Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7739	A. BUILDING _____ B. WING _____	10/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SANTA FE CARE HOME I	4621 EXPOSITION AVE, LAS VEGAS, NEVADA ,89102

(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 grading and infection control survey conducted at your facility on 10/07/21, in accordance with Nevada Administrative Code, Chapter 449, Residential Facilities for Groups. The facility was licensed for ten Residential Facility for persons with elderly and disabled and/or chronic illness and/or persons with mental illness, five Category I and five Category II residents. The census at the time of the survey was nine. Nine resident files and three employee files were reviewed. The facility received a grade of A. The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of nondiscrimination policy; posting of nondiscrimination statement and certain other information, NRS 449.102 - Duties of licensed facility to protect privacy of patient or resident, and LCB File No. R016-20 - Cultural competency training; complaint policy; development of gender identity/expression policy; designated person responsible for compliance with these regulations. Failure to comply with NRS 449.101, NRS 449.102 and LCB File No. R016-20 may result in future deficiencies. 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 deficiencies were identified:	0000		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: ROMEO V BALGAN Title: Administrator Date: 10/24/2021

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0859 SS= D	Medical Care of Resident After Illness - NAC 449.274 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 his or her physician. The resident must be cared for pursuant to any instructions provided by the resident ' s physician. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 9 residents had current physical examinations. Resident #1 was admitted on 09/25/20, their file lacked documented evidence of an annual physical and a physical upon admission. Employee #2 acknowledged the resident was missing a current physical and a physical upon admission and was unable to provide documented evidence the physicals were completed. Severity: 2 Scope: 1	0859	Tag 0859 Medical Care of Resident After Illness NAC 449.274 1). Resident #1 who was admitted on 09/25/20 has obtained a VHA Veteran Medical Documentation on 10/01/2021 as attached herewith. Employee #2 knew that every incoming resident must have Physical and Mental Examination upon admittance. 2). Upon obtaining the Physical Examination report from Veteran Health Administration, this vital information will be kept in the resident file and kept in the Facility Locked Cabinet to ensure the deficient practice does not recur. 3). The Facility Administrator together with the Facility Manager will work hand in hand and monitor to ensure the deficient practice will not recur. 4). The Facility Administrator is the responsible person who guided Staff that Residents' Files and records be kept securely and ensure Plan of Correction is implemented. 5). Date of Completion : October 01, 2021 6). Attachments : Appendix Numbers: #1, #2, #3, #4 and #5	10/22/2021
0870 SS= E	Medication Administration-Accuracy & Report - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility. (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC	0870	Tag 0870 Medication Administration - Accuracy & Report NAC 449.2742 1). Residents in a Residential Facility should have Medications be reviewed either by a Physician, Pharmacist or a Registered Nurse once every six (6) months for accuracy and appropriateness. An update has been done from the previous review on 03/11/2021. Medication reviews were taken cared of and obtained on 10/07/2021. 2). After obtaining the current Medication reviews of the residents, the report must be kept in their respective files in the Facility Locked Cabinet. 3). Medication Reviews must be reviewed once in every six months for accuracy and appropriateness and should be monitored by the Administrator and the Facility	10/22/2021

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	449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). Inspector Comments: Based on interview and record review, the facility failed to ensure a review of medications was completed every six months for 3 of 9 residents (Residents #2, #3, #4). On 09/15/21 in the morning, resident file reviews revealed the following: Resident #2 was admitted to the facility on 08/06/14, the resident file contained documented evidence of a medication review completed on 03/11/21. The file lacked documented evidence of completion of a medication review within the subsequent six months. Resident #3 was admitted to the facility on 07/21/14, the resident file contained documented evidence of a medication review completed on 03/11/21. The resident file lacked documented evidence of a medication review within the subsequent six months. Resident #4 was admitted to the facility on 11/04/20, the resident file contained documented evidence of a medication review completed on 03/11/21. The resident file lacked documented evidence of a medication review within the subsequent six months. On 10/07/21 in the morning, Employee #2 explained Resident #2, #3 and #4 had not received a medication review within the past six months. Severity: 2 Scope: 2		Manager to ensure the deficient practice will not recur. 4). The Facility Administrator is responsible with the assistance of the Facility Manager will work hand in hand to ensure the Plan of Correction is implemented. 5). Date of Completion : 10/07/2021 6). Attachments : Appendix Number #1, #2	