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
	5936	A. BUILDING _____ B. WING _____	06/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT JEAN SENIOR CARE	6924 ACOMA CRT, LAS VEGAS, NEVADA ,89145

(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 and infection control survey conducted at your facility on 06/07/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The facility was licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with Alzheimer's disease, Category II residents. The census at the time of eight. Eight resident files and five 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 regulatory deficiencies were identified:	0000		
0104 SS= D	Personnel Files - Background Checks - NAC 449.200 Personnel files. (NRS 449.0302) 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.122 to 449.125, inclusive. Inspector Comments: Based on record review and interview, the facility failed to ensure 1 of 5 employees met background check requirements (Employee #4). Findings include: On 06/07/21 in the morning, a review of employee files revealed the following: Employee #4 was hired on 04/05/21 as a caregiver. Employee #4's personnel file lacked documented evidence of a fingerprint submission for a background check and a Nevada Automated Background Check System (NABS) Clearance letter. On 06/07/21 in the morning, the Administrator confirmed Employee #4 did not have fingerprint submission forms and a Nevada Automated Background Check System (NABS) Clearance letters. Severity: 2 Scope: 1	0104	6/21/2021 Employee #4 have her fingerprint done. A copy of proof of electronic fingerprint submission is attached here for your review. Our Administrator will review employees files every 3 months for compliance.	06/22/2021

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: PRESCILA BARCELON	Title: Administrator	Date: 06/22/2021

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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 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 interview and record review, the facility failed to ensure a review of medications was completed every six months for 4 of 8 residents (Resident #1, Resident #2, Resident #3, and Resident#4). Resident #1's last two medication reviews were completed on 07/15/2020 and 03/04/2021. Resident #2's last two medication reviews were completed on 07/15/2020 and 03/04/2021. Resident #3's last two medication reviews were completed on 07/16/2020 and 03/04/2021. Resident #4's last two medication reviews were completed on 07/15/2020 and 03/04/2021. The Administrator confirmed a review of medications was not completed every six months for Resident #1, Resident #2, Resident #3, and Resident #4. Severity: 2 Scope: 2	0870	Previously we ask our Nurse Practitioner for our med review every 6 months, but because of unavoidable circumstances, we switched to our Pharmacist who have agreed to work on our med review every 6 months. Attached here is a copy of our June Med Reviews. Our Administrator will review our files monthly to keep us in compliance.	06/22/2021

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0999 SS= F	Alzheimer 's Care Standards for Safety - NAC 449.2756 Residential facility which provides care to persons with Alzheimer ' s disease: Standards for safety; personnel required; training for employees. (NRS 449.0302) 1. The administrator of a residential facility which provides care to persons with Alzheimer ' s disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility. Inspector Comments: Based on observation and interview, the facility failed to ensure toxic substances were inaccessible to residents. Findings include: On 06/07/21 at 10:40 AM during a tour of the facility, a door leading to the laundry room was observed unlocked. Accessible in the laundry room was laundry detergent, a spray can of pesticide, and other chemicals. Employee #1 acknowledged the door should be locked when toxic substances are stored in the laundry room. Severity: 2 Scope: 3 This was a repeat deficiency from the 08/21/20 Focused Infection Control Survey.	0999	After our survey, our Administrator gave us an In-Service regarding the environmental safety and danger of all chemicals, especially where people with dementia resides. All employee on duty are obliged and expected to keep the door leading to the laundry room locked at all times.	06/22/2021