

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7739	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2023
NAME OF PROVIDER OR SUPPLIER SANTA FE CARE HOME I		STREET ADDRESS, CITY, STATE, ZIP CODE 4621 EXPOSITION AVE, LAS VEGAS, NEVADA ,89102		
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of an annual grading State Licensure survey conducted at your facility on 09/11/23, in accordance with Nevada Administrative Code, Chapter 449, Residential Facilities for Groups. The facility is 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 four employee files were reviewed. The facility received a grade of C. 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:			

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 VILLANUEVA Title: Administrator
BALGAN

Date: 10/09/2023

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0072 SS= D	Qualifications of Caregiver - Med Training - NAC 449.196 Qualifications and training of caregivers. (NRS 449.0302) 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Before assisting a resident in the administration of a medication, receive the training required pursuant to paragraph (e) of subsection 6 of NRS 449.0302, which must include at least 16 hours of training in the management of medication consisting of not less than 12 hours of classroom training and not less than 4 hours of practical training, and obtain a certificate acknowledging the completion of such training; (b) Receive annually at least 8 hours of training in the management of medication and provide the residential facility with satisfactory evidence of the content of the training and his or her attendance at the training; (c) Complete the training program developed by the administrator of the residential facility pursuant to paragraph (e) of subsection 1 of NAC 449.2742; and (d) Annually pass an examination relating to the management of medication approved by the Bureau. Inspector Comments: Based on interview and record review, the facility failed to ensure 1 of 4 employees had annual Medication Management Training (Employee #4). Findings include: Employee #4 (E4) E4 was hired on 10/26/16 as a Caregiver. E4's file contained an annual Medication Management Training certificate dated 07/10/21 with an expiration date of 07/10/23. E4's file lacked documentation of eight hours of current annual Medication Management Training. On 09/11/23 in the afternoon, the Caregiver acknowledged E4 had not completed eight hours of annual Medication Management Training since the last training expired on 7/10/23. Severity: 2 Scope: 1	0072	Tag 0072 Qualifications of Caregiver - Medication Management Training NAC 449.196 1). Employee #4 has taken the Medication Management Training 2). Every employee file must be checked once in 6 months to ensure the deficient practice does not recur 3). The Facility Manager and the Administrator will team up and monitor to ensure deficient practice do not recur 4). The Administrator of the Facility is the person responsible for ensuring the Plan of Correction is implemented. 5). Date of Completion: 02/04/2023 6). See Appendix "A"	10/09/2023

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(X4) ID PREFIX TAG 0104 SS= D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0104	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE 10/09/2023
	Personnel Files - Background Checks - NAC 449.200 Personnel files. (NRS 449.0302) 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: (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 1 of 4 employees (Employee #4) completed a background check through the Nevada Automated Background Check System (NABS) per Nevada Revised Statute (NRS) 449.124. Findings include: Employee #4 (E4) E4 was hired by the facility on 10/26/16 as a Caregiver. There was no documented evidence E4 had completed a current background check through NABS. The last documented background check in E4's file was dated 10/19/16. On 09/11/23 in the afternoon, the Caregiver acknowledged E4 did not have a current completed background check through NABS. Severity: 2 Scope: 1		Personnel Files - Background Checks NAC 449.2000 Personnel Files 1). A background check was obtained by Employee #4 on Sept 27, 2023 2). Every (6) months, Personnel Files must be checked to ensure deficient practice does not recur 3). The Facility Administrator with the Assistance of Facility Manager will work together to ensure deficient practice does not recur. 4). The Administrator of the Facility is the person responsible for ensuring the Plan of Correction is implemented. 5). Date of Completion : Sept 27, 2023 6). See Appendix "B" and Appendix "C"	

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(X4) ID PREFIX TAG 0178 SS= F	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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 interior and exterior of the facility was well maintained. Findings include: On 09/11/23 in the morning, located around the loosely rocked backyard areas of the facility were large patches of weeds and grass growing through the rocks. Located in the back hallway of the facility was an unfinished glass wall around a shower area. The edge of the glass wall was in disrepair and was not finished. The edge had spackle which would have been hard to clean after resident use. Located above the dining room table was a skylight which had a brown mesh canvas used as a shade to help with the sun coming into the dining room. The brown mesh canvas was dirty and had remnants of bugs that could be seen through it. On 09/11/23 in the afternoon, the Administrator acknowledged the areas needed cleaning and repaired. Severity: 2 Scope: 3	ID PREFIX TAG 0178	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Tag 0178 Health and Sanitation - Maintain Int/Ext NAC 449.209 Health and Sanitation 1). Backyard areas of the Facility, large patches of weeds and grass were taken away. The unfinished glass wall around the shower area was repaired/finished and smooth for a better look Brown mesh canvas has been cleaned. 2). The landscaping was taken cared of and the shower area glass wall was finished Sun filter canvas and this should be maintained and inspected monthly to prevent bugs built up and grass cut by maintenance man. 3). The Facility Manager should report to Facility Administrator for any repair and monitor so deficient practice do not recur. 4). The Administrator of the Facility is the person responsible for ensuring the Plan of Correction is implemented. 5). Date of Completion : 09/16/23 6). See Appendix "D, E, F"	(X5) COMPLETION DATE 10/09/202 3

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(X4) ID PREFIX TAG 0450 SS= D	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) First Aid & CPR - NAC 449.231 First aid and cardiopulmonary resuscitation. (NRS 449.0302) 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training. Inspector Comments: Based on interview and record review, the facility failed to ensure 1 of 4 employees was certified in first aid and cardiopulmonary resuscitation (CPR) (Employee #4). Findings include: Employee #4 (E4) was hired on 10/26/16 as a Caregiver. E4's record lacked documented evidence of first aid training and CPR certification. On 09/11/23 in the afternoon, the caregiver acknowledged E4's record lacked documented evidence of first aid training and CPR certification. Severity: 2 Scope: 1	ID PREFIX TAG 0450	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Tag 0450 First Aid & CPR NAC 449.231 First Aid and Cardiopulmonary Resuscitation 1). Employee #4 has taken the First Aid & CPR Course on 10/07/2023 2). Every six (6) months, Personnel Files must be checked to ensure the deficient practice does not recur. 3). The Facility Administrator with the approval of the Facility Manager will work together to ensure deficient practice do not recur. 4) The person responsible for ensuring the Plan of Correction is implemented is by the Administrator of the Facility 5). Date of Completion : 10/07/2023 6). See Appendix " F "	(X5) COMPLETION DATE 10/09/202 3

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0876 SS= D	Medication Administration - NRS 449.0302 - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of: (a) Controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.0302 are met. (b) Insulin using an auto-injection device only if the conditions prescribed in NRS 449.0304 and NAC 449.1985 are met. Inspector Comments: Based on interview and record review, the facility failed to ensure medications were prescribed at a maintenance level and did not require a daily assessment for 1 of 9 residents (Resident #1) Findings include: Resident #1 (R1) R1 was admitted on 07/08/22, with diagnoses including congestive heart failure. R1's physician orders dated 07/09/22 documented Lisinopril 20 milligram (mg) tablet, take one tablet by mouth once daily (hold if top number in blood pressure was less than 110). R1's physician orders dated 07/09/22 documented metoprolol tar 100 mg tablet, take one tablet by mouth once daily (hold if top number in blood pressure is less than 110 or pulse is less than 60, call hospice registered nurse) R1's September 2023 Medication Administration Record (MAR) indicated R1 was administered Lisinopril and metoprolol tar daily. On 09/11/23 in the afternoon, the Caregiver acknowledged R1's physician order required daily blood pressures and pulse assessment. The Caregiver verbalized they took R1's blood pressure and pulse by using an electronic blood pressure cuff daily to administer R1's medication but did not document the results. Severity: 2 Scope: 1	0876	Tag 0876 Medication Administration NAC 449.2742 NRS 449.0302 1). Resident #1 Lisinopril was corrected by Hospice Nurse and changed the order to regular routine medication Medication Metoprolol was also corrected by Hospice Nurse and changed the order to regular routine medication 2). Medication orders and implementation as ordered by Hospice Doctors must be recorded correctly on MAR and be monitored to ensure deficient practice do not recur. Attached please find the Lisinopril and Metoprolol was discontinued and a new order is ordered 3). The Facility Administrator with the assistance of the Hospice Nurse and Facility Manager will team up together and monitor to ensure deficient practice to not recur. 4). The Facility Administrator is the person responsible for ensuring Plan of Correction is implemented 5). Date of Completion : 10/09/2023 6). See Appendix " G "	10/09/2023
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	0878	Tag 0878 Medication / . OTCS, Supplements, Change Order NAC 449.2742 1). Resident #2 The Facility Administrator	10/09/2023

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	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 interview and record review, the facility failed to ensure medications were onsite and given as prescribed for 1 of 9 residents (Resident #2). Findings include: Resident #2 (R2) R2 was admitted on 10/02/22, with diagnoses including hypertension, anxiety, and depression. R2's physician's order dated 06/29/22 documented Budesonide 0.5 milligram (mg)/ 2 milliliter suspension, inhale one vial via nebulizer twice a day. R2's Medication Administration Record		met the R2 Hospice Nurse and corrected the errors in MAR today 2). Resident #2 Budesonide noted in the Nurse's notes by the Hospice Nurse as removed from MAR. The Hospice never prescribed this medication. He said the prescription is in error by the Pharmacy. EQL (Cepacol) sore throat lozenges was discontinued since July, 2022 was removed from MAR. 3). The Facility Administrator with the assistance from Hospice Nurse will work together and monitor deficient practice do not recur 4) The Administrator of the Facility is the person responsible for ensuring the Plan of Correction is implemented. 5). Date of Completion : 10/09/2023 6). See Appendix " H "	

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	(MAR) for August 2023 and September 2023 documented Budesonide 0.5 milligram (mg)/ 2 milliliter suspension, inhale one vial via nebulizer twice a day. R2's August 2023 and September 2023 MAR lacked documented evidence the medication was available and administered as prescribed. R2's physician's order dated 08/23/22 documented EQL sore throat and cough 5-7.5 mg, take one lozenge by mouth twice a day. R2's MAR for August 2023 and September 2023 documented EQL sore throat and cough 5-7.5 mg, take one lozenge by mouth twice a day. R2's August 2023 and September 2023 MAR lacked documented evidence the medication was available and administered as prescribed. On 09/11/23 in the afternoon, R2's medication bin did not contain Budesonide or EQL sore throat and cough. On 09/11/23 in the afternoon, the Caregiver acknowledged the medications were not on-site and verbalized they did not know why they were not available to administer. On 09/11/23 in the afternoon, the hospice Registered Nurse (RN) verbalized R2 did not have any adverse reactions due to the medications not being administered. The hospice RN verbalized they did not know why the medications were not available and would clarify the orders and if needed order the medications today. Severity: 2 Scope: 1			
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	0895	TAG 0895 Administration of Medication NAC 449.2744 1). The Medication Administration Record (MAR) have been corrected. A change order of Quetiapine from 50 mg to 100mg once a day/bedtime as per Prescription sent by the Pharmacy Attached herewith prescription for Quetiapine Omeprazole MAR initials were corrected in the PM Hour in the MAR 2). The Facility Administrator will need to check proper documentation is done correctly to ensure the deficient do not recur 3). The Med Tech and Facility Administrator will team up and monitor to ensure deficient practice do not recur	10/09/2023

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	and record review, the facility failed to ensure medications were accurately documented and initialed on the Medication Administrator Record (MAR) as being administered for 2 of 9 residents (Resident #1 and #2). Findings include: Resident #1 (R1) R1 was admitted on 07/08/22, with diagnoses including congestive heart failure. R1's physician order dated 07/09/22 documented omeprazole 40 milligram (mg) capsule, take one capsule by mouth twice daily. R1's September 2023 MAR documented omeprazole 40 milligram (mg) capsule, take one capsule by mouth twice daily. The MAR was initialed as the medication was given at 8:00 AM but not initialed as being administered at 8:00 PM during the period of 09/01/23 to 09/07/23. R1's physician order dated 07/09/22 documented quetiapine 50 mg tablet, take one tablet by mouth at bedtime. R1's September 2023 MAR documented quetiapine 50 mg tablet, take one tablet by mouth at bedtime. R1's medication bin contained a medication bottle labeled quetiapine 100 mg tablet, take one tablet by mouth at bedtime. On 09/11/23 in the afternoon, the Caregiver acknowledged R1's physician order and September 2023 MAR did not match the label on the medication bottle. The Caregiver verbalized they thought the order was changed, but did not document the change on the medication bottle. On 09/11/23 in the afternoon, the hospice Registered Nurse (RN) confirmed the physician's order for R1 was changed on 08/28/23 to quetiapine 100 mg tablet, take one tablet by mouth at bedtime. Resident #2 (R2) R2 was admitted on 10/02/22, with diagnoses including hypertension, anxiety and depression. R2's physician's order dated 04/12/23 documented risperidone one mg tablet, take one tablet by mouth twice a day. R2's September 2023 MAR documented risperidone one mg tablet, take one tablet by mouth twice a day. The MAR was initialed as the medication was administered at 8:00 AM and was not initialed as being administered at 8:00 PM during the period of 09/01/23 to 09/07/23. On 09/11/23 in the afternoon, the Caregiver acknowledged they forgot to initial the MAR		4). The Administrator of the Facility is the person responsible for ensuring the Plan of Correction is implemented. 5). Date of Completion : 09/12/2023 6). See Appendix " J "	

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	for the 8:00 PM dose during the period of 09/01/23 to 09/07/23 for R1 and R2's medications. Severity: 2 Scope: 1			
1540 SS= D	Cultural Competency Training - R016-20 Section 14.1 1. Pursuant to subsection 1 of NRS 449.103, within 30 business days after the course or program is assigned a course number by the Division pursuant to section 18 of this regulation or within 30 business days of any agent or employee being contracted or hired, whichever is later, and at least once each year thereafter, a facility shall conduct training relating specifically to cultural competency for any agent or employee of the facility who provides care to a patient or resident of the facility so that the agent or employee may: (a) More effectively treat patients or care for residents, as applicable; and (b) Better understand patients or residents who have different cultural backgrounds, including, without limitation, patients or residents who fall within one or more of the categories in paragraphs (a) to (f), inclusive, of subsection 1 of NRS 449.103. Inspector Comments: Based on interview and record review, the facility failed to ensure 1 of 4 employees had training in cultural competency within 30 days of hire (Employee #4). Findings include: Employee #4 (E4) was hired on 10/26/16. E4's file lacked documented evidence of cultural competency training. On 09/11/23 in the afternoon, the Caregiver acknowledged E4 lacked cultural competency training. Severity: 2 Scope: 1	1540	TAG 1540 Cultural Competency Training 1). Employee # 4 has taken the Cultural Competency Training 2). Every (6) months Personnel file needs to be checked so deficient practice will not recur 3). The Facility Administrator is person responsible for ensuring the Plan of Correction is implemented 4). The Administrator of the facility is responsible for the Plan of Correction is implemented 5). date of completion 10/05/2023	10/09/2023