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
	2176	A. BUILDING _____ B. WING _____	06/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST JUDE HOME CARE	6880 HATHAWAY DRIVE, LAS VEGAS, NEVADA ,89156

(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 conducted at your facility on 06/06/24, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for six Residential Facility for Group beds for elderly and/or disabled persons, Category II residents. The census at the time of the survey was four. Four resident files and three 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 investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following deficiencies were identified:	0000		

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: JESSICA COBB Title: Administrator Date: 06/26/2024

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0895 SS= D	Administration of Medication Maintenance - NAC 449.2744 and R043-22 Administration of medication: Maintenance and contents of logs and records. (NRS 449.0302) 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician, physician assistant or advanced practice registered nurse, including, without limitation, whether the medication is to be administered according to a routine schedule or as needed; (5) Any change in an order or prescription of a resident ' s physician, physician assistant or advanced practice registered nurse,including, without limitation, the discontinuation of the medication; (6) Any time when the resident is out of the facility; and (7) Any mistakes made in the administration of medication. Inspector Comments: Based on interview, observation and record review, the facility failed to ensure the Medication Administration Record (MAR) included accurate documentation for 1 of 4 residents medications (Resident #4). Findings include: Resident #4 (R4) R4 was admitted to the facility on 02/26/24 with diagnoses including diabetes and hypertension. R4's file documented a physician's order for famotidine 20 milligrams, take one tablet by mouth at bedtime. On 02/26/24 in the morning, the medication container for R4 contained the medication labeled famotidine 20 milligrams, take one tablet by mouth at bedtime. R4's June 2024 MAR documented famotidine 40 milligrams, take one tablet by mouth at bedtime. On 02/26/24 in the morning, the Caregiver acknowledged R4's MAR was inaccurate. Severity: 2 Scope: 1	0895	1. Medication order for resident #4 was clarified with provider on 6/6/2024 and MAR was corrected. 2. The Group Home manager will go over all admission paperwork and orders to ensure that they are correctly implemented and correctly added to the MAR upon admission. 3.Med Tech will monitor orders daily and note/make any changes. The Group Home manager will oversee orders and the MAR to ensure accuracy. 4. Corrective action was implemented 6/6/2024.	06/06/2024

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0938 SS= D	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 record review and interview, the facility failed to ensure an Activities of Daily Living (ADL) Assessment was completed upon admission for 1 of 4 residents. (Resident #4) Findings include: Resident #4 (R4) R4 was admitted on 02/26/24 with diagnoses including diabetest and hpertension. R4's record lacked documented evidence of a completed ADL Assessment upon admission. On 02/26/24 in the morning, a Caregiver acknowledged R4's record lacked documented evidence of a completed ADL Assessment. Severity: 2 Scope: 1	0938	1. The Group Home Manager will asses potential residents before admission and create a care plan for resident upon move in. 2. The resident care plan/ADL log will be audited quarterly and with any change of condition in the resident to ensure ADL needs are being met. 3. The group home manager will audit the resident files to ensure care plans are present and up to date. 4. The group home manager and administrator will be responsible to ensure compliance. 5. Corrective action was completed 6/6/2024.	06/06/2024