DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**09/18/2024**

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 survey and complaint investigation initiated at your facility on 09/04/24 and completed on 09/18/24, 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 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 sample size was ten (including the Resident of Concern). The facility received a grade of A. There were two complaints investigated. Unsubstantiated: 1. Complaint #NV00072047 could not be verified. No regulatory deficiencies could be identified. 2. Complaint #NV00072064 could not be verified. No regulatory deficiencies could be identified. The investigation of the complaints included: Observations of grooming and physical appearance for residents, and a tour of the facility. Interviews were conducted with the Owner, Administrator, Caregivers, Residents, and a Hospice Registered Nurse. Clinical Record review of ten records, which included the Resident of Concern. Document Review included policies and procedures and incident reports. 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		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: ROMEO V BALGAN Title: Administrator Date: 10/18/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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0874 SS= D	Medication Administration-Report Received - NAC 449.2742 and R043-22 - Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 2. Within 72 hours after the administrator of the facility receives a report submitted pursuant to paragraph (a) of subsection 1, a member of the staff of the facility shall notify the resident's physician, physician assistant or advanced practice registered nurse of any concerns noted by the person who submitted the report. The report must be reviewed and initialed by the administrator. Inspector Comments: Based on record review and interview, the facility failed to ensure six-month Medication Reviews were initialed and dated by the Administrator within 72 hours for 3 of 9 residents (Residents #1, #2 and #3). Findings include: Resident #1 (R1) R1 was admitted to the facility on 10/02/22, with diagnoses including chronic obstructive pulmonary disease. R1's file revealed a medication review dated 08/12/24 and lacked the initials of the Administrator and date of review. Resident #2 (R2) R2 was admitted to the facility on 05/10/21, with diagnoses including osteoarthritis and hypertension. R2's file revealed a medication review dated 08/05/24 and lacked the initials of the Administrator and date of review. Resident #3 (R23) R3 was admitted to the facility on 07/07/22, with diagnoses including depression and hypertension. R3's file revealed a medication review dated 08/12/24 and lacked the initials of the Administrator and date of review. On 09/04/24 in the afternoon, the Administrator acknowledged the six-month Medication Reviews should have been initialed and dated by the Administrator within 72 hours. Severity: 2 Scope: 1	0874	TAG 0874 Medication Administration NAC 449.2742 Administration of Medication 1). Resident #2 Medication review was found. Resident #1 and Resident #3 were all passed away. 2). Medication reviews should have been provided by the respected pharmacy and The Nurse, Doctor or Administrator must be signed. It should arrived in the facility correspondingly every six (6) months. 3). Facility Administrator, Facility Operating Owner and Facility Staff Manager will see to it that it should be monitored to ensure the deficient practice will not incur. 4). Facility Administrator is responsible for ensuring the Plan of Correction is implemented. 5). Date of Correction 10/04/2024 6). See Attachments "A"	10/04/2024
0895 SS= D	Administration of Medication Maintenance - NAC 449.2744 and R043-22 Administration of medication: Maintenance and contents of	0895	TAG 0895 Administration of Medication Maintenance NAC 449.2744 and R043-22	11/29/2024

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	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; (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician, physician assistant or advanced practice registered nurse, including, without limitation, whether the medication is to be administered according to a routine schedule or as needed; (5) Any change in an order or prescription of a resident ' s physician, physician assistant or advanced practice registered nurse,including, without limitation, the discontinuation of the medication; (6) Any time when the resident is out of the facility; and (7) Any mistakes made in the administration of medication. Inspector Comments: Based on interview, observation and record review, the facility failed to ensure the Medication Administration Record (MAR) included accurate documentation for 1 of 9 resident's medications (Resident #1). Findings include: Resident #1 (R1) R1 was admitted to the facility on 10/02/22, with diagnoses including chronic obstructive pulmonary disease. R1's medication container revealed a bottle of medication labeled morphine sulfate ER 15 milligram tablets, take one tablet by mouth every 12 hours. R1's September 2024 MAR documented morphine sulfate ER 15 milligram tablets, take one tablet by mouth every 12 hours. R1's September 2024 MAR lacked documentation morphine sulfate ER 15 milligram tablets, take one tablet by mouth every 12 hours was administered at 8:00		Administration of Medication 1). Resident #1 has passed away due to Hospice care and stage 2). The deficient practice has taken cared of unfortunately the patient passed away. 3). Doctors and Hospice nurses monitored the day by day care of the hospice patient. 4). The Facility Administrator will coordinate with Hospice personnel for the developmental care of their hospice patients The Facility Administrator is the person responsible for ensuring the Plan of Correction is implemented 5). Patient Passed away on 10/03/2024 ; Date of Completion 10/05/2024	

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	PM from 09/01/24 through 09/03/24. On 09/04/24 in the morning, R1 verbalized they received their morphine sulfate in the morning and at night and was not having any pain. On 09/04/24 in the morning, the Caregiver verbalized they administer R1's morphine sulfate in the morning and at night. The Caregiver acknowledged R1's September 2024 MAR lacked documentation of R1 receiving morphine sulfate ER 15 milligram tablets, take one tablet by mouth every 12 hours was administered at 8:00 PM from 09/01/24 through 09/03/24. On 09/04/24 in the morning, the Administrator acknowledged R1's MAR lacked documentation the morphine sulfate ER 15 milligram tablets, take one tablet by mouth every 12 hours was administered at 8:00 PM from 09/01/24 through 09/03/24. Severity: 2 Scope: 1			