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 _____	09/14/2022

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 State Licensure survey conducted at your facility on 09/14/22, 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 eight. Eight resident files and three employee files were reviewed. The facility received a grade of D. 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		

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0051 SS= F	Administrator's Responsiblities - Designation - NAC 449.194 Responsibilities of administrator. (NRS 449.0302) The administrator of a residential facility shall: 2. Designate one or more employees to be in charge of the facility during those times when the administrator is absent. Except as otherwise provided in this subsection, employees designated to be in charge of the facility when the administrator is absent must have access to all areas of and records kept at the facility. Confidential information may be removed from the files to which the employees in charge of the facility have access if the confidential information is maintained by the administrator. The administrator or an employee who is designated to be in charge of the facility pursuant to this subsection shall be present at the facility at all times. The name of the employee in charge of the facility pursuant to this subsection must be posted in a public place within the facility during all times that the employee is in charge. Inspector Comments: Based on observation and interview, the facility failed to ensure the designee in charge in the absence of the Administrator letter was posted in a conspicuous location. The Administrator confirmed the designee letter was not posted. Severity: 1 Scope: 3	0051	Tag 0051 Designation NAC 449.194 Designated Employee in Administrator's Absence 1). The designated employee of the Facility is the new Employee #1. 2). The previous employee has returned to the Philippines, hence a new employee is designated. The deficient practice will not recur because the new employee is a registered nurse and loves what she is doing and wants to be dedicated to her work 3). Every six (6) months, there will be monitoring in the roster of the employees 4). The Facility Administrator, Employee #3 together with the Facility Operator will work hand in hand and ensure the Plan of Correction is implemented. 5). 09/14/2022 and it was sent to the Inspector on the later day of inspection 6). See Appendix A.	09/30/2022

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0088 SS= C	Staffing Schedule - NAC 449.199 Staffing requirements 4. The administrator of a residential facility shall maintain monthly a written schedule that includes the number and type of members of the staff of the facility assigned for each shift. The schedule must be amended if any changes are made to the schedule. The schedule must be retained for at least 6 months after the schedule expires. Inspector Comments: Based on observation and interview, the facility failed to ensure the current and previous six months of staffing schedules were available. The facility was unable to provide staffing schedules for the past six months. Severity: 1 Scope: 3	0088	Tag 0088 NAC 449.199 Staffing Schedule 1). The staffing schedules were re-arranged due to new employees due to the exit of the previous employees 2). Employees truly come and go and there is no way to stop the system. However, the new employees are true to believe because they are in line with the Medical Field being a Nurse and practice all that has learned in the schooling trade. 3) Every six (6) months Facility Operator and Facility Administrator will train what is necessary to ensure deficient practice do not recur. 4). Facility Administrator will help and work with the new employees and be responsible for ensuring the Plan of Correction is implemented 5). 09/14/2022 6). See Appendix B	09/30/2022

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0102 SS= E	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 physical exams were completed prior to hire for 2 of 3 employees (Employee #1 and Employee #2). Employee #1 was hired on 04/04/22 and Employee #2 was hired on 08/12/21. The employee files lacked documented evidence of physical exams prior to hire for both employees. Severity: 2 Scope: 2	0102	Tag 0102 Personnel File NAC 449.200 Personnel File 1). Prior the inspection, employ #3 has seen the missing files and after the Inspector left, the missing files were located in the filing cabinet of the Resident Files and found what was missed. 2). Personnel Files must be kept and secured and should be updated in times of need. Every six (6) months, these files must be reviewed and organized for proper location. 3). Employees should also be aware and come up with the efficiency and protection of the kept files in the locked cabinets. The resident files must be separated from the employee files but were kept in the same locked cabinet. 4). Facility Administrator should be checking the files of the new employees now and then. to ensure the Plan of Correction is implemented. 5). 09/14/2022 Corrected the same day 6). See Appendix C	09/30/2022

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0178 SS= F	Health & Sanitation - Maintain Int/ext - NAC 449.209 Health and sanitation. (NRS 449.0302) 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility failed to ensure the backyard was free of debris and broken equipment. The backyard of the facility had multiple broken/unusable items including four broken bed frames, two wheel chairs, three mattresses, and a nightstand. Trash and debris was scattered throughout the yard. The Administrator confirmed there were multiple pieces of old equipment, trash and debris in the backyard that needed to be removed. Severity: 2 Scope: 3	0178	Tag 0178 Health & Sanitation NAC 449.209 Health & Sanitation 1). One of the Hospice patients has passed away and the Operator's Mother has also been sent to the Hospital so there are extra beds that needs to be returned to their DME where they were acquired from. With the aid of the helpers, The premise was cleaned that day. Picture was taken and sent it to the Inspector as requested and taken cared of later on the day of inspection. 2). Once a patient expires hospital beds must be returned on time so there is no extra bed frames, wheel chairs and mattresses. 3). Facility excess must be taken cared of right away and must be monitored so there is no deficient practice to occur. 4). Facility Administrator will work hand in hand with the Facility Operator to maintain orderliness and cleanliness in the Facility 5) 09/14/2022 the same day was cleared of the debris and a photo was sent to the Inspector. 6). See Appendix D	09/30/2022

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0532 SS= C	Activities for Residents - NAC 449.260 Activities for residents. (NRS 449.0302) 1. The caregivers employed by a residential facility shall: (g) Post, in a common area of the facility, a calendar of activities for each month that notifies residents of the major activities that will occur in the facility. The calendar must be: (1) Prepared at least 1 month in advance; and (2) Kept on file at the facility for not less than 6 months after it expires. Inspector Comments: Based on observation and interview, the facility failed to ensure a current Activity Calendar was posted. The Activity Calendar currently posted was dated April 2022. A Caregiver confirmed the Activity Calendar currently posted was dated April 2022 and was not current. Severity: 1 Scope: 3	0532	Tag 0532 NAC 449.260 Activities for the Residents 1). The activities are good for residents and be busy for them to enjoy. The Calendar of previous caregivers were replaced with new ones. 2). There must be systematic ways to put in place to ensure the deficient practice does not recur. Residents must also be encouraged to participate and enjoy the light exercises and the appreciation of music to watch while having pop corn at times. 3). Caregivers will initiate and must put interests in the developing activities that residents chose to enjoy from. There must be incentive and snacks in between to have fun in the activities they love and chosen to do. like playing cards and bingo. 4). Facility Administrator will encourage and put interests for the residents to enjoy activities together with aid of caregivers. 5). 09/14/2022 6). See Appentix E.	09/30/2022

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0690 SS= F	Residents Requiring Use of Oxygen - NAC 449.2712 Residents requiring use of oxygen. (NRS 449.0302) 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 or she: (a) Is mentally and physically capable of operating the equipment that provides the oxygen; or (b) Is capable of: (1) Determining his or her need for oxygen; and (2) Administering the oxygen to himself or herself 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 or her 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; (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. Inspector Comments: Based on observation and interview, the facility failed to ensure oxygen (O2) canisters were properly secured. There were three unsecured O2 canisters located in the hallway/corridor positioned upright against the wall leading to multiple bedrooms. The Administrator confirmed there were three unsecured O2 canisters located in the hallway and should have been stored in a proper holder. Severity: 2 Scope: 3	0690	Tag 0690 NAC 449.2712 Residents Use of Oxygen 1). The resident who uses those oxygen that needs to be picked up has passed away recently. The remaining canister which the DME has supplied this should have given the facility with metal holder with two wheels for security. 2). Suppliers must provide a rack for this oxygen tanks be kept and be secured other than the holder with wheels. 3). Every delivery of these oxygen canisters, new caregivers must be instructed that these cylindrical oxygens should have a secured holder to prevent them from spilling. 4). Facility Administrator with the help of Facility Operator must ensure the plan of correction is implemented. 5). 09/14/2022 the remaining unused green cylinder oxygen were taken off by the Facility Operator 6) Facility Operator removes the oxygen not in use.	09/30/2022

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0878 SS= D	Medication/OTCS, Supplements, Change Order - NAC 449.2742 - 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 has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. 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 must be administered as prescribed by the physician. If a physician 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 (Previously Y 0879) (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 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, the 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, interview and record review, the facility failed to ensure a medication was onsite for 1 of 8 residents (Resident #2). Findings include: Resident #2 (R2) was admitted on 05/28/21 with diagnoses including chronic obstructive pulmonary	0878	Tag 0878 Medication/OTCS, Supplements NAC 449.2742 Administration of Medications 1). Resident #2 who is blind on both eyes was prescribed by his Doctor of Atropine Sulfate 1% ointment. The ointment was discontinued by his Physician as indicate in Appendix F on Picture 1. 2). All non use medications or discontinued medication must have D/C order and attached to the MAR. 3). Facility Caregivers with the guidance of Facility Administrator and consulted Facility Operator must work hand in hand for the precise and safety use of medications of every resident in the facility after Primary Care Physician orders for the proper use. 4). Facility Administrator will be make sure that Plan of Correction should be implemented so this will not recur. 5). 09/14/2022 6). See Appendix G	

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	disorder and eye trauma. Physician's order dated 06/28/22 documented Atropine Sulfate 1% ointment, instill one drop into left eye daily at 8 AM. The Medication Administration Record (MAR) for September 2022, revealed Atropine Sulfate was not administered from 09/12/22 to 09/14/22. On 09/14/22 at 11:00 AM, Atropine Sulfate was not onsite. On 09/14/22 at 11:00 AM, a Caregiver indicated they were unsure if the medication was administered to R2 and confirmed there was no Atropine Sulfate on site. Severity: 2 Scope: 1			

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0895 SS= D	Administration of Medication Maintenance - NAC 449.2744 Administration of medication: Maintenance and contents of logs and records. (NRS 449.0302) 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident ' s physician. Inspector Comments: Based on interview and record review, the facility failed to ensure the Medication Administration Record (MAR) accurately documented medications given for 1 of 8 residents (Resident #2). Findings include: Resident #2 (R2) was admitted on 05/28/21 with diagnosis of chronic obstructive pulmonary disorder and eye trauma. The MAR for September 2022, lacked initials to indicate if seven medications were administered on 09/12/22 and 09/13/22. On 09/14/22 at 11:00 AM, a Caregiver indicated all medications were given on 09/12/22 and 09/13/22 but were not initialed as administered. On 09/14/22 at 11:30 AM, the Administrator confirmed there were missing initials on the MAR for 09/12/22 and 09/13/22 and they should have initials to indicate the medications had been administered. Severity: 2 Scope: 1	0895	Tag 0895 Administration of Medication, Maintenance NAC 449.2744 Administration of Medication 1). Resident #2 who was admitted on 05/28/21 is very healthy and yet have the eye trauma. His eye ointment of Atropine 1% was discontinued by his Doctor whom the Facility Operator secured. And the missing initials on the MAR to indicate the medications were taken were none due to discontinuance of the administration of the medications as ordered by the Doctor. 2). Medications whether over the counter or prescribed should be written clearly in the MAR as ordered by their PCP. 3). Prescribed medications must be carefully recorded and taken precisely and with utmost care and precision. 4). Facility Administrator must watched and carefully check the residents medications and must be recorded in the MAR. 5). 09/14/2022 6). See Appendix H	09/14/2022

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0920 SS= D	Medication: Storage - NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident. (NRS 449.0302) 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medications for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself or herself without supervision may keep the resident ' s medication in his or her room if the medication is kept in a locked container for which the facility has been provided a key. 2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication, must be kept in a locked box unless the refrigerator is locked or is located in a locked room. Inspector Comments: Based on observation, interview and record review, the facility failed to ensure all medication were locked up and unavailable to 1 of 8 residents (Resident #2). Findings include: Resident #2 (R2) was admitted on 05/28/21 with diagnosis of chronic obstructive pulmonary disorder and eye trauma. Prednisolone 1% optical solution was found at the bedside of R2. R2's physician's order lacked documented evidence R2 could self administer medications and there was no active order for Prednisolone 1% solution. The Medication Administration Record (MAR) did not document administration of Prednisolone 1% solution. On 09/14/22 at 11:00 AM, a Caregiver confirmed R2 had Prednisolone 1% solution at bedside and had no active orders for the medication. Severity: 2 Scope: 1	0920	Tag 0920 Medication Storage NAC 449.2748 Medication Storage 1). Resident #2 was blind on both eyes. and Caregivers know that it is illegal to put medications out of the locked box. The Resident- Sister who frequently visit the blind brother has brought the old medication, prednisone to the facility unknown to the new caregivers that she left the medication that should turn over to the Caregivers for recordkeeping. 2). Relatives who come and visit their loved ones should understand that they can not bring anything without consulting the Operator or the Caregivers who are assigned to do their respective duties. 3). Facility Administrator should work with the new caregivers and let them understand the importance of storing, administering and recordkeeping the medications given and received in the Facility. 4). The Facility Administrator with the support of the Caregivers must ensure the Plan of Correction is implemented 5). 09/14/2022 6). See Appendix H	09/30/2022

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1305 SS= C	Discrimination prohibited Inspector Comments: Based on observation and interview, the facility failed to ensure a non-discrimination statement was posted. The Owner confirmed there was no nondiscrimination statement posted. Severity: 1 Scope: 3	1305	Tag 1305 Discrimination Prohibited 1). The Policy for Non-Discrimination was displayed before the old caregivers left the Facility. A new Poster was displayed and the sign was securely displayed at the Facility by the new Caregivers. 2). The Discrimination Policy should be maintained and kept to protect people and residents alike of any form of discrimination. 3). Every six (6) months Facility needs to be checked, upgrade and upkeep for the orderliness of its purpose. 4). Facility Administrator is the responsible person and ensures the Plan of Correction is implemented. 5). 09/14/2022 this poster was sent to the Inspector after his visit. 6). See Appendix I	09/30/2022
1540 SS= F	Cultural Competency Training Inspector Comments: Based on interview and record review, the facility failed to submit to the Division a cultural competency course/training program or provide documented evidence of a contract with a third party, to develop and operate the program for cultural competency for employee training. The Administrator acknowledged there was no cultural competency training program implemented for the employees. Severity: 2 Scope: 3	1540	Tag 1540 Cultural Competency Training 1). This is a new Program by the Division and it is very good in providing information for the Operator, and its staff for Employee Training on Cultural Competency. 2). Every employee employed in the Facility shall undergo training and learn the techniques, process and take the tests at the end for understanding and following the meaning and purpose of Cultural Competency. 3). The Facility Administrator together with the Caregivers will work hand in hand and enjoy the program and need to ensure this developmental training will be beneficial to everyone. 4). The Facility Administrator will be responsible for ensuring the Plan of Correction is implemented. 5). 09/24/2022 6. See Appendix J	09/30/2022