

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

PRINTED: 9/9/2026
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/22/2020
NAME OF PROVIDER OR SUPPLIER SAINT MICHAEL GROUP HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 3980 PLACITA AVENUE, LAS VEGAS, NEVADA ,89121	
(X4) ID PREFIX TAG 0000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG 0000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	Initial Comments Inspector Comments: This Statement of Deficiencies was generated as a result of a complaint investigation initiated at your facility on 01/22/20, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The census at the time of the survey was five. The sample size was five. There was one complaint investigated. Complaint #NV00059951 with five allegations was substantiated. Allegation #1: A resident did not complete lab work, which resulted in a necessary medication not being received, in accordance with the physician's orders. (See Tag 860). The following allegations could not be substantiated: Allegation #2: No staff was available in the facility and residents answered the door and allowed unknown persons in. Allegation #3: Multiple medications prescribed to a resident were unavailable or stored in an unknown location. A residents medication bin contained medications the residents was no longer on. Allegation #4: A resident was left unattended at a physician's office. Allegation #5: A caregiver was unable to speak or understand English. The investigation into the allegations included: Observation of unattended residents/residents behaviors, presence of staff, medications stored in random areas and caregivers ability to understand and speak English. Interviews were conducted with a Caregiver, the Owner, the Administrator and three Residents. Review of five medical records including the resident of concern and three employee files. 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 deficiency was identified:			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER Name: PETER DURIAS
REPRESENTATIVE'S SIGNATURE

Title: ADMINISTRATOR

Date: 02/03/2020

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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0860 SS= D	Medical Care of Resident After Illness - NAC 449.274 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) 6. The members of the staff of the facility shall: (a) Ensure that the resident receives the personal care that he or she requires. (b) Monitor the ability of the resident to care for his or her own health conditions and document in writing any significant change in his or her ability to care for those conditions. Inspector Comments: Based on interview and record review, the facility failed to ensure lab work was done weekly for 1 of 5 residents (Resident #4). Resident #4 required a complete blood count (CBC) be drawn weekly in accordance with physician's standing orders. There was a CBC drawn on 12/17/19 and the next one was completed on 01/02/20. The Owner acknowledged there was a three week gap between CBCs being drawn due to the standing order being expired and confirmed they did not contact the physician to renew the order. Severity: 2 Scope: 1	0860	tag 860 a. After survey administrator checked on the schedule of resident #4 in respect to his blood work with Quest Diagnostic and that of the physician's standing / continuing orders. b. Administrator conducted a special staff meeting in regards to Resident#4's blood work schedules to ensure compliance and to avoid future problems. c. Administrator shall go over Resident# 4's files and documentations to ensure compliance. Administrator shall likewise ensure that the physician's orders are current and well received by Quest Diagnostics as in this case. d. Person responsible: Administrator e. Date of completion: Feb 2, 2020 Copies of documentation showing blood testings have been done on Dec. 17/19, January 13,16 and 31, 2020 are herein attached as Tags 860. Currently there is a foot note from Quest Diagnostics indicating a continuing physician weekly order be implemented until July 1, 2020.			02/02/2020	