Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	7739	A. BUILDING _____ B. WING _____	01/26/2017

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 grading survey conducted in your facility on 1/26/17. This State Licensure survey was conducted by the authority of NRS 449.0307, Powers of the Division of Public and Behavioral Health. The facility is licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illnesses and/or persons with chronic illnesses, with five Category 1 and five Category II residents. The census at the time of survey was seven. Seven resident files were reviewed and four employee files were reviewed. The facility received a grade of A. 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 investigations, 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		
0176 SS= F	449.209(4)(c) - Health and Sanitation-Insects, Rodents - NAC 449.209 Health and sanitation. 4. To the extent practicable, the premises of the facility must be kept free from: (c) Insects and rodents. Inspector Comments: Based on observation and interview, the facility failed to ensure the facility was free of insects and rodents. Findings include: On 1/26/17, during a facility tour, the following was observed: - Resident #2 had a lint roller which had approximately 30 dead bed bugs on it. The resident explained they take the lint roller to their bed every morning and the resident explained they pick up anywhere between 15 to 20 bedbugs from their mattress on the lint roller. - A dead bedbug was observed in the bedroom of Resident #1 and Resident #2. On 1/26/17 in the afternoon, Resident #1 indicated they had a problem with bedbugs in the facility. The resident indicated the facility had taken their mattresses and clothing outside of the facility for "a couple days" and had returned	0176	Tag 0176 As of 1/28/17 the owner of the facility hired Delcon pest control to treat the facility according to the said deficiency. employees and owner has been instructed to notify administrator of like findings of any type. Employees were instructed on incoming residents clothing items and what to do if any bed bugs are found. Owner will take responsibility for carrying out this action. A copy of the receipt is enclosed with the plan of correction 2/15/17	

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: ROBERTO POBLETE Title: owner Date: 02/21/2017

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	the clothes and mattresses which still contained bedbugs. The resident indicated they were constantly itching and locating bedbugs in their sleeping area. The resident indicated the facility staff would spray for bedbugs and was unaware if the facility had contacted a licensed exterminator to treat the facility for bedbugs. The resident reports the facility has had bedbugs for approximately three weeks. On 1/26/17 in the afternoon, Employee #1 indicated the facility staff were attempting to self treating the bedbugs with a chemical the staff had purchased at a local harware store. The Employee indicated the staff had not contacted a local exterminator and the staff had not informed the administrator the facility had bedbugs. On 1/26/17 in the afternoon, the Administrator indicated they were not previously notified the facility had bedbugs. The administrator immediately instructed staff to begin removing resident clothing from the rooms and to begin cleaning the resident rooms and the facility. The administrator indicated they would instruct staff to contact a licensed exterminator to treat the facility. Severity: 2 Scope: 3			