. E8's file documented annual training completed on 11/22/24. E8's file lacked documented evidence of annual Caregiver training being completed in 2025. On 12/29/25 in the afternoon, the Administrator acknowledged the missing annual Caregiver training and confirmed the training was not completed. Severity: 2 Scope:1			

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Y 0104 SS= D	**NAC 449.200** **Personnel files** (1) (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. Inspector Comments: Based on interview and record review, the facility failed to ensure a background check was completed every five years through the Nevada Automated Background Check System (NABS) for 1 of 9 employees (Employee #8). Findings include: Employee #8 (E8) was hired on 04/21/15 as a Resident Assistant. E8's file and the NABS system revealed E8 last completed a background check on 09/04/2020. The NABS system revealed an expired determination as of 09/04/25. On 12/29/25 in the afternoon, the Administrator confirmed E8 had an expired background check. Severity: 2 Scope: 1	Y 0104	1) Employee had the 5 year Fingerprint done on 01/07/2026 2) Monthly tracking checks for compliances 3) Business office Manager or Designee will run a monthly report 4)Business Office Manager or Designee 5) 01/13/2026	01/13/2026
Y 0255 SS= F	**NAC 449.217** 6. A residential facility with **more than 10 residents** must: (a) Comply with the standards prescribed in chapter 446 of NAC; and	Y 0255	1) Spray bottles labeled and cook line and floors cleaned 2) Daily, weekly and monthly cleaning schedule established 3)Food Services Director or designee will make sure the staff is following the cleaning schedule 4) Food Services Director or Designee 5) 01/13/2026	01/13/2026

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	(b) Obtain the necessary permits from the Division. 7. The equipment used for cooking and storing food and for washing dishes in a residential facility with more than 10 residents must be inspected and approved by the Division and the state and local fire safety authorities. Inspector Comments: Based on observation on 12/29/2025, the facility failed to ensure the kitchen and supportive dining services complied with the standards of NAC 446. Findings include: 1. Critical Violations: a. In the janitor's closet, three chemical spray bottles were not labeled with the chemical name and the contents were not able to be identified. 2. Major Violations: a. Multiple carts were cracked and in disrepair and shelving units in the walk-in cooler were rusted. b. Lower shelves on tables and equipment were soiled with debris and there was grease build-up on the cook's line equipment. c. The dumpster enclosure was heavily soiled with debris build-up and trash. d. The floors throughout the kitchen were soiled with debris build-up. e. There was black grime build-up on the wall panels in the dish wash area. Severity: 2 Scope: 3		1a 1)The spray bottles were labeled 2)In service on Proper labeling conducted on 01/13/2026 with Dinning Services staff 3)FSD or Designee will ensure the proper labeling of chemicals 4)FSD or Designee 5)01/13/2026 2a 1)Cracked carts and shelving replaced 2)New carts and shelving ordered and in place 3)FSD will inspect the integrity of the equipment monthly and replace as need it 4)FSD or Designee 5)01/20/2026 2b 1)All lower shelves and tables were cleaned 2)New cleaning schedule implemented 3)FSD or Designee will ensure the cleaning schedule is followed 4)FSD or Designee 5)01/13/2026 2c 1)Dumpster area cleaned and pressure washed 2)Routine checks on the area and cleaning 3)Maintenance Director or Designee will check routinely on the condition of the area 4)MD or designee 5)01/13/2026 2d 1)Kitchen floors were cleaned and pressure washed 2)Part of the daily cleaning schedule 3)FSD will monitor the compliance of the schedule 4)FSD or Designee 5)01/13/2026 2c 1)The back wall panel of the dish area cleaned and sanitized 2)Part of the daily cleaning schedule 3)FSD will monitor the compliance of the schedule	

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			4)FSD or Designee 5)01/13/2026	
Y 0690 SS= D	**NAC 449.2712** **Residents requiring use of oxygen.** 1. A person who requires the use of oxygen must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless he: (a) Is mentally and physically capable of operating the equipment that provides the oxygen; or (b) Is capable of: (1) Determining his need for oxygen; and (2) Administering the oxygen to himself with assistance. 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician; and (b) Ensure that: (1) The resident's physician evaluates periodically the condition of the resident which necessitates his use of oxygen; (2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored;	Y 0690	1) Oxygen tanks were secured 2) Routine safety checks to all apartments were Oxygen is in use 3) Safety checks 4) Resident Care Director or Designee 5) 01/09/2026	01/09/2026

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	(3) Persons do not smoke in those areas where smoking is prohibited; (4) All electrical equipment is inspected for defects which may cause sparks. (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; (6) The equipment used to administer oxygen is in good working condition; (7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and (8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident. 3. The administrator of a residential facility shall ensure that the caregivers who may be required to administer oxygen have demonstrated the ability to operate properly the equipment used to administer oxygen. Inspector Comments: Based on observation and interview, the facility failed to ensure oxygen tanks were secure in a resident room. Findings include: On 12/29/25 at 11:45 AM, twelve full-size oxygen tanks were observed in the corner of Room 317. The tanks were not secured. On 12/29/25 at 11:45 AM, the resident in the room was asleep			

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	and could not be interviewed. On 12/29/25 at 11:45 AM, the Caregiver confirmed the observation. Severity: 2 Scope: 1			
Y 0878 SS= D	NAC 449.2742 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 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	Y 0878	1) All medications are available as of 12/31/2025 2) In Service on Medication Refills conducted on 01/05/26 3) Med Tech will report any medication not available to Resident Care Director immediately 4) Resident Care Director or Designee 5) 01/14/2026	01/14/2026

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	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. Inspector Comments: Based on observation, record review and interview, the facility failed to ensure medications were on site and available to administer to 1 of 9 residents that received medication administration assistance. (Resident #3) Findings include: Resident #3 (R3) R3 was admitted on 09/01/25 with primary diagnoses including Type II diabetes, coronary artery disease and congestive heart failure. R3's December 2025 Medication			

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	Administration Record (MAR) documented Vitamin D3 125 micrograms (mcg) take 1 capsule daily. The physician order dated 12/23/25 documented the same. The first administration was documented on the December 2025 MAR for 12/26/25 at 8:00 AM. The December 2025 MAR reflected the medication was not administered between 12/27/25 through 12/29/25. The exceptions listed for the Vitamin D3 included entries for 12/27/25, “waiting for delivery”; and 12/28/25 and 12/29/25, “medication not on cart, waiting for refill”. On 12/29/25 at 11:45 AM, the Medication Technician (MT) explained the Nurse Practitioner ordered the Vitamin D3 on 12/27/25. The MT confirmed the order was not documented and the medication was not on site. A physician order dated 07/26/25 and the December 2025 MAR documented Acetaminophen 500 milligrams (mg) take 1 tablet every 6 hours as needed for pain and/or headache. The medication was not on site to administer. On 12/29/25 at 11:50 AM, the MT confirmed the			

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	Acetaminophen was not on site. A physician order for Bethanechol Chloride 25 mg take 1 tablet 3 times a day was dated 07/26/25. On the December 2025 MAR, the medication was not administered for the 8:00 PM dose on 12/04/25, the 8:00 AM, 2:00 PM and 8:00 PM doses between 12/05/25 and 12/12/25 and the 8:00 AM dose on 12/13/25. The exceptions listed for the Bethanechol Chloride included entries noting the facility was “waiting for delivery”. On 12/29/25 at 12:00 PM, the MT confirmed the Vitamin D3, Acetaminophen and Bethanechol Chloride were not on site to administer to R3. On 12/29/25 in the afternoon, R3 was not available for an interview. Severity: 2 Scope: 1			
Y 0883 SS= D	NAC 449.2742 7. If a resident refuses, or otherwise misses, an administration of medication, a physician, physician assistant or advanced practice registered nurse must be notified within 12 hours after the dose is refused or missed. Inspector Comments:	Y 0883	1) In Service on Proper PCP notification conducted on 01/05/2026 2) Med Techs will report any medication not available to PCP and Resident Care Director 3) Routine checks of the Medication Carts and records 4) RCD or Designee 5) 01/05/2026	01/05/2026

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	Based on observation, record review and interview, the facility failed to ensure a resident's record had documented evidence a physician was notified within 12 hours after a resident had missed medications for 1 of 9 residents that received medication administration assistance. (Resident #3) Findings include: Resident #3 (R3) R3 was admitted on 09/01/25 with primary diagnoses including Type II diabetes, coronary artery disease and congestive heart failure. A physician order dated 12/23/25, documented Vitamin D3 125 micrograms (mcg) take 1 capsule daily. The December 2025 Medication Administration Record (MAR) reflected the medication was not administered between 12/27/25 through 12/29/25. The exceptions listed for the Vitamin D3 included entries for 12/27/25, “waiting for delivery”; and 12/28/25 and 12/29/25, “medication not on cart, waiting for refill”. On 12/29/25 at 11:45 AM, the Medication Technician (MT) confirmed there was no notification to R3’s physician			

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	regarding the missed doses of Vitamin D3. Physician order dated 07/26/25 documented Bethanechol Chloride 25 mg take 1 tablet 3 times a day. On the December 2025 MAR, the medication was not administered for the 8:00 PM dose on 12/04/25, the 8:00 AM, 2:00 PM and 8:00 PM doses between 12/05/25 and 12/12/25 and the 8:00 AM dose on 12/13/25. The exceptions listed for the Bethanechol Chloride included entries noting the facility was “waiting for delivery”. On 12/29/25 at 11:45 AM, the MT confirmed there was no notification to R3’s physician regarding the missed doses of Bethanechol Chloride. On 12/29/25 at 12:00 PM, the MT confirmed the Vitamin D3 and Bethanechol Chloride had not been administered to R3 as prescribed and R3’s physician had not been notified of the missed doses of Vitamin D3 and Bethanechol Chloride, and reported the physician was only notified if there were no more refills for a resident’s medications. Severity: 2 Scope: 1			
Y 1540		Y 1540	1) Cultural Competency Training completed	01/14/202

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SS= E	**NAC 449.011931and R004-24** NAC 449.011931 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,		for the 4 employees by 01/12/2026 2) Audit of Employees files 3) New hires will completed within the first 90 days 4) Business Office Manager or Designee 5) 02/01/2026	6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5528	A. BUILDING _____ B. WING _____	12/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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	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 record review, the facility failed to ensure Cultural Competency training was completed for 4 of 9 Employees (Employee #3, Employee #6, Employee #7, and Employee #8). Findings include: Employee #3 (E3) E3 was hired on 11/24/24 as a Resident Assistant. Review of E3's record revealed Cultural Competency was last completed on 03/31/23 and there was no documentation Cultural Competency training was completed for E3 in 2025. Employee #6 (E6) E6 was hired on 08/09/23 as a Medication Technician. Review of E6's record revealed Cultural Competency was last completed on 02/24/23 and there was no documentation Cultural Competency training was completed for E6 in 2025. Employee #7 (E7) E7 was hired on 11/06/24 as a Resident Assistant. Review of E7's record revealed there was no documentation that Cultural Competency training was completed for E7. Employee #8 (E8) E8 was hired on 04/21/15 as a Resident			

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	Assistant. Review of E8's record revealed Cultural Competency was last completed on 03/31/23 and there was no documentation Cultural Competency training was completed for E8 in 2025. On 08/05/25 in the morning, the Business Office Manager confirmed there was no current Cultural Competency training on file for Employee #3, Employee #6, Employee #7, and Employee #8. Severity: 2 Scope: 2			