STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	358	A. BUILDING _____ B. WING _____	06/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAN VICENTE HOME CARE	8460 RANCHO DESTINO RD, LAS VEGAS, NEVADA ,89123

(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
RFG 0001-Deficiencies	The Statement of Deficiencies was generated as a result of a state licensure survey conducted in your facility, in accordance with Nevada administrative code, chapter 449, and Nevada revised statutes chapter 449- Residential Facility for Groups (RFG), medical facilities and other related entities. The findings and conclusions of any investigation by the Division of Health Care Purchasing and Compliance shall not be construed as prohibiting any criminal civil investigation, actions or other claims for reliefs that may be available to any party under applicable federal, state or local law. Based on an inspection conducted, the items marked below identify the violation in operation of the RFG which must be corrected by the revisit/compliance date specified in writing by the health authority. Failure to comply with this notice and immediately correct the identified deficiencies may result in the suspension or termination of your provider agreement, funding, or future authorization as a provider authorized by the State	RFG 0001-Deficiencies		

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	of Nevada pursuant to NAC 433.384, and other applicable local and state laws. Inspector Comments: This Statement of Deficiencies was generated as a result of an annual survey completed at your facility on 06/16/26. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or Alzheimer's disease, Category II residents. The census at the time of the survey was ten. Ten resident files and five employee files were reviewed. The facility received a grade of B.			

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Y 0104 SS= D	**NAC 449.200** **Personnel files** (1) (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 5 employees had completed a background check and had Nevada Automated Background System (NABS) results for this facility (Employee #2). Findings include: Employee #2 (E2) E2 was hired on 12/01/23 as a Caregiver. E2 had a NABS clearance letter dated 03/04/24 for a different facility. E2 lacked a background check clearance letter for this facility. The NABS data base documented the facility had put in fingerprints for E2 after the survey. On 07/07/26 NABS documented the background check was in process and had not been completed. On 06/16/26 in the afternoon, the Administrator and E2 acknowledged E2 did not have a NABS clearance for this facility. Severity: 2 Scope: 1	Y 0104	Tag Y0104 * Employee #2 done background check last 06/16/2026. * Administrator will ensure all employees are active in and eligible in the BG Roster. * Completed 6/16/2026.	07/16/2026
Y 0106 SS= D	**NAC 449.0113 and R089-24** 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1:	Y 0106	Tag Y0106 * Employee #4 had CPR Training on 07/10/2026 * Administrator reinforced that online CPR training is not acceptable. * Completed 07/10/2026.	07/16/2026

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	(a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation in accordance with the requirements of section 2 of R089-24; **Reference - R089-24 Sec. 2**. 1. A person who is required by this chapter to be certified in first aid, cardiopulmonary resuscitation or first aid and cardiopulmonary resuscitation may complete any training, course or program to become certified or to renew certification, as applicable, through: (a) In-person instruction only; (b) A combination of in-person instruction and virtual or electronic instruction, if interactive, hands-on skills training or skills verification is provided in person; or (c) Virtual or electronic instruction only, if interactive, hands-on skills training or skills verification is not prerecorded. 2. If a certificate is earned in accordance with the requirements of subsection 1, the Division shall accept a certificate issued by the American Red Cross, the American Heart Association, the Health and Safety Institute or another similar nationally recognized organization as proof of certification or renewal of certification. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 5 employees were trained in cardiopulmonary resuscitation (CPR) and first aid (Employee #4). Findings include: Employee #4 (E4) E4 was hired on 07/17/09 as a Caregiver.			

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	A training certificate in E4's file revealed E4's last CPR and First Aid training was completed online on 04/04/25. E4's training did not include an in-person component. E4's file lacked documented evidence E4 had completed CPR in person, per the requirement. On 06/16/26 in the afternoon, the Administrator acknowledged E4 had taken an online-only course and was missing the in-person component, as required. Severity: 2 Scope: 1			
Y 0994 SS= F	**NAC 449.2756** **Residential facility which provides care to persons with Alzheimer's disease: Standards for safety; personnel required;** (e) Knives, matches, firearms, tools, and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure toxic substances and sharp objects were inaccessible to residents. Findings include: On 06/16/26 at 9:40 AM, the following items were found unsecured in a bathroom adjoining a resident room: a bottle of isopropyl alcohol spray, eyedrops, a tube of Muciprocin 2% ointment, a pair of scissors, and a cigarette lighter. Upon notification regarding the items, the Caregiver moved the items to their locker,	Y 0994	Tag Y0994 *Toxic and sharp items were locked and not accessible to the residents. * Administrator reinforced to the staff that toxic substance and sharp objects should be locked at all times. * Administrator will monitor that deficient practice will not recur. * Completed June 16, 2026.	07/16/2026

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	which at the moment did not have a lock. The Administrator reminded the Caregiver the items needed to be locked away from residents. At 10:13 AM, a bottle of liquid bleach and a bottle of glass cleaner were found unsecured underneath a sink. In the afternoon, Clorox cleanser was found in an unlocked cabinet underneath a bathroom sink. On 06/16/26 in the morning and in the afternoon, the Administrator acknowledged the toxic and sharp items and agreed the items should be made inaccessible to residents. Severity: 2 Scope: 3			
Y 1540 SS= D	**NAC 449.011931and R004-24** NAC 449.011931 Cultural competency training for agent or employee who provides care to patient or resident. (NRS 449.0302, 449.103) 1. Except as otherwise provided in NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176, a facility shall provide cultural competency training through an approved course or program to an agent or employee described in subsection 2 of NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176: (a) Within 90 days after contracting with or hiring the agent or employee; (b) At least biennially thereafter. Such biennial training must consist of at least 2 hours of instruction each biennium. 2. The facility may provide the training required by subsection 1 over several instructional periods or during a single instructional period so long as the agent or employee: (a) Completes the hours of cultural competency training required by subsection	Y 1540	Tag Y1540 * Employee #5 had Cultural Competency Training trough VIDA Training Center last 4/28/2025 but evidence was not sufficient to support. Cultural competency training was done July 16,2026 with certificate. * Administrator will ensure that Cultural Competency Training should be renewed every two years by all staff. * Completed: July 16, 2026	07/16/2026

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	1 and the entire contents of the course or program; and (b) Receives a certificate of completion on or before the date on which subsection 1 requires the agent or employee to complete the cultural competency training. 3. Except as otherwise provided in subsection 4, the facility shall keep documentation in the personnel file of an agent or employee of the facility or a record of an agent or employee in the relevant electronic system of the facility proof of the completion of the cultural competency training required pursuant to NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176. 4. If an agent or employee of a facility is exempt from the requirement to complete cultural competency training pursuant to subsection 3 of NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176, the facility shall maintain proof in the personnel file of the agent or employee or a record of the agent or employee in the relevant electronic system of the facility that the agent or employee holds a valid professional license, registration or certificate, as applicable, for which the continuing education described in subsection 3 of NRS 449.103, as amended by section 1 of Assembly Bill No. 267, chapter 202, Statutes of Nevada 2023, at page 1176, is required for renewal. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 5 employees received required training in cultural competency (Employee #5). Findings include: Employee #5 (E5) E5 was hired on 04/05/25 as a Caregiver. E5's file lacked documented evidence of cultural competency training through an approved course or program within 90 days of hire.			

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	On 06/16/26 in the afternoon, the Administrator was unable to provide documentation of approved cultural competency training for E5. Severity: 2 Scope: 1			
Y 1840 SS= E	**R063-21 Sec. 4.** Sec. 4. 1. An unlicensed caregiver who provides care to residents, patients or clients at a facility described in section 3 of this regulation shall annually complete evidence-based training provided by a nationally recognized organization concerning the control of infectious diseases. The training must include, without limitation, instruction concerning: (a) Hand hygiene; (b) The use of personal protective equipment, including, without limitation, masks, respirators, eye protection, gowns and gloves; (c) Environmental cleaning and disinfection; (d) The goals of infection control; (e) A review of how pathogens, including, without limitation, viruses, spread; and (f) The use of source control to prevent pathogens from spreading. 2. Each unlicensed caregiver who completes the training required by subsection 1 must provide proof of completion of that training to the administrator or other person in charge of the facility in which the unlicensed caregiver provides care. Inspector Comments: Based on record review and interview, the facility failed to ensure 2 of 5 unlicensed caregivers received Infection Control training provided by a nationally recognized organization (Employees #1 and #5). Findings include: Employee #1 (E1)	Y 1840	Tag Y1840 * Employee #1 and #5 completed Infection Control Training last July 14 and 15, 2026. * Administrator will ensure that Infection Control requirements are met each year and deficiency will not recur. * Completed July 15, 2026.	07/16/2026

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	E1 was hired on 05/01/24 as a Caregiver. E1's file contained documented evidence of E1's annual caregiver training completed in May 2026, provided by the facility Administrator. E1's file lacked documented evidence of Infection Control training covering the required topics and provided by a nationally recognized organization. Employee #5 (E5) E5 was hired on 04/05/25 as a Caregiver. E5's file documented Infection Control training completed on 06/12/25, provided by the facility Administrator. E5's file lacked documented evidence of Infection Control training covering the required topics and provided by a nationally recognized organization. On 06/16/26 in the afternoon, the Administrator acknowledged E1 and E5 did not receive Infection Control training from a nationally recognized organization. Severity: 2 Scope: 2			