

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 2176	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2022
NAME OF PROVIDER OR SUPPLIER SAINT JUDE HOME CARE, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 6880 HATHAWAY DRIVE, LAS VEGAS, NEVADA ,89156		
(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 an annual state licensure and infection control survey conducted at your facility on 06/07/22, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of survey was four. Four resident files and four employee files were reviewed. The facility received a grade of A. The facility was provided guidance on the requirements of NRS 449.101 - Discrimination prohibited; development of antidiscrimination policy; posting of nondiscrimination statement and certain other information, NRS 449.102 - Duties of licensed facility to protect privacy of patient or resident, and LCB File No. R016-20 - Cultural competency training; complaint policy; development of gender identity/expression policy; designated person responsible for compliance with these regulations. Failure to comply with NRS 449.101, NRS 449.102 and LCB File No. R016-20 may result in future deficiencies. 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:			

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 Name: MARIA T N ACOBA Title: Administrator
REPRESENTATIVE'S SIGNATURE

Date: 06/12/2022

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0936 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: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 4 residents had completed annual tuberculosis (TB) testing (Resident #1 - admitted on 08/02/13). Resident #1's last TB test was dated 05/24/21. The Lead Caregiver acknowledged Resident #1 did not have documented evidence of an annual TB test. Severity: 2 Scope: 1	0936	A) A new TB test was requested by the Administrator for resident #1. The doctor's office send a request to Quest Diagnostic to do a Quantiferone TB test which was done on 6/08/2022 and the result is attached and marked as Exhibit "A" TAG Y 0936. B) Administrator should check residents files regularly and make sure they are updated and everything current in accordance with the Bureaus regulations to avoid deficiencies. C) Administrator should monitor for compliance. D) Person responsible: Administrator E) Completion date : June 10, 2022	06/10/202 2