STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	436	A. BUILDING _____ B. WING _____	07/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT MICHAEL GROUP HOME	3980 PLACITA AVENUE, LAS VEGAS, NEVADA ,89121

(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 completed in your facility on 07/03/24, in accordance with Nevada Administrative Code (NAC) Chapter 449, Requirements for Residential Facility for Groups. The facility is licensed for five Residential Facility for Group beds for elderly and disabled persons and/or mental illness, Category I residents. The census at the time of the survey was two. Two resident files and three 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:	0000		
0878 SS= E	Medication/OTCS, Supplements, Change Order - NAC 449.2742 and R043-22 - 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 , physician assistant or advanced practice registered nurse has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician, physician assistant or advanced practice registered nurse. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician, physician assistant or advanced practice registered nurse. 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, physician assistant or advanced practice registered nurse must be administered as prescribed by the physician, physician	0878	0878- (A.) After survey administrator reviewed the medication management of Resident #1 and 2 to their respective doctors. (B.) Medication orders shall be discussed during resident meeting to ensure proper updates. Also it will be discussed with their nurses and doctors from time to time. (C.)Administrator shall go over medication orders during his monthly walkthroughs. (D.) Person responsible: Administrator (E.) Date of completion: July 16, 2024	07/25/2024

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	assistant or advanced practice registered nurse. If a physician, physician assistant or advanced practice registered nurse 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 (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, physician assistant or advanced practice registered nurse 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, physician assistant or advanced practice registered nurse, a 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 observation and interview, the facility failed to ensure there were physician orders onsite for medications for 2 of 2 residents. (Resident #1 and #2) Findings include: Resident #1 (R1) R1 was admitted on 09/05/22, with a diagnosis of schizophrenia. There were no physician orders onsite for R1's medications. Resident #2 (R2) R2 was admitted on 05/21/22, with diagnoses including chronic kidney disease and mastoiditis. There were no physician orders onsite for R2's medications. On 07/04/24 in the afternoon, the Owner acknowledged R1 and R2's physician orders were not onsite and reported administering whatever medications the pharmacy sent to the facility for the residents. Severity: 2 Scope: 2			

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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 2 Residents (Resident #2). Findings include: Resident #2 (R2) R2 was admitted on 05/21/22, with diagnoses including chronic kidney disease and mastoiditis The medication bin contained Albuterol HFA (Proventil), Inhale 1 to 2 puffs by mouth every 4 to 6 hours as needed. The pharmacy label on the Albuterol HFA (Proventil) for R2 documented to discard the medication after 09/15/23. The Albuterol HFA (Proventil) package read an expiration date of 02/24. There was no Physician's Order onsite for the Albuterol HFA (Proventil). On 07/03/24 in the morning, R2 verbalized they could not remember the last time they used the Albuterol HFA (Proventil). R2 reported no trouble breathing and not needing the medication. On 07/03/24 in the morning, the Owner acknowledged a current Physician's Order was not onsite for the medication, the medication needed to be discontinued and the medication should have been destroyed. Severity: 2 Scope: 1	0885	Tag 885 A) After survey administrator referred the albuterol issue with resident's physician for proper instruction. B) Administrator will discuss with resident and her doctor for proper updates of their existing medications and ensure everything are on file. C) Administrator shall go over resident files to ensure doctor's orders are updated during his monthly walkthrough. D) The medication was continued by the NP/MD see attached copy of the medication and the expiration date. E) Person responsible: Administrator Date of completion: July 15, 2024 Copy of Albuterol order attached as TAG 885.	08/05/2024

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0938 SS= E	Maintenance and Contents of Separate File - NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information. (NRS 449.0302) 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he or she permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including, without limitation: (g) An evaluation of the resident ' s ability to perform the activities of daily living and a brief description of any assistance he or she needs to perform those activities. The facility shall prepare such an evaluation: (1) Upon the admission of the resident; (2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his or her ability to perform the activities of daily living; and (3) In any event, not less than once each year. Inspector Comments: Based on interview and record review, the facility failed to ensure an evaluation of a resident's activity of daily living (ADL) was completed annually for 2 of 2 residents (Resident #1 and #2). Findings include: Resident #1 (R1) R1 was admitted on 09/05/22, with a diagnosis of schizophrenia. R1's last documented ADL assessment was dated 09/15/22. R1's file lacked documented evidence of an annual ADL assessment for 2023. Resident #2 (R2) R2 was admitted on 05/21/22, with diagnoses including chronic kidney disease and mastoiditis. R2's last documented ADL assessment was dated 06/01/22. R2's file lacked documented evidence of an annual ADL assessment for 2023 and 2024. On 07/03/24 in the afternoon, the Owner acknowledged R1 and R2 did not have annual ADL assessments completed and should have. Severity: 2 Scope: 2	0938	Tag 938- (A.) After survey administrator updated residents 1 and 2 annual ADL assessment and attached them on their files. (B.) Administrator shall discuss ADL matters during caregivers meeting. (C.) Administrator shall go over resident files during his monthly walkthroughs. (D.) Person responsible: Administrator (E.) Date of completion: July 16,2024	07/29/2024

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0174 SS= E	Health& Sanitation-odors-hazards-insects-dirt - NAC 449.209 Health and sanitation. (NRS 449.0302) 4. To the extent practicable, the premises of the facility must be kept free from: (a) Offensive odors; (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility; (c) Insects and rodents; and (d) Accumulations of dirt, garbage and other refuse. Inspector Comments: Based on observation and interview, the facility failed to ensure the premises were kept free of accumulation of dirt, garbage and other refuse. Findings include: On 07/03/24 at 10:00 AM, a tour of the facility's back yard where residents had access and were permitted to smoke was conducted. In the back outdoor area, directly in front of the access door there was a parked car that was being repaired. Adjacent to the car was a gas barbeque grill with four unused tires being stored in front of the outdoor gas barbeque grill. The tires also blocked the walk-way areas near the side of the house. On 07/03/24 at 10:00 AM, a caregiver, who also did some maintenance around the home acknowledged the unused vehicle and tires as a safety hazard which needed to be removed or stored in a more appropriate location on the premises. On 07/03/24 at 10:35 AM, the following refuse was observed in the backyard: - old wheelchairs - shower seats - portable commodes - unused appliances - unused suitcases, old mattresses, beds and various cabinet furniture or tables were observed blocking direct access to the facility's emergency gas shut-off and electrical boxes and/or meters - scattered trash, old fencing, old lumber and unknown broken furniture parts were leaned up against the facility's back exterior walls and throughout the fencing of the property's perimeter On 07/03/24 at 2:00 PM, the administrator, owner and caregiver acknowledged the refuse observed in the back yard and commented the yard needed to be cleaned. Severity: 2 Scope: 2	0174	Tag-0174 (A.) After survey administrator directed the removal of all blockage and unnecessary things around the facility to ensure safe exit and hazard free environment. (B.) Administrator shall discuss cleaning around the facility to avoid hazard and damage to all. (C.) Administrator shall go over facility premises during his walkthrough. D.) See attached copy of the side angles/sides of the backyard. (E.) Person responsible: Administrator (F.) Date of completion: July-10-2024	07/25/2024

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0179 SS= E	Health & Sanitation - Screens - NAC 449.209 Health and sanitation. (NRS 449.0302) 6. All windows that are capable of being opened in the facility and all doors that are left open to provide ventilation for the facility must be screened to prevent the entry of insects. Inspector Comments: Based on observation and interview, the facility failed to ensure all the windows and doors had screens. Findings include: On 07/05/24 at 11:30 AM, a tour of the outside perimeter of the facility revealed multiple window screens were missing of the resident rooms, kitchen, living room, entry storm door, back yard storm door and common areas as observed on the exterior of the house. On 07/05/24 at 1:30 PM, the owner and a caregiver indicated they were unaware the windows and storm doors were missing screens and understood the screens needed to be installed to prevent insects from entering the home. Severity: 2 Scope: 2	0179	Tag-0179 (A.) After survey administrator directed facility to secure residents rooms, kitchen,living room,entry storm door , backyard storm door, and common area with screens. and a handyman was hired for this purpose, (B.) Administrator shall require caregiver to replace the screens and other related matters to ensure stability and lastance, within and outside the premises. (C.) Administrator shall go over the screens during his walkthrough. (D.) Person responsible: Administrator (E.) Date of completion: July-16-2024	07/16/2024

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0859 SS= D	Medical Care of Resident After Illness - NAC 449.274 and R043-22 Medical care of resident after illness, injury or accident; periodic physical examination of resident; rejection of medical care by resident; written records. (NRS 449.0302) 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by a qualified provider of health care in accordance with NRS 449.1845. The resident must be cared for pursuant to any instructions provided by the qualified provider of health care. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 2 residents (Resident #1) received an annual physical examination. Findings include: Resident #1 (R1) R1 was admitted on 09/05/22, with a diagnosis of schizophrenia. R1's last documented physical examination was dated 03/22/23. R1's file lacked documented evidence of an annual physical examination. On 05/07/24 in the morning, the Administrator acknowledged R1's file lacked documented evidence of an annual physical examination and was unable to provide the missing documents. Severity: 2 Scope: 1	0859	Tag -0859 (A.) After survey administrator scheduled a annual physical examination for residents and required for documentation of the same (B.) Administrator shall discuss annual physical examination requirements during caregiver meeting to ensure proper documentation. (C.) Administrator shall go over residents files during his monthly walk through. to ensure updated residents annual physical examination. (D.) Date of completion: July-15-2024	07/25/2024
0870 SS= E	Medication Administration-Accuracy & Report - NAC 449.2742 Administration of medication: Responsibilities of administrator, caregiver and employees of facility. 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility. (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in	0870	Tag-0870 (A.) After survey administrator secured the residents respective medication reviews and have them attached on file. (B.) Administrator shall require their doctors ,nurses.or pharmacist to submit residents medication review and have them on file. (C.) Administrator shall check in residents files to ensure an updated medication review(6 months)is on file. (D.) Person responsible: Administrator (E.) Date of completion: July-16-2024	07/25/2024

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	the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). Inspector Comments: Based on record review and interview, the facility failed to ensure a medication regimen review was completed every six months for 2 of 2 residents (Resident #1 and #2). Findings include: Resident #1 (R1) R1 was admitted on 09/05/22, with a diagnosis of schizophrenia. R1's file documented a medication review last completed on 03/02/23. Review of R1's file revealed no documented evidence a pharmacy review had been completed in the last 12 months. Resident #2 (R2) R2 was admitted on 05/21/22, with diagnoses including chronic kidney disease and mastoiditis. R2's file documented a medication review last completed on 06/02/23. Review of R1's file revealed no documented evidence a pharmacy review had been completed in the last 12 months. On 07/03/24 in the afternoon, the Owner acknowledged the resident files lacked documented evidence of a medication review completed every six months and was unable to provide the missing documents. Severity: 2 Scope: 2			