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 _____	11/29/2023

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 State Licensure grading resurvey completed at your facility on 11/29/23 in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility 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 eight. Three resident files and four employee files were reviewed. The facility received a grade of A. 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 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: 12/21/2023

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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.	0072	Tag 0072 Qualifications of Caregiver Med Training NAC 449.196 Qualifications and Training of caregivers 1). Employee # 4 has Med Training training on December 18, 2023 2). Every six month, Resident files and Employee files need to be check and re-check for any updates or expired documents 3). Facility Manager and Administrator must monitor the files and ensure that the deficient practice will not recur. 4). The Facility Administrator is the responsible for ensuring the Plan of Correction is implemented. 5). December, 18 2023 6). See Appendix "A"	12/11/2023

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0104 SS= D	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.	0104	Tag 0104 Personnel Files Background Checks NAC 449.200 Personnel Files NRS 449.122 - 125 Background Check 1). A separate personnel file must be kept for each member of the Facility Staff. Employee #4 has obtained Background Checks . 2). Every six months, Personnel files must be check to see every documentations are current 3). Facility Manager and Administrator must see to it that corrective actions will be monitored to ensure the deficient practice will not recur. 4). The Facility Administrator is the responsible person to ensure the Plan of Correction is implemented. 5). Date of Correction : 09/27/2023 6). See Appendix "B"	12/11/2023

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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.	0178	Tag 0178 Health & Sanitation Maintenance Interior/Exterior NAC 449.209 Health and Sanitation 1). Facility Backyard has taken out of the weeds that do not make a happy maintenance Home/Facility 2). Facility Operator with the assistance of Facility Manager will work together to hire maintenance worker for any facility cleanliness and upkeep to the Standards of operation. 3). Facility Administrator will monitor to ensure the deficient practice will not recur. 4). The Administrator is the responsible person the plan of correction is implemented 5). Date of Correction : November 31, 2023. 6). See Appendix "C"	12/11/2023
0450 SS= D	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.	0450	Tag 0450 First Aid & CPR NRS 449.002 1). Employee #4 has taken the First Aid CPR course and had a card issued 2). Every six (6) months Employee files need to be check for updates and expirations of their documents 3). Facility Manager needs to make sure that all credentials and residents files are complete and updated 4). Facility Administrator is the responsible person to ensure the Plan of Correction is implemented 5). Date of Correction : October 7, 2023 6). See Appendix "D"	12/11/2023

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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 3 residents (Resident #3). Findings include: Resident #3 (R3) R3 was admitted on 10/17/23, with a diagnosis of kidney disease. R3's physician orders dated 10/11/23 documented Amiodarone HCl tablet 200 milligrams (mg), give one tablet by mouth one time a day for abnormal heart rhythm. (hold if heart rate was less than 60). R3's November 2023 Medication Administration Record (MAR) indicated R3 was administered Amiodarone HCl tablet 200 mg daily. On 11/29/23 in the morning, the Caregiver acknowledged R3's physician order required a heart rate assessment. The Caregiver verbalized hospice Caregivers took R3's heart rate when they visited, but reported that hospice did not visit R3 daily. On 11/29/23 in the morning, the Administrator acknowledged the medication needed to be prescribed at a maintenance level. Severity: 2 Scope: 1	0876	Tag 0876 Medication Administration NRS 449.0302 1). Resident # 3 is discharged and no longer in the facility on December 4. 2023 2). The resident #3 is discharged and systematic change has taken its place. 3). Doctor should see to it to have the medication ordered be of on a maintenance level. 4) Facility Administrator is responsible for ensuring the plan of correction is implemented. 5). Date of Correction : Patient discharged on December 4, 2023 6). See the Appendix "E"	12/11/2023
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 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	0878	Tag 0878 Medication/OTCS Supplements Change Order NAC 449.2742 Administration of Medication 1). Resident #3 is no longer in the facility . He was discharged on December 4, 2023 2). Resident #3 is discharged and	12/11/2023

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	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 3 residents (Resident #3). Findings include: Resident #3 (R3) R3 was admitted on 10/17/23, with a diagnosis of kidney disease. R3's physician's order dated 10/11/23 documented Eliquis oral tablet 5 milligrams (mg) (Apixaban), give one tablet by mouth two times a day for atrial fibrillation (AFib). R3's Medication Administration Record (MAR) for November 2023 documented Eliquis oral tablet 5 mg (Apixaban), give one tablet by mouth two times a day, was administered to R3 as prescribed through 11/20/23. On 11/29/23 in		systematic change has taken its place. 3). The patient is under Hospice and Eliquis is a very expensive medication and was not ordered until Patient transferred to another facility 4). Facility Administrator will ensure and responsible that Plan of correction is implemented. 5). Date of Correction : December 4, 2023 6). See Appendix "F"	

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	the morning, the bottle of Eliquis oral tablet 5 mg (Apixaban) was empty in R3's medication bin. R3's physician's order dated 10/11/23 documented Finasteride tablet 5 mg, give one tablet by mouth one time per day for benign prostatic hyperplasa (BPH). R3's Medication Administration Record (MAR) for November 2023 documented Finasteride tablet 5 mg, give one tablet by mouth one time per day, was administered to R3 as prescribed through 11/27/23. On 11/29/23 in the morning, the bottle of Finasteride tablet 5 mg was empty in R3's medication bin. On 11/29/23 in the morning, the Administrator acknowledged the medications were not on site and reported hospice planned on discontinuing the medications due to the price. Severity: 2 Scope: 1			

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0885 SS= D	Medication - Destruction - NAC 449.2742 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Inspector Comments: Based on observation, record review and interview, the facility failed to ensure medications were destroyed for 1 of 3 Residents (Resident #1). Findings include: Resident #1 (R1) R1 was admitted on 07/07/22, with a diagnosis of congestive heart failure. R1's medication bin contained Acetaminophen 500 milligram (mg) tab, take 1 tablet by mouth every 12 hours not to exceed 1000 mg in 24 hours for pain. The medication documented the expiration date of 05/23. The November 2023 Medication Administration Record (MAR) documented Acetaminophen 500 milligram (mg) tab, take 1 tablet by mouth every 12 hours not to exceed 1000 mg in 24 hours for pain administered to R3 twice daily during the month of November. The Medication List dated 07/14/23 did not list Acetaminophen 500 milligram (mg) tab as a current medication. On 11/29/23 in the morning, the Administrator acknowledged the medication was expired and needed to be destroyed. Severity: 2 Scope: 1	0885	Tag 0885 Medication Destruction NAC 449.2742 Administration of Medication 1). Resident #1 has her Caregiver or Employee # 4 met and spoken with the Hospice Nurse and discontinued the medication and Resident #1 is no longer taken the medication. 2). Hospice Nurse asked the patient if she will need the medication still and the patient agreed it is no longer needed 3). Facility Med Tech will work with the Hospice Nurse and the patient if medication will be useful in the future. 4). Facility Administrator is person responsible to ensure the Plan of Correction is implemented 5). Date of Correction :December 6, 2023 6). See Appendix "G"	12/11/2023
0895 SS= E	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	0895	Tag 0895 Administration of Medication Maintenance NAC 449.2744 1). Resident #2 Bottle of Lorazepam Meds labeled 1 tab every 6 hours as needed for anxiety. This has been corrected Morphine is a PRN or as needed medication Hospice Nurse and Facility	12/11/2023

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	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 observation, record review, and interview, the facility failed to ensure the Medication Administration Record (MAR) was accurate for 2 of 3 residents (Resident #2 and #3). Findings include: Resident #2 (R2) R2 was admitted on 10/02/22, with diagnoses including hypertension, anxiety, and depression. R2's medication container contained a bottle of Lorazepam 1 milligram (mg) tablet, take one tablet by mouth every six hours as needed for anxiety. The November 2023 MAR did not list Lorazepam 1 mg as a current medication. R2's medication container contained Morphine 20 mg/mL OS 15 mL, take 0.5 mL by mouth every 6 hours as needed for pain/shortness of breath. A Physician's Order dated 07/17/23 documented Morphine 20 mg/mL OS 15 mL, take 0.5 mL by mouth every 6 hours as needed for pain/shortness of breath. The November 2023 MAR did not list Morphine as a current medication. On 11/29/23 in the morning, the Administrator acknowledged the medications were not documented accurately, and acknowledged staff should be updating the MAR more frequently. Resident #3 (R3) R3 was admitted on 10/17/23, with a diagnosis of kidney disease. The November 2023 MAR documented no medications were given to R3 on 11/28/23 and 11/29/23. On 11/29/23 in the morning, the Administrator acknowledged R3's medications were not documented on the MAR as administered and should have been. The Administrator reported the Caregiver did not initial the MAR documenting the medication was administered. The Caregiver reported to administering the medications, however did not document this on the MAR. Severity: 2 Scope: 2		employee #4 arranged with Pharmacy who fixes the MAR. 2). Hospice Nurse and Employee #4 worked with Pharmacy so that deficient practice will not recur. 3). Facility Med Tech and patient's Hospice Nurse should have coordination so there will be no problem of improper practice to recur. 4). Facility Administrator will work with Facility Operator of the systems to monitor the proper dispense and acquirement of Patients medications. 5). Date of Correction : December 4, 2023 ^). See Appendix "H"	

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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.	1540	Tag # 1540 Cultural Competency NRS 449.103 1). Employee #4 has taken the Cultural Competency on October 5, 2023 2). 30 days after the course or program pursuant to section 18 of the regulation after Employee is hired a C.C. is required 3). Facility Manager and Operator are required to oversee and provide what is needed for Employees hired 4). Facility Administrator is responsible to monitor and check every six months for Employee files 5). Date of Correction ; October 5, 2023 6). See Appendix " J"	12/11/2023