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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		A. BUILDING _____ B. WING _____	**09/07/2021**

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 a State Licensure complaint investigation survey conducted at your facility on 09/07/21, in accordance with Nevada Administrative Code (NAC) Chapter 449, Residential Facility for Groups. The census at the time of survey was eight. The sample size was one. One complaint was investigated. Complaint #NV00064662 with the three allegations was unsubstantiated. Allegation #1: Water not offered to a resident was unsubstantiated based on interviews conducted with five residents who reported water is always available when requested and caregivers also offer water even when not requested, and observations that the facility had bottled water available for residents and staff. Allegation #2: The facility failed to assess and monitor a resident was unsubstantiated based on interviews conducted with the facility administrator, a caregiver, and the resident of concern's public guardian and medical care provider/Nurse Practitioner (NP), which revealed the NP was notified of resident of concern's change of condition, assessed the resident and prescribed antibiotics. Allegation #3: Resident may have overdosed on prescribed medications was unsubstantiated based on interviews conducted with the facility administrator, a caregiver, the resident of concern's public guardian and medical care provider/Nurse Practitioner which revealed Medication Administration Records (MAR) documented R1 all medication doses were administered as prescribed. The investigation into the allegations included: - Interviews conducted with the facility administrator, one caregiver, the resident of concern's public guardian and medical care provider/Nurse Practitioner, and five residents. - Record review of resident of concern's Medication Administration Records (MARS) and admission/discharge records. - Observation	0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Name: Title: Date:

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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	of staff/resident interactions and the availability of bottled water for residents and staff.			