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 _____	**11/12/2024**

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 a complaint investigation completed in your facility on 11/12/24, in accordance with Nevada Administrative Code (NAC), Chapter 449, Residential Facilities for Groups. The census at the time of the survey was seven. The sample size was three. There was one complaint investigated. Substantiated: Complaint #NV00072275 was substantiated. (See Tag 250) The investigation of Complaint included: Observation of grooming and physical appearance of residents, meal preparation and a tour of the facility. Interviews were conducted with residents, Caregivers, the Administrator, and the Owner. Record Review of one record, which included the resident of concern. Document Review included invoices of bug extermination services. 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: 11/27/2024

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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0250 SS= F	Kitchens- Equipment Works; Clean And Sanitary - NAC 449.217 Kitchens; storage of food; adequate supplies of food; permits; inspections. (NRS 449.0302) 1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition. Inspector Comments: Based on observation and interview the facility failed to ensure the kitchen counter tops did not have roach traps. Findings include: On 11/12/2024 at 10:39 AM, roach traps containing dead cockroaches were observed in the corners of the kitchen and on the countertop next to the microwave. On 11/12/2024 at 10:44 AM the Caregiver indicated there had been issues with cockroaches in the facility, and the traps should not have been set up on the kitchen countertop next to the microwave. Severity: 2 Scope: 3	0250	TAG 0250 Kitchens - Equipment Works; Clean and Sanitary NAC 449.217 Kitchens; storage of food; adequate supplies 1). Pest Controls were called for service and undertaken their good work 2). Care Facilities other than dedication of service must be employed with dignity and care and all must be happy 3). It must be monitored by the Owner, Administrator and the Staff involved for complete care and responsibilities 4). Facility Administrator is the responsible person to make all good stuffs prevail and ensure POC is implemented 5). 11/15/2024 6) Supporting documents from the Pest Control is attached	11/27/2024